

Ephyrn Healthcare Services Ltd

# Daffodil House

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

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

Daffodil House is a community based service that provides personal care to people living in their own homes in a supported living setting. At the time of inspection one person was receiving a service and in receipt of the regulated activity of personal care.

Not everyone who uses this type of service would receive 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.

Daffodil House is made up of four single bedrooms. There are shared living areas which include the kitchen, two lounges, a dining area, two bathrooms and garden. There was a separate office area for staff.

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

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.

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.

### Right support

The model of care and the accommodation maximised people's choice and independence. Staff focused on people's strengths and promoted what they could do. The service worked with people to plan for when they experienced periods of distress. People had a choice about their living environment and were able to personalise their rooms. Staff supported people to play an active role in maintaining their own health and wellbeing.

### Right care

People received kind and compassionate care. Staff protected and respected people's privacy and dignity and understood and responded to people's individual needs. Staff understood how to protect people from poor care and abuse. The service worked well with other agencies. 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 interests that interested them. The service gave people opportunities to try new activities. Staff and people co-operated to assess risks people might face.

#### Right culture

People received good quality care, support and treatment because trained staff and specialists could meet their needs and wishes. Staff knew and understood people well and were responsive, supporting them to live a quality life of their choosing. People and those important to them were involved in planning their care. Staff evaluated the quality of support provided to people, involving the person, their families and other professionals as appropriate. Staff ensured risks of a closed culture were minimised so that people received support based on transparency, respect and inclusivity.

The provider's oversight of the service had not identified some risk assessments, medicine records and protocols required more information. However, these gaps in information did not post any risk to people because staff and the registered manager knew how to support people safely. The registered manager immediately reviewed and updated the information at the time of the inspection.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

This service was registered with us on 29 January 2021 and this is the first inspection.

#### Why we inspected

This is a newly registered provider and we needed to inspect and rate the 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?

Good ●

The service was well-led.

Details are in our well-Led findings below.

# Daffodil House

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

#### Inspection team

The inspection team comprised of two inspectors.

#### Service and service type

This service provides care and support to people living in a '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 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 the service 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the registered manager would be in the office to support the inspection.

#### What we did before the inspection

We sought feedback from the local authority and professionals who work with the service. The provider did not complete the required Provider Information Return (PIR) at the time it was requested because they did

not support people in receipt of the regulated activity of personal care. This is information providers are required to send us annually with key information about the service, what it does well and improvements they plan to make. We reviewed information held on Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all this information to plan our inspection.

#### During the inspection

We spoke with one person using the service and the registered manager. We reviewed a range of records. This included one person's care and medication records. We looked at two staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### Following the inspection

We continued to seek clarification from the provider to validate evidence found. We spoke with two professionals who had visited the service, one relative and two staff.

# 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

- People were kept safe from avoidable harm and staff understood how to protect people from abuse.
- Staff told us they had training on how to recognise and report abuse and knew how to apply it.
- A relative told us, "I think they [staff] are with [person] and not leaving them on their own and if [person] needed assistance it's there. They [staff] seem to be on top of things as far as I can see they are trying to keep [person] safe."

Assessing risk, safety monitoring and management

- People lived safely and free from unwarranted restrictions because the service assessed, monitored and managed their safety well.
- Overall, risk assessments showed the actions taken to manage and reduce risks to people. Some risk assessments around the potential to self-harm and risk of absconding required additional detail to make sure staff consistently supported people. This was addressed immediately following the inspection and updated risk assessments were put in place.
- The service helped keep people safe through formal and informal sharing of information about risks.
- Staff managed the safety of the living environment through checks and action to minimise risk.

Staffing and recruitment

- The service had enough staff for one-to-one support for people to take part in activities and visits how and when they wanted.
- The provider used agency staff and arrangements were in place to make sure people were supported by the same consistent staff members.
- The provider was in the process of transitioning agency staff to permanent positions within their service and had started their own recruitment process. This included pre-employment checks and checks with the Disclosure and Barring Service (DBS). DBS checks provide information about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- Protocols were in place for medication prescribed to be taken on an 'as required basis'. Some additional detail was needed to make sure it reflected people's behaviours and provide staff with information on the signs to look for if people were becoming distressed or anxious. This was addressed immediately following the inspection and an updated protocol was introduced.
- Medicines administration records (MARs) we looked at showed people received their medicines as prescribed. Some additional information was required to make sure staff were aware of medicine stock

levels. This was addressed immediately following the inspection and updated MAR records were introduced at the service.

- The service ensured people's behaviour was not controlled by excessive and inappropriate use of medicines.
- Staff followed good practice to check that people had the correct medicines when they moved into a new place or they moved between services.

