

Danielle & Daisy Care Ltd

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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?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Danielle & Daisy Care Ltd is a care agency providing personal care to people in a supported living setting. The service was currently providing care to 5 people with a learning disability or autistic people. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

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

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people. We considered this guidance as there were people using the service who have a learning disability and or who are autistic.

Right Support:

People were enabled to make their own choices and express their wishes in a way staff understood them. People were prompted by staff to do the things they could do for themselves.

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:

People were safe as staff recognised potential signs of abuse and were provided with sufficient guidance in relation to people's risks.

People's medicines were managed safely and staff received appropriate training and had their competency checked in relation to medicines.

Staff had access to personal protective equipment when providing personal care to people and staff worked with external agencies and professionals to get people specialised care when needed.

Those people who required it were provided with sufficient food and drink and supported to eat healthily. People received appropriate care as staff were trained for their role and had the support of the registered manager. People were cared for by a sufficient number of staff who saw people as individuals and knew people well.

People were cared for by staff who were kind, attentive and showed people respect and dignity.

Right Culture:

The registered manager did not comply with their registration as they were using a different location as their office. The registered manager submitted a notification to change their address on the day of inspection..
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The registered manager had established a good culture within the staff team. Staff said they felt supported and they enjoyed their job.

Relatives and staff were involved in the running of the service through surveys and meetings and the registered manager sought learning from other registered providers to help them look for ways to improve.

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 10 February 2020 and this is the first inspection.

Since registration, the service had been dormant for a period of time. This meant they were not providing the regulated activity of personal care to anyone. The service came out of dormancy in November 2021 as they started to provide personal care to people.

Why we inspected

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

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?

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?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

Danielle & Daisy 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 Health and Social Care Act 2008.

Inspection team

The inspection was carried out by 1 inspector.

Service and service type

This service provides care and support to people living in 2 'supported living' setting, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

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

Notice of inspection

We gave the service 24 hours' notice of the inspection. We visited both the head office and 1 supported living service on the same day.

What we did before the inspection

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well

and improvements they plan to make.

We reviewed the information we held about the service. This included notifications of accidents, incidents and safeguarding concerns.

We used all this information to plan our inspection.

During the inspection

People receiving care were unable to communicate verbally with us. Instead, we spoke with 3 relatives following the inspection to obtain their feedback about the care being provided by Danielle & Daisy. We spoke with the registered manager and 3 care staff.

We reviewed the care plans for 2 people in varying detail, looked at people's medicine administration records, checked the staff recruitment files for 3 staff and looked at staff meeting minutes, survey responses and audits.

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

Systems and processes to safeguard people from the risk of abuse

- Staff helped people remain safe as they had received safeguarding training and knew how to recognise signs of potential abuse.
- Safeguarding concerns had been raised with the relevant authorities and the registered manager worked with them to investigate these.
- Staff told us they would report any concerns to their line manager and also, "We have a number we can call to report safeguarding, or we can report it to CQC."

Assessing risk, safety monitoring and management

- People were kept free from avoidable harm as there was sufficient guidance in place for staff to follow in relation to people's risks. One person was unable to weight bear without staff support and as such 2 staff were allocated to the person when they needed to move between their bed and wheelchair or back into bed.
- People's skin was protected from breaking down as staff ensured they regularly repositioned a person whilst they were in bed.
- Where people had epilepsy, there was a care plan and risk assessment in place giving information to staff on what to do should the person have a seizure.

Staffing and recruitment

- There were sufficient staff to provide care to people. The registered manager told us they employed 9 staff, and this enabled them to provide the 1 to 1 or 2 to 1 care people required.
- Staff confirmed they felt there were enough of them. They told us they did not feel rushed with people and people were always supported to go to activities because there were staff available to accompany them.
- Staff were recruited through a robust process. They had provided their work history, provided references and given evidence to show they had the right to work in the UK. Staff underwent Disclosure and Barring Service (DBS) checks prior to commencing work for the agency. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- People received the medicines they required and the registered manager was working hard with a healthcare professional to reduce 1 person's medicines in line with STOMP. This person's relative told us, "She's (registered manager) on the ball with this."
- People had medicine administration records (MARs). These showed details of a person's prescribed

medicines and staff signed when they dispensed and administered a medicine.

