

Dandelion Group Ltd

Dandelion Home Care

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

Dandelion Home Care is a domiciliary care service providing personal care to people living in their own homes. At the time of the inspection there were four 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

People's safety was promoted. Staff recognised the signs of abuse and knew how to report concerns to protect people. Potential risks to people's safety had been assessed, managed and monitored. People were supported to maintain good health. Staff supported people with their medicines and ensured they had access to health care services when needed. People's dietary needs were met.

People were supported by kind and caring staff who they trusted. Safe staff recruitment processes were followed. Arrangements were in place to ensure all staff had the skills and knowledge they required to meet people's care and support needs. There were enough staff to provide the care and support people needed.

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 made decisions about all aspects of their care which were documented in their care plans and respected by staff.

People received person centred care. People's care plans reflected their individual preferences, diverse cultural needs and how they wished to be supported. People's privacy and dignity was respected. People had developed positive relations with staff who were reliable and caring. The manager and director were committed to non-discriminatory practices and worked flexibly to promote people's lifestyle choices and social engagement.

Everyone we spoke with told us the manager and director were approachable and they were confident concerns would be addressed. The provider had systems in place to monitor the quality of care provided. People's views about the service were sought individually and through surveys. The manager was responsive and addressed issues identified quickly to improve their system of recording incidents and accidents.

The service did not have a manager registered with Care Quality Commission (CQC) although the manager had begun the process. Following the inspection visit the manager, who was also the provider was confirmed as the registered manager for the service.

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

Rating at last inspection

The last rating for this service was 'not rated' (published 13 September 2019) because there was insufficient evidence.

Why we inspected

This was a planned inspection based on the previous rating. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Dandelion Home Care on our website at www.cqc.org.uk.

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?

The service was safe.

Details are in our safe findings below.

Good ●

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 ●

Dandelion Home Care

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

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

The service did not have a manager registered with the Care Quality Commission. This means the provider was legally responsible for how the service is run and for the quality and safety of the care provided. The provider managed the service and had begun the process to be the registered manager.

Notice of inspection

We gave the service 48 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 since the last inspection. We sought feedback from the local authority who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We visited and spoke with two people who used the service. We spoke with two relatives and an advocate

about their experience of the care provided. We spoke with the provider and director, as they both provided care and support, and managed the service. We reviewed a range of records. This included three people's care records and multiple medication records. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We received and reviewed the training information and the emergency needs assessment and care plan documentation.

Is the service safe?

Our findings

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

At the last inspection there was not sufficient evidence to rate this key question. At this inspection 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 told us they felt safe with the staff and the care provided. One person told us the staff member ensured the property was secure before they left, which made them feel safe. A relative said, "We feel [person] is safe with [manager and director]. They make sure [person] is safe at home and when they're out visiting places like shopping or [place of worship]."
- Training in safeguarding adults and health and safety was kept up to date and records confirmed this. The manager and director were aware of the signs of abuse and how to report concerns to the local safeguarding authority and the Care Quality Commission.
- There was a safeguarding adults and a whistleblowing policy in place. This information was included in the information pack given to people when they first started to use the service, in the staff handbook and was accessible on the provider's website.

Assessing risk, safety monitoring and management

- People told us staff provided safe care. One person said, "They come every day to help me. I couldn't do without them. They check I've got my emergency life line wristband on and there's something for me to eat and drink left on my trolley before they leave."
- Individual risks to people's safety had been assessed. This included risks within the home and equipment used to promote people's safety. Care plans were detailed and set out how staff should provide the care and support people needed. The manager and director had a good understanding of people's needs and how to provide the support they needed to stay safe. For example, to remove any avoidable tripping hazard and ensure walking aids were left within the person's reach.
- People's risks were reviewed at regular intervals or as their needs changed. People's care plans were updated and had clear guidance to enable staff to continue providing safe care.

Staffing and recruitment

- The manager had not recruited any new staff since the last inspection. The staff recruitment process demonstrated the prospective staff member's suitability to work with vulnerable people was subject to a satisfactory Disclosure and Barring Service (DBS) check and references.
- People were supported by regular reliable and trustworthy staff who knew them well. One person said, "If they are due to be late for any reason, they will call me, so I don't worry. It's rare that that happens." A relative said, "[Person] has never had a late or missed calls."

Using medicines safely

- People's ability to manage their own medicines was assessed. When people required support with medicines their care plans described the level of support required and how they took their medicines, for

example, with water or juice. A person told us they were prompted by staff to take their medicines when prescribed and recognised their health was now stable as a result.

- The manager and director were trained in the safe handling of medicines and maintained a detailed record of any medicines they administered. They knew what action to take if someone declined to take their medicines. The manager regularly checked the medication records to ensure they had been completed accurately and confirmed people were supported with their medicines in a safe way. The medicine policy and procedure was up to date and accessible to all.

