

Daisy Chain Home Support Limited

Vienna Woods

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?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

The inspection took place on 22 March 2016 and was announced. The service is registered to provide personal care and is a domiciliary service. There were twenty people receiving care at the time of the inspection.

The service has a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

The service was outstandingly well-led which was demonstrated by how the staff were supported and how well the service was organised to ensure people received high standards of care according to their assessed needs. People told us the service was great, while another said it could not be better. Communication between the service and people was good. People told us they liked having the same carers and said they went the extra mile for you when needed. Another person said they could not praise the staff enough. They said the service provided the two qualities they were seeking which were it was trustworthy and reliable. The care plans were person-centred written to clearly identify the support required alongside what the person could do for themselves.

Staff had attended training designed to help them recognise abuse and know what actions to take to protect people as far as reasonably possible from actual or potential harm, or abuse. Staff had a very good understanding of their roles and responsibilities. People using the service were supported by a sufficient number of suitably experienced staff. The manager carried out appropriate recruitment checks before staff began work with the service. Staff had been recruited safely and had the skills and knowledge to provide care and support in ways that people preferred. As part of the assessment process to determine if the service could meet the individual's needs, people were asked about their preferences and choices.

The service had a medicines policy, staff had received training and systems were in place to manage medicines and people were supported to take their prescribed medicines safely.

The service was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). This ensured that the decision was taken in accordance with the Mental Capacity Act (MCA) 2005, DoLS and associated Codes of Practice. The Act, Safeguards and Codes of Practice are in place to protect the rights of adults by ensuring that if there is a need for restrictions on their freedom and liberty these are assessed and decided by appropriately trained professionals. Staff had been trained and had a good understanding of the requirements of the Mental Capacity Act 2005 and in particular Best Interest Meetings.

Positive and caring relationships had been developed between people and staff. Staff responded to people's needs in an understanding and empathic manner. People's choices were respected as was their privacy and dignity. The care plans were written to take account of people's needs and to promote and maintain independence. People were involved in the planning and reviewing of their care and support, as

were family members with their permission.

Staff knew people well and were trained, skilled and competent in meeting people's needs. Staff were supported and supervised in their roles and had annual appraisals to discuss their performance and career development. Part of the supervision process was for the service to carry out spot checks of the care delivery.

Staff supported people with their health care needs including where required monitoring of people's food and fluid intake. The service reviewed people's care to ensure the service continued to meet their needs and they worked with other professionals to ensure needs were met as comprehensively as possible. The service arranged community activities for the people to meet each other and take part in at no cost to themselves

We considered the service was good in the way that it had developed person-centred care plans. In turn this had led to identifying that people had become isolated in their own homes within the community and the service had started to support people to address these issues through arranging and linking into local events.

The staff told us there was an open culture as the manager was approachable and enabled people who used the service to express their views. People were supported to report any concerns or complaints and they felt they would be taken seriously. People who used the service, or their representatives, were encouraged to be involved in decisions about the service. The service had systems in place to check the quality of the care provided which included surveys to gauge and understand people's views who used the service.

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.

People were protected as far as reasonably possible by staff who had received training to recognise abuse and how to report the matter.

There were sufficient numbers of staff to meet people's needs and keep them as safe as possible.

There were appropriate systems in place for handling and administering medicines.

There were robust recruitment practices in place to help ensure only suitable staff were employed. .

Is the service effective?

Good ●

The service was effective.

People were supported by motivated staff. The induction for new staff was robust and all staff received regular and effective supervision and support.

People's rights were protected. Staff and management had a clear understanding of the Mental Capacity Act 2005 and best Interest meetings.

People were supported to maintain good health and an appropriate diet for their needs.

The service worked with other professionals as required to support people to meet their needs.

Is the service caring?

Good ●

The service was caring.

The service provided support to people using positively written and regularly reviewed care plans.

People were treated with respect by staff who were kind and

compassionate.

The service had a confidentiality policy and staff received training to help them provide dignified care.

Is the service responsive?

Good ●

The service was responsive.

There was an assessment process in place so that people received personalised care and support from their individual care.

Staff knew people well because they were organised to work with a small number of people using the service.

Any issues, complaints or ideas for improvement were listened to and addressed promptly.

The service had supported people to re-engage with their local community

Is the service well-led?

Good ●

The service was well led.

The manager set the example of how the service was to perform and was approachable to people using the service and staff.

The service had clear values which were put into practice by organised and caring staff.

