

Daisy-Fieldz Care Services Limited

Daisy House

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

About the service

Daisy House is a residential care home providing personal care to two people. The service can support up to four people who are living with learning disabilities and/or autism.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

People felt safe and staff had good knowledge of safeguarding processes. There were enough staff to support people safely. Care plans and risk assessments were up to date and reviewed regularly. People received their medicines as expected.

People were looked after by kind and caring staff who knew them well. Positive behaviour support was used to good effect, so that when people became upset or agitated, staff used distraction techniques. People were encouraged to be involved in decisions relating to their care; they were treated with dignity and respect.

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 and their relatives were involved and consulted about their care and support needs. People had access to health and social care professionals as required. People were supported to access community service and to participate in activities of their choosing which met their needs.

The provider had systems in place to encourage and respond to any complaints or compliments from people or those close to them. There was regular involvement by families and relatives and external services.

Staff felt valued by the management team and staff meetings provided opportunities for staff to meet together. A system of audits monitored and measured all aspects of the home and were used to drive improvement.

The Secretary of State has asked the Care Quality Commission (CQC) to conduct a thematic review and to make recommendations about the use of restrictive interventions in settings that provide care for people with or who might have mental health problems, learning disabilities and/or autism. Thematic reviews look

in-depth at specific issues concerning quality of care across the health and social care sectors. They expand our understanding of both good and poor practice and of the potential drivers of improvement.

As part of thematic review, we carried out a survey with the registered manager at this inspection. This considered whether the service used any restrictive intervention practices (restraint, seclusion and segregation) when supporting people.

The service used positive behaviour support principles to support people in the least restrictive way. No restrictive intervention practices were used.

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

Rating at last inspection.

This service was registered with us on 14 August 2018 and this is the first 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?

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 House

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

This inspection was carried out by one inspector.

Service and service type

Daisy House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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 would be in the office to support the inspection.

What we did before the inspection

We reviewed information we had received about the service and sought feedback from the local authority. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection

One person living at the home had varying levels of communication and were unable to share their views

and experiences, so we therefore used our Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experiences of people who could not talk with us. We spent time observing the support provided to people in communal areas, at meal times and the interactions between people and staff. We spoke with one person who used the service and one relative about their experience of the care provided. We spoke with four members of staff including the registered manager and three support workers.

We reviewed a range of records. This included one person's care records and multiple medication records. We looked at two 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.

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 Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were relaxed and comfortable with care staff and their interactions were positive. One person's relative confirmed they felt people were safe at the service.
- There was a safeguarding policy in place which contained clear information about how to report a safeguarding concern. All staff undertook training in how to recognise and report abuse. They said they would have no hesitation in reporting any concerns and were confident that action would be taken to protect people.
- Safeguarding concerns were managed appropriately. The service worked effectively with the local authority and other agencies to ensure concerns were fully investigated and action taken to keep people safe.

Assessing risk, safety monitoring and management

- Risks to people's health, safety and well-being were assessed and measures put in place to remove or reduce the risks.
- Individualised positive behaviour support plans guided staff on actions they could take to prevent situations arising where a person could become distressed and therefore minimised the need for restrictive interventions.
- Records showed that premises and equipment were well maintained, and any issues were promptly reported by staff and dealt with to ensure the environment remained safe.
- People's care plans included Personal Emergency Evacuation Plans (PEEPs) to enable information to be quickly and easily shared with the emergency services such as the Fire and Rescue Service.

Staffing and recruitment

- There were enough staff on each shift to ensure people's needs were met. Staffing levels were assessed daily, or when the needs of people changed. The staffing rota showed the numbers of staff on shift matched the numbers planned for.
- In order to maintain appropriate staffing levels some agency staff were used. The registered manager told us, "When we use agency staff they already know the home and clients' needs very well. They have worked on duty with experienced staff in the past."
- Recruitment processes were rigorous, and values based, to ensure caring staff with the right approach were employed.

Using medicines safely

- There were effective systems to ensure medicines were ordered, stored, administered and monitored safely. Medicines were stored in a securely locked safe in people's bedrooms. There was a robust system of

audit and review in place.

- The provider ensured staff were trained before allowing them to administer medication, and their competency assessments were due to take place.
- There were protocols for 'as required' (PRN) medicines such as pain relief medicines. This included recording why the medicine was needed, and if it had been effective when taken.
- There were regular audits of medicines and action was taken when any shortfalls were identified.

Preventing and controlling infection

- The home was clean and tidy throughout and equipment was clean and well maintained.
- Staff had completed infection control, health and safety and legionella training and we saw they used personal protective equipment such as gloves and aprons.