- We noticed people did not have 'as required' (PRN) protocols in place. These were important as people were non-verbal. We spoke with the registered manager about this who promised these would be drawn up immediately. We were confident that this would happen.

Preventing and controlling infection

- Staff had access to a sufficient amount of personal protective equipment (PPE). They told us, "We have gloves, masks and hand sanitisers."
- When we visited the support living service where people received their care, we saw sanitiser was available for visitors to use.

Learning lessons when things go wrong

- As the service was small, the registered manager had an intrinsic knowledge of all events. They told us there had been no accidents or incidents involving people they provided a regulated activity to. However, there was a record for people who had epilepsy to monitor their seizures.
- As the service grew, the registered manager planned to develop a system of recording and analysing accidents and incidents.

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 prior to the care package commencing. The assessment then formed the basis of a person's care plan. The care plan was adjusted and added to as staff got to know people.
- The registered manager took information from people's previous placements to help understand a person's needs. They also consulted with professionals such as a social worker or the mental health team to receive input from a qualified practitioner.
- Relative's confirmed regular reviews of their family member's care took place and that they had been involved in the care plan.

Staff support: induction, training, skills and experience

- Staff received induction and training to help ensure they were confident in their role. Staff said the training was very good and prepared them for their work. They told us they shadowed more experienced staff when first commencing at the service.
- All staff worked through the Care Certificate prior to starting at the service. 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.
- Staff had received learning disability training as part of their induction. However, the registered manager said (of the new required learning disability training), "We felt it was better for the Oliver McGowan training to be done face to face." This was being rolled out to staff in the coming months.
- Staff had the opportunity to meet with their line manager on a 1 to 1 basis to discuss their role, concerns or any training requirements.

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

- People were provided with support from staff to eat and drink where required and staff adjusted people's food consistency when necessary.
- One person had recently been in hospital and upon returning home needed their food softened. Staff provided the person with food made in this consistency until the person became stronger and was able to tolerate normal foods.
- People were supported to eat healthy meals and with a dieticians input, staff had developed menu plans for people.

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 by staff to receive healthcare professional input to help avoid unnecessary hospital admissions.
- Staff had made referrals to the speech and language therapy team, the physiotherapist and district nurses to work with them to help ensure people received effective care.
- When staff were concerned about a person, they consulted with the person's GP, and the registered manager said they had registered people with a dentist in order to ensure they had regular oral health checks.

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. 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, 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.

- Staff followed the principles of the MCA in relation to people. They sought appropriate consent to provide care to a person and held best interest meetings when relevant.
- Staff had a good understanding of the MCA. They told us, "It's about not making decisions for them, but giving them freedom to choose."

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

- People were treated with care by staff. A relative said, "It's taken a while, but they (staff) really do know her now." A second relative told us, "The staff are really nice."
- Relatives were happy with how their family member was treated by staff from Danielle & Daisy. One relative told us, "They (staff) are kind and caring and they encourage her." A second relative said, "She is really happy and the staff have really worked with her to go out. They like her and she likes them. I would know if she wasn't comfortable with anyone."
- Staff were attentive to people. A staff member told us, "I always make an attempt to talk to them even if they can't answer me. I make them feel supported." A relative supported this by telling us, "They (staff) make her feel safe."
- Staff were trained in equality and diversity and people were supported to have choice over their lives. Relatives contributed to the development of their family member's care plan and told us that staff welcomed their input and support.

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

- People were supported to express their wishes by staff, through their gestures and signs. Staff were good at recognising what people wanted and gave people the chance to make decisions where they could.
- People were supported to learn new life skills and goals were set, such as staff working with one person to enable her to put her own socks on and make her bed.

Respecting and promoting people's privacy, dignity and independence

- People were helped with their independence as staff prompted people to do the things they could on their own, such as wash certain parts of their body, or dress themselves. A relative said, "They support her with her independence."
- Staff were guided in people's care plan information to give people privacy, especially when receiving personal care. For example, standing at a distance from one person to allow them to complete some of their own personal care.