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

The service had built links within the local community.

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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 took place on 22 March 2016 and was announced. We had given the service 48 hours notice that we would be inspecting in order that it could make arrangements for us to visit people.

The inspection team consisted of one inspector.

Before our inspection we reviewed the information we held about the service, this included any safeguarding alerts and statutory notifications which are related to the service. We have also received a number of complimentary enquiries about the service from both people using the service and relatives. Statutory notifications include information about important events which the provider is required to send us by law.

We concentrated upon visiting people and speaking with them to learn what they thought of the service. We visited five people who used the service to find out about their experiences.. We also spoke with the manager and four members of the care staff.

We looked at four people's care records. We looked at the medication policy and procedure and the safeguarding policy. We also looked at three staff recruitment records, medication records, staffing rotas and records which related to how the service monitored staffing levels and the quality of the service. We looked at information which related to the management of the service such as health and safety records, quality monitoring audits and records of complaints and compliments.

Is the service safe?

Our findings

People told us they felt safe using the service. One person told us. "I know the staff, the same people come to see me all the time."

A member of staff told us. "I enjoy working here because everything is organised, such as the risk assessments, You know where they are, same place in each care file and they are regularly updated."

We saw that risks to people who used the service had been assessed, managed and reviewed both as a matter of regular routine and also as required in response to any unforeseen events. The risk assessments had been written to minimise the risk of harm to people who used the service. These included environmental risk assessments in each person's home. We saw from the information in the care plans that the staff had discussed with people and their relatives how to reduce risks of injury to the person in their home. The risk assessments gave detailed guidance and were linked to support plans. The assessments identified any hazards that needed to be taken into account and gave staff guidance on the actions to take to minimise the risk of harm. A relative told us. "The service staff were very helpful when they provided care and suggested a number of things about safety and we have worked together upon those."

Staff had received training about safeguarding people from harm or actual abuse and staff training records confirmed this. A member of staff told us about the types of abuse which had been covered in the training. Further members of staff, we spoke with were able to demonstrate a good understanding of safeguarding issues and were able to give examples of how they would identify abuse. Staff also knew the principles of whistleblowing and assured us they would make use of the whistleblowing procedure if necessary. We saw the service had a whistle-blowing policy in place. The manager had a log for recording safeguarding incidents. The log also related to the organisations policy and procedure for safeguarding people and included a section of how to learn from events and actions taken to be completed.

There were effective staff recruitment and selection processes in place. Each person that applied for a position with the organisation was required to complete an application form and attend an interview. Appropriate checks were undertaken before staff began work, this included records of Disclosure and Barring Service (DBS) checks. The DBS checks assist employers in making safer recruitment decisions by checking prospective staff members are not barred from working with vulnerable people. A member of staff told us. "Having completed my training, I worked with other staff and agreed with the manager when I felt confident to work on my own."

People who used the service and their relatives said there were sufficient staff to meet people's needs. One person told us. "They come on time, stay the time required, do what they suppose to do and nicest of all you know who is coming." The manager explained to us how they comprised a rota for staff and they also sent a schedule to the person so that they knew who was coming. A member of staff told us. "The rota is clear and I work with the same people all the time so we have got to know each other, there are enough of us so we cover weekends and people's holidays, so we know in advance what we are doing."

Staff had been trained to support people by administering prescribed medicines. Care records had been completed so that they contained detailed information about the medicines, what they were for and any possible side-effects. We saw that medication administration records often referred to as MAR charts were in place. A member of staff told us how they supported a person with their medicines. Again emphasis was placed upon the same group of staff supporting the same people regularly and hence were aware of any changes in people's condition and physical well-being. The service had a policy and procedure for the administration of medicines and had a clear recording system. Staff were encouraged to speak to the manager at anytime if they had concerns about people's medicines. Medicines were also covered in supervision and if the staff were concerned they would work with the person to discuss and consult their GP for further advice.

Is the service effective?

Our findings

Staff were supported to provide the assessed care to people as they had received training and were supervised in their role. The manager also provided a yearly appraisal meeting to discuss progress and set agreed goals for the staff to achieve. A member of staff told us, "The training was really good and gave me the knowledge to do the job." Another member of staff told us, "I have supervision which is arranged in advance and I can also talk to the manager by phone or drop into the office to discuss and resolve anything."