Learning lessons when things go wrong

- Staff understood the importance of reporting and recording accidents and incidents and reflected on them as a means of improving safety.
- Records showed that staff had identified concerns and accidents and took appropriate action to address them. Where required accidents and incidents were referred to local authorities and the CQC and advice was sought from health care professionals.
- Incidents and accidents were monitored by management on a regular basis to ensure actions were taken where required and lessons were learnt minimising the risk or reoccurrence.

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 needs were assessed before they moved into the home. This ensured their needs could be met and staff had the appropriate knowledge and skills to look after them effectively.
- Where people required support from healthcare professionals this was arranged, and staff followed guidance provided. Information was shared with other agencies if people needed to access other services such as hospitals.
- Assessments were used to produce individualised care plans which provided staff with information on how best to support people to meet their needs.

Staff support: induction, training, skills and experience

- Staff told us the induction and training they received was of good quality and enabled them to carry out their roles effectively. One staff member said, "Training with this care home has been helpful. The manager is always making sure we're booked on courses."
- Staff received ongoing training and updates that were relevant to their roles. These included training on physical intervention, challenging behaviour, first aid, moving and handling, equality diversity and inclusion and nutrition and hydration.
- Staff completed an induction when they started working at the service and 'shadowed' experienced members of staff until they were assessed as competent to work unsupervised.
- Records showed staff training and supervision were up to date and in line with the provider's requirements. With the service just being 12 months old the registered manager confirmed appraisals would soon be provided to staff. Staff told us they felt supported by the registered manager and other senior staff and could discuss issues at any time.

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

- People were able to eat their meals where they chose. During the inspection most people ate their meals in the lounge which had a dining table in place.
- People's feedback was sought to develop menus. The registered manager and the staff team were proactive at designing a pictorial menu book to assist people with their meal choices.
- When possible both people were supported to prepare and cook their own food. This encouraged people to be independent and supported them to make healthy food choices.

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

- Records showed staff worked with a range of community professionals to maintain and promote people's

health. People were supported to attend routine medical, dental, eye checks and other important appointments where required. On the day of inspection both people were supported to a dental appointment for a routine examination, while being supported by two support workers.

- When required, investigations or advice from health professionals was sought in a timely manner for any concerns. Health action plans were also in place which identified and tracked people's health and care needs.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The registered manager and staff had a good understanding of the MCA and were working within its principles. People were not unduly restricted and consent to care and treatment was routinely sought by staff.
- Where people were deprived of their liberty for their own safety, for example, locking the front door and back gate, DoLS authorisations were in place and the conditions of the authorisation were being met and kept under review.
- Where people's mental capacity had been assessed and they were found to be unable to make specific decisions for example, about their medicines or finance; best interest decisions were in place.

Adapting service, design, decoration to meet people's needs

- The home was in a good state of repair and well equipped to meet people's needs. Communal areas were bright and comfortable, with an outside seating area and pleasant garden.
- The service had been adapted to meet the needs of people. People's bedrooms had been personalised to reflect their own choices and personalities.

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

- We saw that people were cared for by staff who were calm and skilled, for example, being aware of their body language and behaviour cues, and recognising that they needed additional support and reassurance.
- One relative told us, "The staff at Daisy House are very considerate. They have worked well with [person's name] and I couldn't fault them."
- During the inspection we observed a staff member talking calmly to a person who was refusing to enter the home after an activity. We spoke to the staff member who was very calm about the situation and explained the person needed time to adjust to their environment. We observed that this matter was being well managed to keep the person safe.
- Staff had built positive respectful relationships with people valuing their wishes, rights and independence. Staff demonstrated a good in-depth awareness of individuals personas and knew how best to support them.

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

- People were supported to make their own decisions and relatives were involved in planning for their loved one's care and support needs. One relative said, "The service has always been good with communication. We often discussed {person's name} care."
- Where people were unable to advocate for themselves staff supported them to access advocacy services. An advocate is someone who can offer support for people to make decisions and have their voice heard.
- People were provided with choice, so they could make day to day decisions for themselves. Staff told us they used people's body language to determine their preferences. During our morning observation we saw staff asking a person, "Do you want breakfast?" By observing the person, the staff member was able to understand the person's preference.

Respecting and promoting people's privacy, dignity and independence

- Staff could tell us ways they supported people's independence. One member of staff said, "It depends on the person's preferences. We know their needs and routines and preferences very well."
- We found one person would often refuse to enter the home and would walk a long distance to visit a family member. This had been a regular pattern for this person over a number of years. The service was aware of the risks but understood this was important for the person to do without restricting their freedom. The service had a detailed risk assessment in place that respected the person's choices and ensured a staff member supported the person back home safely once they visited their family member.

