

Daisy-Fieldz Care Services Limited

Daisy Bank

Inspection report

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Ratings

Overall rating for this service

Good 

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?

Good 

Summary of findings

Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

Daisy Bank is a residential care home providing personal care. The service can support up to six people. At the time of the inspection there were six people using the service.

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

Right Support:

People were in control of their lives, and they were supported to be independent. People were supported by staff to pursue their interests. Staff did everything they could to avoid restraining people. The service recorded when staff restrained people, and staff learned from those incidents and how they might be avoided or reduced. People had a choice about their living environment and were able to personalise their rooms.

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.

Right Care:

Staff promoted equality and diversity in their support for people. They understood people's cultural needs and provided culturally appropriate care. People received kind and compassionate care. Staff protected and respected people's privacy and dignity. They understood and responded to their individual needs. Staff understood how to protect people from poor care and abuse. The service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it. The service had enough appropriately skilled staff to meet people's needs and keep them safe. People could take part in activities and pursue interests that were tailored to them. The service gave people opportunities to try new activities that enhanced and enriched their lives.

Right Culture:

People led inclusive and empowered lives because of the ethos, values, attitudes and behaviours of the management and staff. Staff knew and understood people well and were responsive, supporting their aspirations to live a quality life of their choosing. Staff ensured risks of a closed culture were minimised so that people received support based on transparency, respect and inclusivity.

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 1 July 2021 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Recommendations

We have made a recommendation about the management of some medicines.

We have made a recommendation about the Accessible Information Standard.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 well-led.

Details are in our well-led findings below.

Good ●

Daisy Bank

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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by one inspector, a medicines inspector and an Expert by Experience who made telephone calls to relatives. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. The medicines inspector did not physically visit the office of the location. Instead of visiting the office location we use technology such as electronic file sharing to review records connected to people's medicines.

Service and service type

Daisy Bank is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Daisy Bank is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used information gathered as part of monitoring activity that took place on 8 February 2022 to help plan the inspection and inform our judgements. We used all this information to plan our inspection.

During the inspection

We spoke with three people who used the service and three relatives about their experience of the care provided. We spoke with five care staff including the registered manager, the activities coordinator and three care staff. We received feedback from one health and social care professional. We reviewed a range of records. This included two people's care records and multiple medication records. We looked at two staff files in relation to recruitment and 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 of this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe.

Using medicines safely

- The service had a medicines policy in place, but this was not produced in line with current good practice recommendations.
- The provider produced medicine administration records (MAR) for people using the service. These were not completed in line with best practice. They did not always contain enough information to support staff.
 - Where medicines were prescribed 'when required' (PRN) there was not always enough person-centred information to support staff with how and when to give the medicine and the expected outcome.
 - Information on how people like to have their medicine administered and any specific administration instructions, were not always available to staff. This information is helpful to ensure individuals get medicines appropriately and in a person-centred way.

We recommend the provider considers current guidance on producing medicines records to support staff in the safe administration of medicines.

- Staff who administered medicines had been trained to do so and the registered manager completed regular competency checks to ensure correct procedures were followed.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us the care provided was safe.
- Staff completed regular safeguarding training. They knew how to identify and report any concerns. The service had a whistleblowing policy in place and staff were confident to report to outside agencies if required.
- The registered manager reported safeguarding concerns to the local authority and the Care Quality Commission in line with guidance.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- The service had effective systems in place to ensure that all areas of the home were safe. This included up to date safety certificates for gas, electric and regular checks of fire safety equipment.
- There were policies and procedures in place to ensure that accidents and incidents were recorded, actioned, and analysed if they occurred. Staff told us there was an open culture and they were encouraged to report.

Staffing and recruitment

- Staffing levels were safe.

- The service had enough staff, including for one-to-one support for people to take part in activities and visits how and when they wanted.
- There was a calm atmosphere in the home throughout the inspection. We observed people were relaxed and had their needs attended to promptly.
- Staff were recruited safely and had the appropriate pre-employment checks in place before employment commenced.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- The service supported visits for people living at the home in line with current government guidance.

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

- Staff completed a comprehensive assessment of each person's physical and mental health either on admission or soon after.
- Care plans contained person-centred information about people's likes and dislikes and their preferred routines.
- People's needs in relation to equality and diversity were considered during the assessment and care planning process, such as age, disability and religion.

Staff support: induction, training, skills and experience

- Staff completed a full induction when they commenced employment. This included mandatory training, shadowing experienced staff and competency checks carried out by senior staff.
- Staff new to care, completed the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- All the staff we spoke to were positive about the support they received including the induction and the training opportunities available. They told us, "Yes, I was happy with the induction. It gave me the confidence to work here" and "We get good support here, including 1-1s and debriefs. Yes, I feel valued. The new manager has been exceptional, [the manager] is always asking what support you need and [the manager] is always available."

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

- All the people we spoke to told us the food was good.
- People received support to eat and drink enough to maintain a balanced diet.
- People were involved in choosing their food and planning their meals.
- Mealtimes were flexible to meet people's needs and to avoid them rushing meals.
- People were able to eat and drink in line with their cultural preferences and beliefs.