We saw there was a training program for all staff which included the dates for updating the staffs training. The training records we looked at showed staff were up to date with their training. Further training for the year ahead had been identified and booked in advance so that the staff were aware and doing the training meant that staff's practice remained up to date. The manager sought feedback from the staff for the training that was delivered to gauge if it had been effective. The service gave each member of staff a handbook which provided information to them about standards to be achieved, such as car insurance and staff uniform.

The staff we spoke with although working in people's homes in the community understood the key points of Mental Capacity Act 2005 (MCA) which were relevant to them. The manager had spoken to the staff about the (MCA) and training had been arranged. Hence staff were aware that part of the role for the service to be effective was to be aware of best interest meetings. The staff we spoke with showed a good understanding of protecting people's rights, best interest decisions and advocacy. This knowledge had been provided by staff attending training around consent and MCA.

Records showed that arrangements were in place to support people to meet their health needs. People who used the service told us they received appropriate support to manage their health needs. One person told us, "I had an early appointment and staff came earlier that day, it was no problem." We saw in the care plan, time had been taken to record the person's abilities and any issue with which they required assistance. The care plans were written in a person centred way and focussed upon the positives of what the person did for themselves.

Supporting people with their nutrition and fluid intake was also a possible role for the staff when identified. Some people required little support while others required staff to assist them with each meal. Staff always left the person with access to drinks and snacks if they so wished, so that they could enjoy these between visits. When we spoke with staff they informed us that part of the role was to keep an eye upon people's overall well-being and this included noting if they lost their appetite or were throwing food away. The action should this happen would be to discuss with the person, relatives and also the manager. One person said, "They always make sure I have a drink with me before they leave." Another person told us, "I never know until the day what I want sometimes sandwiches and cake other times a meal from the microwave". We saw that in the staff handbook reference was made under food safety for staff to check that any food was within date.

We saw in the support plan that as part of the assessment the service identified how people were supported

to maintain good health. This included recording information about the GP and Dentist appointments. Information was recorded about how people accessed those services and if and when staff would be required to support them to attend appointments. A person told us, "It is reassuring that the staff help me with my appointments." The care plans included information about people's past medical history and current health needs. As part of the review process people told us that they were asked about their health and well-being and then the service having taken account of that information would agree any changes with them. The service worked with the person their families and GP to arrange medication reviews or health checks when an ailment had been noted.

Is the service caring?

Our findings

One person told us. "I am very pleased with the service, staff are friendly, never thought I would need this but could not do without them now." Another person said. "They do take the time to listen and get things right." We saw from information that was sent to us that a relative was impressed with the support and care provided. We saw positive interaction between people who used the service and staff when we visited people. A person told us. "The staff are polite and kind."

The staff we spoke with were content and said they enjoyed working with people. One member of staff told us. "I like this job because you can make a difference to help people stay in their own home which is their choice. It is down to us to provide the care and support that they need." They explained how they ensured people's privacy and dignity were respected, such as closing doors and curtains appropriately. Another member of staff told us. "You are working in someone's home and treat the person and their home with respect."

A member of staff explained to us upon entering the person's home and talking with them to confirm how they were. They would check the care plan to see if there had been any changes and would then follow the care plan to know what they were required to do. We saw that time had been taken to write the care plan in a positive person centred way. A person told us. "They took time to write down how I wanted things done, so you could say the staff are respectful of my choices." The staff we spoke with demonstrated a good knowledge of the care needs of the people they supported and knew them well.

People who used the service and their relatives said they had been involved in developing and reviewing care plans and said they felt fully involved in this process. Everyone we spoke with told us that they had their own care plan. One person said, about their care plan. "I am impressed with the way they keep it neat and tidy, everything has its place." This showed another way in which the staff respected people. A member of staff told us. "I do not think you can care if you do not have time, with this service you have time to travel between appointments and time to read and write in the care plan."

The people we spoke with that used the service said they made decisions about the care they received. Staff were familiar with people and respected their choices. For example we noted that one person preferred a type of hot drink which was recorded in their care plan, while another person decided what time they would like their drink. The care plan had been written accordingly. We were aware that staff had stayed with people for longer than the allocated time when the situation such as illness required them to provide care. The service staff arranged for the next appointment to be covered so that the staff could stay with the person until the situation was resolved.

A person was pleased that the staff helped them to select what to wear depending upon the day and helped them to match styles and colours. The person explained to us that they considered the service thought of everything. Anything you are worried about you just have to mention it, such as cleaning and gardening. They do not take over but talk to you so that you can decide what you want done and they will help you make the arrangements if you need them to.