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's care plans detailed information about how they liked to be supported. They included how a person may feel and what support they may need on a good day and on a more difficult day. This enabled staff to tailor the support they offered to people on a day to day basis.
- People's care plans held information regarding their personal preferences, life history, religious beliefs and people who were important to them. This enabled staff to have up to date information about people's personal preference.
- Regular reviews of people's care needs and records were held to ensure staff continued to support people appropriately and that their needs, goals and wishes were respected and met.
- People were supported by experienced staff who knew them well and who supported them to access services such as, leisure activities to meet their needs and interests.
- Daily notes were kept and these detailed what people had done during the day and information about their physical and emotional well-being. This information was used to handover to staff when shifts changed.

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.

- People had information presented in a way they found accessible and in a format they could easily understand. For example, there were pictures, symbols and photos used to assist people to be involved in their care planning and decisions.
- Staff members knew how to effectively communicate with people. The approach by the service met the principles of the Accessible Information Standards.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Each person had an activity plan in place that was based on how they liked to spend their time. However, one person had actively chosen not to have a set plan but preferred to decide each day what they would like to do. This was respected by staff, but they asked the person and gave them opportunities to join activities in the community, when they wanted to. Another person enjoyed going out and do arts and craft at a local facility. The registered manager told us that they continually explored opportunities for people in the local community.

- People had access to music, games and jigsaws to ensure they had plenty of activities within the home alongside their planned visits out into the community.
- People were supported to maintain contacts with their family and other people important to them. These meetings were integrated into people's everyday activities. We saw the service had considered possible difficulties and addressed these appropriately such as communicating via telephone where a person had limited vocabulary.

Improving care quality in response to complaints or concerns

- The provider had not received any complaints within the 12 months it had been registered. In discussion with the registered manager they informed us they were more than happy to deal with any issues people may have and welcomed feedback if the service needed improving in any way.
- There was a complaints policy in place, with a pictorial version in place to support people to raise any concerns they may have.

End of life care and support

- At the time of the inspection, nobody living at the service was receiving end of life care.
- The registered manager told us that people did not yet have this information captured, this was being planned and would be approached sensitively at the right time for each person.
- The registered manager told us that they would work closely with external healthcare professionals to provide people with the care they required at the end of their life.

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 Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager told us the aim of the service was to provide people with a homely, comfortable and safe environment where their care and needs could be met. All staff we spoke with told us how much they enjoyed their job.
- The registered manager and staff demonstrated a person-centred approach for the people they supported. We saw people had choice and control and were involved in decisions made about their care.
- Staff were able to tell us about training courses they had attended and what they had learnt from these sessions. They were able to tell us how they used this learning in their day to day practice to support people to achieve positive outcomes.
- Staff said they felt supported by the registered manager and could raise concerns if needed. Comments included, "The manager is a highly motivated person. She cares very much about the clients" and "I love working here, its relaxed and I believe we provide a very caring service to people."

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

- The service had robust quality assurance procedures in place. Quarterly visits were undertaken by a care consultant the provider had provisioned, who scrutinised all aspects of the service including the environment, documentation and staff conduct. Recent internal audits had achieved positive scores which reflected how well the service was being run.
- The registered manager told us, and records confirmed, audits were completed on a wide range of areas including care plans, health and safety, medicines and infection control. Action plans were in place following audits, to ensure the management team were working towards the same goals. Information gathered from audits was used to develop the service.
- Staff understood their responsibilities and what was expected of them. They told us they participated in team meetings and received supervision we saw schedules reflected this. This gave staff the opportunity for learning and development.
- The registered manager had notified The Care Quality Commission (CQC) of events which had occurred in line with their legal responsibilities.

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

- The registered manager understood her responsibilities in relation to duty of candour. Where there had

been concerns, we saw these had been dealt with appropriately and notified to the relevant people. We saw follow up actions had been recorded and the registered manager had been transparent.

- People and staff told us that they felt able to raise any concerns with the registered manager. A staff member said, "This is a very open and caring service. I can speak to the manager if I have even the slightest of issues." One person told us, "I like it here very much. [Registered managers name] is lovely."

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

- People were supported to be part of their local community and we were told local activity centres, cafes and shops were regularly visited by people.
- People's feedback about their care, the service and what they wanted was sought through day to day support from staff and through regular meetings. People were listened to and actions were taken to follow those wishes.
- In addition, the provider sought feedback from people, their families and representatives, external professionals and staff through an annual quality assurance process. The provider recently organised a BBQ where people's families, representatives and external professionals were invited, which was a great success for the home.

Continuous learning and improving care; Working in partnership with others

- The provider used their quality assurance processes to review safeguarding concerns, accidents and incidents. Information was analysed and action taken where needed.
- The home liaised with health and social care professionals and people's care and support needs were regularly reviewed.