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; End of life care and support

- People received appropriate care from staff who were provided with sufficient information on a person's care needs. Such as staff planning ahead when taking one person out to open spaces as they did not like dogs.
- Relatives said staff knew their family member well, with 1 telling us, "It's taken them a little while, but they do know her."
- There was good background information on a person to help staff get to know the person as an individual. Staff knew people well. They were able to describe them as a person and could give us information about their care needs which was in line with the care plan.
- No one was receiving end of life care from the service. The registered manager said, "It's a sensitive subject, so we are taking things slowly."

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.

- People were supported with their different ways of communicating because staff took the time to watch people in order to recognise how they were trying to express themselves.
- Staff were able to describe to us people's different gestures and what they meant and people's care plans contained tips for staff on what to look out for in a person when they wanted something.

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

- People were supported to access the wider community by staff. Staff had taken the time to find out what services and activities were available in the local area to give people the opportunity to choose something that interested them.
- A relative told us, "She wouldn't go out before, but staff have encouraged her to go out. She goes for meals or to have her hair done."

Improving care quality in response to complaints or concerns

- There was a complaints procedure in place, but to date, the service had not received any complaints.

- Relatives told us they would have no concerns raising a complaint with the registered manager and felt confident that any complaint would be addressed. One relative said, "If there was anything I was concerned about, I would raise it."

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 was inconsistent.

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

- The registered manager was not meeting their requirements of registration as they were working from a different location to the one they were registered for. We inspected them at their registered address however, as we had given notice of the inspection, and were able to review all the documentation needed in order to complete our inspection. The registered manager subsequently submitted a form to change their address.
- Audits were carried out routinely to check the quality of the service. This included spot checks of staff performance when out in the field, audits of individual people's medicines and a review of people's care. Although, we found people did not have protocols in place for any 'as required' medicines which had not been picked up during audits. These were important as people were non-verbal and a such may not be able to indicate to staff they felt unwell. We spoke with the registered manager about this who promised these would be drawn up immediately. We were confident that this would happen.
- The registered manager understood their quality performance responsibilities. They told us they used an electronic care planning and monitoring system. This enabled them to see in, real time, where staff were. It also meant staff logged daily notes on the system so they could be reviewed.
- The service was managed by a competent and able registered manager who had experience of providing care to people with a learning disability or autistic people.

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

- Relatives were happy with the care staff at Danielle & Daisy provided to their family member. They felt the service was well led and the registered manager contactable. One relative said, "She (the registered manager) is good. She will phone me if there is anything to report, or just catch up. It is very relaxing speaking to her." A second said, "Actually, I am really happy with the care."
- Staff enjoyed working for the service. They told us, "I think she (registered manager) is amazing", "(The manager) is very friendly and open to everyone. She is a very good boss" and, "It feels more like a family. It's been wonderful so far (working here) and the manager is really caring."

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 need to apologise if care did not go to plan. They told us, "It's about openness. A relative complained that their family member's wardrobe was disorganised. We apologised and tidied it up."

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

- People and their relatives were invited to give their views on the care being provided through regular surveys. We reviewed the most recent survey responses and read that relatives were happy with Danielle & Daisy. One relative had written, 'It is very important for me as a parent to know and see that she is happy'.
- Staff had monthly meetings where they had the opportunity to talk about individual people, training or any concerns. The most recent meeting covered medicine administration and infection control.

Continuous learning and improving care

- The registered manager had a clear vision for the service. They told us, "We want to get it right. We want it to be a solid service which we can eventually spread to other boroughs. Having a CQC rating will help."
- They added, "I was recruiting locally and yet, I wasn't getting the quality. I joined the Home Office scheme and it has given me the opportunity to recruit experienced and qualified staff. For example, we recently employed someone who is clinically qualified. This has really helped us, particularly in relation to one person's care needs."
- The registered manager was keen to support staff to learn and progress. They told us, "I am putting [staff name] and [staff name] forward to manager training."

Working in partnership with others

- The registered manager worked with external agencies to help ensure the most suitable care was provided to people. This included the GP, the community learning disability team and the mental health team.
- The registered manager was registered with the Surrey Care Association for peer support.