Is the service responsive?

Our findings

People who used the service and their relatives considered the service was outstanding in the way it had responded to people's needs. People told us that they had been included in the planning of their care. This had helped them to improve or maintain their lives in their own home. The person-centred care plans were developed from the assessments and had recorded as well as the persons needs their likes, dislikes and preferences. They had been written in conjunction with the person and had been signed with regard to consent. The plans were sufficiently detailed in order that the staff would know, understand and be able to provide the care to the person as they wished. The manager had taken time to work with each individual to gain a detailed history of the person's life in order to write a reflective and functioning care plan.

People's care and support was planned in a proactive way with people's involvement. The service provided domiciliary care to people in their own homes and in so doing had recognised that some people were lonely and in danger of becoming isolated. The manager and service staff had arranged at no expense to the people using the service, opportunities for the people of the service to get together, if they so wished for occasional parties and outings. The manager had also arranged for a newsletter to be written which provided information about the service and also things for people to do such as word searches. The plan was for the newsletter to become a regular event.

The service was flexible and responsive to people's individual need and preferences. As well as responding in an emergency to involve the appropriate professionals to support the person. The service had also taken account of peoples religious and culture needs. The service worked with people and their families to fulfil those choices, so that the focus of a person-centred service was paramount at all times. The manager had recognised the needs of people, in particular they were becoming isolated within their local community and had taken steps to help to re-engage with the community. The manager and staff were open to feedback, an example being the new newsletter which would be adapted from the first edition as a result of feedback and suggestions from people using the service.

Prior to providing any support the service undertook a detailed assessment to determine if it could meet the person's needs. We saw that the assessments were recorded in the person's care plan. The assessment had been used to write a care plan which was updated appropriately through reviews at set times and also on an as required basis.

People received care which was personalised and responsive to their individual needs. The care plans were written in a positive and person-centred way for example focusing upon what the person could do for themselves and what they person required assistance with. One person told us. "The manager came to see me at a time which was convenient, they asked a lot of questions and wrote a lot, but it was important to get things right and I signed to say it was correct." They told us that the care staff arrived on time on the first day that the support was due to start and the manager introduced them. They also sought their feedback that week to see how things were working out.

Care plans we viewed were written on the service standard care plan document which included the time

that staff would attend and the time allocated for the service visit. The care plan was detailed to show how people would like to receive their care and allow the person to have as much choice as possible. For example one care plan we looked at recorded that a person needed assistance with rising in the morning, while another focussed upon the needs for the person's diet. The care plans contained personal information including life history about the person and their preferences which would show how they liked to receive their care and support. People who used the service thought that care was focused on their individual needs. One person said, "I need help in the morning other than that I am ok." This was reflected in the care plan.

The daily records showed people's needs were being appropriately met. All the people we spoke with said that the staff completed the daily notes on each occasion that they visited. A member of staff told us that they thought it was a natural thing to talk with and consult the person about how they were and their care needs. They were aware that as well talking with the person it was also important for records to be kept of the communication. We saw in the care plans that as well as regular reviews there was evidence that care was consulted upon with the staff providing the care to the person recorded regularly and appropriately.

People were involved in the planning of their care. One person showed us their care plan and explained they had been involved with review meetings and had signed to confirm it was an accurate record and were happy with the content. All the plans we saw confirmed that people were involved in the initial assessment, care plan and subsequent reviews of care. A person told us that they had been asked about the gender of the carer they preferred, which they considered important.

The service had a policy and procedure for the recording of complaints. At the time of our inspection no complaints had been recorded. We asked the manager why this was? The manager explained that people could make complaints and they would be dealt with fairly and appropriately as per the procedure. They considered that the staff and themselves were pro-active at resolving any issues as they arose. This was confirmed by the staff we spoke with. Also the manager used supervision to learn how staff resolved issues as they did when carrying out reviews and there were regular quality checks with the people using the service. They told us that they would investigate a complaint and put into practice for the benefit of all, any lessons that could be learnt. We noted that the service had received a number of compliments from people using the service and relatives. These were about overall satisfaction or to thank the manager and staff for individual circumstances.

Is the service well-led?

Our findings

There was a clear management structure in place at the service. There was a registered manager and the service had a statement of purpose. People using the service and their relatives told us they found the manager approachable and staff told us they were supportive.