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

- People were supported to access health care and people were supported to attend appointments. This included an annual health check with the GP and a specialist local dentist, who was able to make access more person centred.

- People had detailed health passports which were used by health and social care professionals to support them in the way they needed.
- We received positive feedback about the service from one health and social care professional. They told us, "Daisy Bank has always acted quickly in letting us know what is going on with our citizens they are caring for. Daisy Bank communicate with us as and when necessary to give updates about our citizens. Messages left by me are always responded to."

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

- The service had a fully accessible building that was adapted to meet people's needs.
- There was a communal lounge and private spaces including personalised bedrooms.
- There was a large garden space available and this was in regular use by the people who lived there. One person in particular enjoyed sitting in the garden and was supported to spend long periods there.

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The service was working within the principles of the MCA. Capacity assessments were completed, and best interest decisions made for those people who did not have capacity to consent.
- The registered manager had made appropriate applications for DoLS authorisations and any conditions related to the authorisation were being adhered to.

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; Respecting and promoting people's privacy, dignity and independence

- People were positive about the support they received. They told us, "The staff are very kind" and "[Staff] have always respected me. The staff are polite, kind and caring."
- Staff received equality and diversity training. Staff delivered care and support in a non-discriminatory way and upheld people's rights.
- A service user induction with information about service user rights included information on how to make a complaint, independent advocacy and protection from financial abuse.
- Staff explained how they promoted people's privacy, dignity and independence.
- Staff members showed warmth and respect when interacting with people.
- People had the opportunity to try new experiences, develop new skills and gain independence.

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

- People felt listened to and valued by staff. People were in control of their care. One person told us, "The routine here really helps me. They have encouraged me and have helped to rebuild my life."
- Staff took the time to understand people's individual communication styles and develop a rapport with them. Family told us, "[Staff] are getting to know [person] traits and [staff] are always trying to learn and [staff] are doing really well."
- Staff respected people's choices and wherever possible, accommodated their wishes, including those relevant to protected characteristics e.g. due to cultural or religious preferences.
- Staff supported people to maintain links with those who are important to them. People told us, "Yes, I like it here, it is closer to my family" and "Yes, I see my family every weekend."

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.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The communication care plans did not capture what the service was doing in practice, to ensure that people's communication needs were met. The registered manager was aware of this issue and the training manager was currently working with staff to address it.

We recommend the provider considers current guidance on the Accessible Information Standard and how it is applied effectively through care planning.

- People had access to alternative formats if required. There was individualised support such as tailored visual schedules to support people's understanding.
- Staff gave examples of visual structures, including objects and use of gestures and other visual cues which helped people know what was likely to happen during the day.

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

- Care plans identified what was important to people. These needed more detail, to ensure all areas of the care plans, recorded this information. Goal setting and skills teaching also needed to be more explicit in the care plans. The registered manager was new in post and was aware of these issues and was currently reviewing all the care plans.
- People were supported in practice to achieve their goals. For example, one person was being supported to volunteer and a second person had been accepted on a project to learn new skills.
- People were supported to follow their activities and interests. The service had a full-time activities coordinator, and each person had a personalised activities plan.
- People told us, "Yes, I do lots of activities" and "Yes, the staff support me to do what I want to do. I like going to art clubs and walking, the library and shopping. I like going to museums."

Improving care quality in response to complaints or concerns

- A complaints policy was in place and this was widely available. The service had a very low level of

complaints. Only one in the previous 12 months.

- People told us they were happy with the care provided. Relatives felt able to raise concerns if they had any.

End of life care and support

- At the time of the inspection the service was not supporting anybody who was at the end of their life.
- Care planning gave people and their relatives the choice to explore this area 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 good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The owner was the current registered manager. The service had invested in a new manager who started in August 2022 and was in the process of registering with the CQC.
- The new manager had the skills, knowledge and experience to perform their role and a clear understanding of people's needs.
- Governance processes helped to hold staff to account, keep people safe, protect people's rights and provide good quality care and support. These were being developed further and ensured a quality assurance system of scheduled audits was in place, that identified shortfalls and timescales for improvement.
- Senior staff understood and demonstrated compliance with regulatory and legislative requirements.
- Staff delivered good quality support consistently.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People told us they were happy with the support they received.
- Relatives felt listened to. They told us, "Yes, [staff] always addressed what I've said. [Staff] listen and [staff] instantly address it."
- The registered manager was visible in the service, approachable and worked directly with people and led by example.
- Staff felt respected, supported and valued by senior staff which supported a positive culture. Staff told us, "The staff morale is high. We are treated well and we are happy here" and "Yes, it is very good working here. I am in love with this job. The team here are very good."
- Staff felt able to raise concerns with managers without fear of what might happen as a result.
- The provider sought feedback from people and those important to them and used the feedback to develop the service.

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 their responsibility around the duty of candour. The Duty of Candour is a regulation which all providers must adhere to. Under the Duty of Candour, providers must be open and

transparent, and it sets out specific guidelines' providers must follow if things go wrong with care and treatment.

Working in partnership with others

- A local commissioner acknowledged that there had been no complaints made to them and that they had no concerns.
- The registered provider worked collaboratively with other local community health services.