Preventing and controlling infection

- People were protected from the potential risks of infection by staff who were trained in infection prevention and control procedures. People's care plans contained clear instructions for staff to dispose of clinical waste appropriately and people told us staff left their homes clean and tidy. We saw the director used personal protective equipment such as gloves and aprons when they prepared meals and disposed them safely.

- The staff handbook had information on infection control which staff could refer to. The manager told us they would check staff practices to ensure infection control procedures were followed.

Learning lessons when things go wrong

- The manager monitored and analysed all incidents and accidents to identify any trends, so action could be taken to reduce risks. Any learning from incidents was shared with staff. Records showed the manager had sought advice from health care professional and care plans were updated to prevent similar incidents from happening again.

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.

At the last inspection there was not sufficient evidence to rate this key question. At this inspection 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 commenced using the service. This enabled the manager to ensure the staff had the skills and understood the care and support people needed.
- Assessments were completed in line with best practice guidance, for example, using the falls risk assessments tool. All aspects of a person's needs were considered including the characteristics identified under the Equality Act such as religious and cultural needs.
- The manager and director had a good understanding people's needs and encouraged them to be fully involved in decisions made about all aspects of their care.

Staff support: induction, training, skills and experience

- People were confident the manager and director were trained to meet their needs.
- All new staff were required to complete an induction providing them with a good foundation of knowledge and understanding of their role. Staff were required to work alongside the manager to gain practical experience. Staff who had not worked in care before were required to complete the Care Certificate. This is a set of standards which ensure staff had the basic skills needed to provide safe care. The training covered health and safety and promoting person-centred care.
- The manager and director spoke daily about any issues that arose. The manager had arrangements in place to regularly supervise staff. Regular meetings were used to update staff about any changes to people's care, health and safety matters and any training planned.

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

- People's dietary needs were met. One person told us staff prepared a meal of their choice and always left a drink and a snack before they left. Another person said, "[Director] has made fish pie with vegetables for my tea, which I will heat up in the microwave later."
- The manager and director were trained in food hygiene and had a good insight about people's food preferences and prepared meals which met their dietary and cultural requirements.
- People's care plans described people's dietary needs and the level of support required. Potential risks relating to nutrition and hydration had been assessed and action was taken. For instance, staff completed 'food and fluid' charts to check people were eating and drinking enough to stay healthy.

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 lead healthier lives and accessed health care services when needed. One

person told us the visit times had been adjusted so they could be ready in good time to attend health appointments.

- Everyone we spoke with told us staff were vigilant and acted quickly when there were any concerns about people's health. One relative said, "[Manager] would call the GP unless urgent, in which case they will call 111."
- People received timely and coordinated care. Records showed the manager and director worked well with health and social care professionals. For example, when they recognised a person's poor appetite and difficulty with eating, they sought medical attention. The advice given by the dietician was included in the person's care plan about the type of food and textures to be encouraged. This had a positive impact on the person, as their appetite and wellbeing had improved.

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 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. 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.

- The service continued to work within the principles of the MCA. Staff supported people to make decisions about all aspects of their care and sought their consent. There were no restrictions placed on people's lifestyles and our observations also confirmed this.
- People's ability to make informed decisions had been assessed. There was evidence of mental capacity assessments when needed and their outcomes. Where people had a lasting Power of Attorney, [another person legally authorised to make decisions on their behalf] this was clearly documented in their care plans.

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.

At the last inspection there was not sufficient evidence to rate this key question. At this inspection 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 received care from staff who knew them well. One person said, "They are lovely. I was so lonely before and I look forward to seeing them. They can't do enough for me." A relative said, [Manager and director] are lovely, they go the extra mile. For example, they will stay longer and never rushes [person]."
- Staff had developed positive caring relationships with people. They knew people well and could describe individual preferences, likes and dislikes. A relative said they were grateful that their family member's cultural wishes had been respected and met by staff.
- The importance of promoting equality and diversity was evident from people's comments and our observations. Care plans contained information about people's religious beliefs and their personal relationships with their circle of support.

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

- People told us they were involved in the planning of their care. This enabled people to express their needs and things that were important for them. Care plans were detailed, decisions made were clearly documented and showed how people preferred to be cared for and supported.
- The manager worked with people and their family, as required, to ensure they were fully involved in decisions made about their care. One relative said, "They show [person] respect and are very friendly. [Person] is very much in control of what happens. [Person] will choose what [they] want to wear and [staff] may suggest something that matches."
- People were offered choices and made decisions about their care. For example, the director confirmed the person would receive an earlier visit on the day had a health appointment.

