

Daniel's Special Care Ltd

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Inspection report

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22 August 2022

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Daniel's Special Care Ltd is a home care agency providing personal care services for people in their own home. At the time of our inspection there were 65 people using the service.

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

The provider had embedded and sustained improvements to staffing levels and the safe management of medicines. There were processes in place to keep people safe and manage risks, including risks arising from the COVID-19 pandemic. There were sufficient staff to support people safely. There were processes to manage people's medicines, and to protect people from the risk of abuse or poor care. People told us they felt safe with the service they received.

The provider had embedded and sustained improvements to how they monitored and improved the quality of the service. The service people received was well led. The service focused on person-centred care and good outcomes for people. There were effective systems in place to manage the service, improve the quality of care people received, and support staff to deliver high quality care. The provider had implemented online systems to improve efficiency.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 11 February 2020).

Why we inspected

We received concerns in relation to staffing levels. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has changed from requires improvement to good based on the findings of this inspection.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe and well-led sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Daniel's Special Care Ltd on our website at www.cqc.org.uk.

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 well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

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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 team comprised an inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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

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

We gave a short period of notice of the inspection so that the provider could contact people we wanted to talk with and obtain their consent to take part in the inspection.

Inspection activity started on 18 August 2022 and ended on 22 August 2022. We visited the location's office on 18 August 2022.

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 and professionals who work with the service. 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 all this information to plan our inspection.

During the inspection

We spoke with 14 people who used the service and family members. We spoke with the registered manager and another member of staff.

We reviewed records relating to people's care and the running of the service. These included care records for five people and five staff recruitment files.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

- At our last inspection, improvements to staffing levels and procedures for safe recruitment had not been embedded. This time we found improvements had been sustained, there were sufficient staff employed, and the provider made the necessary checks when recruiting new staff.
- The provider had employed workers using the government's Health and Care Worker visa scheme to make sure there were sufficient staff to support people. The provider had adjusted and extended their induction process to make sure these workers were familiar with the adult social care environment in England before they worked alone. The provider had taken steps to make sure they had enough staff.
- The provider had processes in place to recruit people safely. Records showed they carried out the necessary checks to make sure staff were suitable to work in the care sector. These included Disclosure and Barring Service (DBS) checks which provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. We checked recruitment files contained the necessary records.

Using medicines safely

- At our last inspection, we identified improvements around regular medicines competency checks and completion of medicines records for prescribed creams. The provider had sustained improvements in both these areas.
- The provider had processes in place to make sure people had their medicine safely. Staff had appropriate training, and this was followed up by regular competency checks to make sure the learning had been understood. Care records included information staff needed to administer medicines safely.
- The provider had regular audits to check people had their medicines in line with their care plans. They checked medicines records were complete, accurate, and consistent with people's care plans. The online recording system linked the records to the care worker administering the medicines, which meant any anomalies found could be followed up. Audit records showed the quality of care when administering medicines had improved to 96% compliance.

Systems and processes to safeguard people from the risk of abuse

- The provider had systems and processes in place to protect people from the risk of abuse. Staff had appropriate training in identifying and responding to safeguarding concerns. Policies and processes guided staff to keep people safe. People told us they felt safe while being supported with their personal care.
- The provider worked with the local authority and other agencies when concerns were raised. Records showed concerns raised by staff were followed up and addressed. Where necessary the provider notified us of safeguarding concerns.

Assessing risk, safety monitoring and management

- The provider had processes in place to manage risks to people's safety and wellbeing. Care plans contained, and were informed by, risk assessments for risks such as self-neglect and falls, and risks associated with people's medical conditions and treatments. Staff had the information they needed to keep people and themselves safe while supporting them with personal care.
- The provider had assessed risks associated with the delivery of the service. There was an up to date COVID-19 risk assessment. The provider had a detailed and comprehensive business continuity plan.
- Where people were at risk of pressure injury, staff used a standard template to assess the risk. The provider encouraged staff to discuss ways they found to manage and reduce risks associated with behaviour that might be triggered by people's support with their personal care. Staff at all levels were aware of risks and how to manage them.

Preventing and controlling infection

- The provider made sure staff supported people in line with good practice and government guidance in cleanliness and hygiene. People's relatives confirmed measures were in place concerning personal protective equipment (PPE). People told us their care workers always wore "gloves, masks and aprons".
- Induction training included infection prevention and control and food hygiene. The provider followed up training with competency checks in the correct use of PPE.
- We were assured the provider used personal protective equipment (PPE) according to the guidelines in force at the time.
- We were assured the provider's infection prevention and control policy was up to date.
- We were assured the provider accessed testing for people using the service and staff.

Learning lessons when things go wrong

- There were processes and procedures in place to learn from accidents and incidents. Staff were encouraged to raise and log any incident which might lead to an improvement in people's care. Following observations that a person was finding it difficult to sit comfortably in their chair without slipping, the provider engaged an occupational therapist who recommended a different type of chair.

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.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Continuous learning and improving care

- At our last inspection we found processes to improve the quality of the service needed to be documented and embedded in the day to day running of the service. This time we found this had been done and there were effective processes supporting continuous learning and improvement.
- There was a system of internal quality audits covering areas such as infection control and medicines. These were supplemented by a review of the service by an independent consultant which covered the five key questions. The provider had an action plan to manage the implementation of improvements identified by these audits and reviews.
- The provider had analysed feedback from client surveys to identify learning points and improvements. Records showed concerns from previous surveys had been addressed and resolved. The provider held team meetings to review staff feedback relating to people's person-centred care. There was a process in place to improve the quality of people's individual experience and the quality of the service overall.

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

- The provider had a clear vision to provide person-centred care which respected people's human rights. This was reflected in the provider's "service user guide" and in feedback from client surveys which showed people were satisfied with their outcomes.
- There was an inclusive atmosphere in the service, where staff were encouraged to be honest and transparent. The provider held team meetings on different days each month so that staff were not excluded from participating if they had other commitments.

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 responsibilities under the duty of candour. There were open communications with people using the service, their families and representatives.

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

- Staff roles and responsibilities were clearly communicated these via handovers, supervisions, observations, and appraisals. There were regular meetings for care staff and office staff. The provider used effective communication methods to keep staff informed about people's needs and changing conditions.
- The registered manager understood their regulatory responsibilities. They notified us when certain events

occurred as required by regulation. There were appropriate audits and checks on the quality of service delivered. The provider had effective governance processes based on their online systems which allowed them to monitor quality performance without delay.

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

- The provider had a range of methods for engaging with staff. These included team meetings, supervisions and secure social media apps. There were two social media groups, one used solely for the registered manager to communicate important messages, and one in which staff could discuss and share ideas with their peers. The registered manager had an open door policy and encouraged staff to come into the office for informal chats at lunchtime.
- The provider involved people and their families in a meaningful way. In addition to client surveys, the provider aimed to contact people by telephone every six months for feedback on their care. One person's relative told us, "The lady who sorted out the care package did a good job." The provider identified when people might need additional contact, for instance if they had been recently bereaved.

Working in partnership with others

- The provider worked effectively with other agencies and professionals, such as social workers and community nurses. The registered manager had a good relationship with social services, and tried where possible to arrange for staff to be present when community nurses called to improve consistency of care.