Prior to the inspection we received information over a period of time from people using the service and relatives that they were impressed with the care provided, the attention given by the staff and organisation skills of the service.

There was a positive culture within the service, the management team provided strong leadership and led by example. The manager who was also the owner and nominated individual had a clear vision for the service and set the values to staff at interview and through induction. They had a keenness based upon empathy about how they wished the service to be provided. Records of engagements with staff showed these values were communicated and shared with the whole staff team. The members of staff we met had compassion and understanding for people they provided a service for. Care being person centre and individualised was the mainstay of the service philosophy. People told us about how staff cared for them and that staff were committed to providing a service which was reliable and caring.

The staff worked in small groups in order to minimise the number of staff involved with each person and hence had developed a substantial knowledge base about the people they supported. Staff told us how important it was to be on time and in the very rare event that they could not to ensure the person was aware of the situation. Staff told us that they took pleasure in supporting people to maintain their independence and to support people to develop their interests, such as looking after pets and celebrating achievements. This included maintaining the style of life that the person chose. Staff supported people to go out and would escort them but not necessarily stay with them, but work with family and friends to ensure arrangements were in place so that they returned home safely. Care plans and risk assessments were regularly reviewed and staff supported people to fulfil the life of their choice.

The manager explained to us the importance of carrying out an accurate assessment to determine if the service could meet the person's needs. At that point it was equally important to understand and agree with what the person should expect from the service. One person told us. "I see the manager regularly as they do visit to check how I am, if I am happy and the care is alright, if it was not I would talk with them and they would put things right I am sure." The manager reinforced to us the importance of designating small groups of staff near to where they lived to reduce traveling times so that the person knew the staff. They also put a lot of thought into who the person would like and get along with when placing staff to work with the people using the service. The manager took an active role within the service, and balanced their managerial duties with assessing and providing care as needed. They saw this an opportunity to set standards and leadership.

There were clear lines of accountability and responsibility within the management structure. The manager had built the service up themselves and had begun to organise senior staff to fulfil roles that in the past such as supervision were done by themselves. This process had not been rushed and staff were given training

and on-going support from the manager to fulfil these roles and duties. The manager had recognised as the service had grown staff needed to grow with the service and develop skills, as they would not have time to do all the tasks and fulfil all the roles as they had in the past. At the time of our inspection we saw that this development was now embedded into the organisation. One member of staff told us. "The manager is a role model nothing they have not done or would not do and they are understanding. Another member of staff told us they enjoyed working for the service. We asked why this was. They said. "Excellent team work and communication."

There were policies and procedures in place which included information about how the service would check upon the quality provided and action to be taken. The senior management undertook spot checks when they would visit a person using the service and the care staff to check upon the care delivery. Also surveys were sent to people and relatives asking for their comments about the service and any ideas they had for improvements. Information learnt was used to aid learning and drive improvement across the service. We saw incident forms had been completed and were analysed to look for learning points and any trends.

The manager was aware of the key lines of enquiry used by the Care Quality Commission to inspect services. They compiled information into sections relating to the key lines of enquiry and used this information to explain to staff how these key principles can be used to organise, monitor quality and deliver care to people. The service had actively sought and acted upon the views of people through creative and innovative methods. This included an annual survey and regular one to one discussions with people to seek feedback. The information had been analysed and used to develop the service. One person told us. "The manager works so very hard, they care about what we think and that we are alright."

There were staff meetings, supervision sessions and annual appraisals for the staff. A member of staff told us. "This is the best company I have worked for, you are not rushed and have time to be with the people and you are treated with respect." We asked how they were treated with respect and they told us they were paid on time, holidays were honoured and whenever asked to do anything, this was with a please and thank you.

The manager told us how they had created the business and their belief was they had to set the standards. Knowing what was happening and organising the service was important to them. Hence they oversaw the staffing rota, while also double checked this so that the person as far as possible had the same staff at the same time each week. The manager showed and explained to us the system which included how a care staff schedule was compiled. The person was sent a rota informing them who would be coming to provide care for them. People we spoke with confirmed they received the rota, knew who was coming, were informed of any changes and staff stayed with them for the allocated time.

The manager also operated with the senior staff an on-call rota for the people using the service as well as the staff to call for assistance as required. There were systems in place to check people's care records on a regular basis to ensure they were accurate and up to date and audits were completed of people's medicines records. We also noted how the manager of the service carried out audits regarding consent forms being signed so that there was proof of people agreeing to the care provided and that this had been fully explained.