Respecting and promoting people's privacy, dignity and independence

- Everyone we spoke with said staff were respectful and their privacy and dignity was maintained. A person said, "[Director] respects my dignity, she gives me privacy when on the toilet, and helps me to wash me where I can't reach and to get dressed."
- People's independence was promoted. People were encouraged to do as much for themselves as possible to maintain their independence. One person told us they were encouraged to remain mobile as possible and said, "It's important to me that I can still get around in my home using [walking aids]." Staff provided examples of how they encouraged people to do as much as they could for themselves to promote their independence.
- People's information was stored securely. The manager and director were aware of keeping people's personal information secure.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection there was not sufficient evidence to rate this key question. At this inspection 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 received personalised care from reliable and consistent staff who they trusted. People had been involved in the development of their care plans, which reflected their individual needs and considered their protected characteristics as defined by the Equality Act. Care plans included specific guidance for about the tasks to be completed during each visit.
- The manager and director had a good understanding of people's care, social and cultural needs. This ensured people needs were met by staff in their preferred way.
- People and relatives told us they were fully involved in the review of their care plans. For example, the manager was responsive when a new risk had been identified. They liaised with social care professionals and reviewed the person's care needs and updated their care plan. The manager monitored the daily care logs to ensure the individual received person centred care.

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's communication needs were considered as part of their assessment and their care plans described the level of support required. For example, the best way for staff to present choices, the need to establish eye contact and speak clearly when supporting a person with hearing loss.
- The manager was working on ways to make information available in range of formats, for example, easy read or alternative languages.

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 required minimal support with social needs. People were encouraged to maintain and develop relationships with family and friends. A person told us they looked forward to seeing staff as it provided them with companionship and conversation. This showed people were protected from the risk of social isolation.
- Staff had good insight about people's lifestyles and interests, and they worked flexibly to enable people to maintain control of their lives, pursue their hobbies and interests. A relative told us staff supported their family member to go to places that was socially and culturally appropriate for them.
- Care plans included information about people's early life, employment and family. This information

provided staff with useful topics of conversation when they supported people.

Improving care quality in response to complaints or concerns

- People and relatives knew how to raise concerns with the manager and were confident action would be taken. One person said, "I've have no complaints about the care or [staff]." A relative said, "Initially there were some teething problems which were quickly sorted out in a professional manner."
- People were given a copy of the provider's complaints procedure which set out how complaints would be responded to. This including the contact details for advocacy services and the local government ombudsman.
- The service had not received any complaints since the last inspection.

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 the last inspection there was not sufficient evidence to rate this key question. At this inspection 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

- People, their relatives and the advocate had developed good relationships with the manager and the director. They said, "It's a nice small agency who provide what they said they would" and "I'd give the service 10/10. It's well managed, they treat people respectfully and provide what they said they would. I have recommended the service to family and friends."
- People told us staff worked flexibly when required to fit in with their lifestyle and planned appointments. Everyone knew the manager and director by name and how to contact them. They were confident any concerns raised would be resolved.
- The manager promoted a person-centred approach whereby people were at the centre of their care. People were involved in all decisions about their care as much as possible.

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

- The service did not have a manager registered with Care Quality Commission (CQC). The provider managed the service and had begun the process to be the registered manager.
- Following the inspection visit the provider was confirmed as the registered manager for the service.
- The provider had systems to monitor quality of care. Audits and checks were carried out on people's care records, medicines and the care provided. This helped to ensure people's needs were met reliably and action was taken if any changes were identified. Arrangements were in place to ensure staff, when appointed, would be trained in their roles, supervised and their practices checked.
- The provider's policies, procedures, and business continuity plan was kept up to date to ensure the service delivery would not be interrupted by unforeseen events.

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 manager notified the CQC of events they were required to by law and had displayed the previous rating both at the service and on the provider's website.
- The manager had been open and honest when things had gone wrong, they had informed the relevant people, health and social care professionals and CQC, in line with the duty of candour.

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

- People were regularly asked for their feedback during review meetings and on an informal basis. The manager told us the next satisfaction surveys would be sent out in the summer.
- The manager and director were committed to providing person centred care to enable people to remain living in their own homes independently for as long as possible. The manager was responsive to feedback and had taken action, for example, the daily care logs were updated to capture people's moods and behaviours which would indicate any underlying health concerns.

Continuous learning and improving care; Working in partnership with others

- The manager analysed complaints, incidents and accidents to identify any trends, so action could be taken, and any learning was shared with the staff to improve the quality of care provided. Some incidents such as behaviours that challenges the service were recorded in a separate log and were not included in the incidents and accident log. The absence of accurate and consistent recording could put people's safety at risk. This was raised with the manager who acted quickly. All incidents were transferred to the central incidents and accidents log. This enabled the manager to effectively analyse events and taken action if required.
- The manager kept themselves up to date with changes in best practice by reviewing the CQC guidance and changes in legislation. They had planned further training in relation to oral hygiene, managing behaviours that challenge and end of life care.
- The manager and director developed links with local care forums and accessed training provided by the local authority. They continued to work in partnership with professionals such as the community nurses and commissioners, to ensure people received the care they needed.