#### Preventing and controlling infection

- The provider had infection control policies and procedures in place and staff had received training in how to prevent and control infection.
- Personal protective equipment (PPE) was available for staff and people to use.
- Staff carried out regular COVID-19 tests to help prevent the spread of infection.

#### Learning lessons when things go wrong

- Staff recognised incidents and reported them appropriately and the registered manager investigated incidents and shared lessons learned.
- There were processes in place to record and monitor incidents to make sure appropriate action was taken and measures put in place to mitigate risk of reoccurrences.



# 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 good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- A comprehensive assessment of people's needs prior their admission to the service was completed.
- People had care and support plans that were personalised and reflected their needs and aspirations.
- People and those important to them were involved with reviewing plans regularly.
- Care plans reflected a good understanding of people's needs, including relevant assessments of people's communication support needs.
- Staff we spoke with were knowledgeable about people's support needs. A relative told us, "They [staff] seem to be doing a good job they've got [person] to do one or two things that I couldn't do in the past and most of all [person] is happy I think they are supporting him and trying to meet his needs as best they can."

Staff support: induction, training, skills and experience

- Staff told us they had received the appropriate training to give them the skills and knowledge to support people safely.
- The provider was in the process of arranging on-going training for staff in preparation for their transition to full-time employment with the service to continue to meet people's individual needs.

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

- People received support to eat and drink enough to maintain a balanced diet.
- People were involved in choosing their food, shopping, and planning their meals.
- People could have a drink or snack at any time and they were given guidance from staff about healthy eating.
- Staff encouraged people to eat a healthy and varied diet to help them to stay at a healthy weight.
- Mealtimes were flexible to meet people's needs and to avoid them rushing meals.

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

- People had health actions plans to support them in the way they needed.
- People played an active role in maintaining their own health and wellbeing.
- Multi- disciplinary team professionals were involved in and made aware of support plans to improve people's care.
- Staff worked well with other services and professionals to ensure people's wellbeing was maintained.

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.

- Staff empowered people to make their own decisions about their care and support.
- Staff told us they had completed training in the MCA and understood the importance of involving people in making decisions about their care and support.
- Staff we spoke with gave us examples how they gained consent before supporting people with their care.
- People were consulted and included in the decisions about the use of surveillance.

# 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 received kind and compassionate care from staff who used positive, respectful language which people understood and responded well to. One person told us, "This is my home and I like it here (at Daffodil House), I like the staff."
- Staff were aware of the environmental factors some people would find stressful and ensured people were protected from exposure to any.
- Staff and the registered manager showed warmth and respect when interacting with people. A relative told us, "When I do see staff with [person] and speak to [person] about the staff they seem to be kind and caring and [person] seems to like them and befriends them. [Person] doesn't tell me they [staff] are not nice and hasn't said anything or showed any signs of anything untoward and they would be able to tell me."
- It was evident from the conversations we heard between the registered manager and one person, they had developed a good relationship with them and knew them well.
- Conversations with staff members showed there was a good supporting relationship with people which had helped to increase people's confidence. For example, going out and trying new social activities. One staff member told us, "When you talk with [person] they are lovely and really chats with you, some good conversations with you. There is always a laugh (in Daffodil House) and everyone gets along with each other. It is a good environment."
- Care plans were person centred and documented people's wishes, choices, personal goals and how they wanted to be supported.

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

- People were empowered to make decisions about the service and supported to make choices about how to spend their time and what activities they wanted to do. For example, one person enjoyed their long walks and visiting the swimming baths.
- The registered manager had regular meetings with people using the service. This enabled people to make choices for themselves and express their views on the support they received.
- People and those important to them, took part in making decisions and planning of their care.
- Staff supported people to maintain links with those that are important to them.

Respecting and promoting people's privacy, dignity and independence

- People had the opportunity to try new experiences, develop new skills and gain independence. A relative told us, "They [staff] have helped [person] to do their laundry which they didn't do before."
- Staff knew when people needed their space and privacy and respected this. One staff member told us,

"Before going into [person's] room I knock and ask if I can come in. If [person] is getting dressed they'll let me know and I'll come back when they're done."

- People had their own bedrooms that were personalised.
- Staff we spoke with clearly understood peoples' support needs.
- The provider followed best practice standards which ensured people received privacy, dignity, choice and independence in their tenancy.
- Surveillance was used positively to promote the independence of people using the service.

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

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

- People received support that was personalised to their individual needs and preferences.
- Information we looked at such as meetings feedback showed people were happy with their support and staff were responsive to their individual needs.
- One professional told us, "[Person] is a different person since being there (Daffodil House). Previously they wouldn't talk to me but now they joke with me and sat throughout (the meeting) and engaged and gave valid feedback during that meeting. [Person] gets on very well with [registered manager]."
- People learnt everyday living skills and understood the importance of personal care by following individualised programmes with staff who knew them well.
- Preferences, for example gender of staff, were identified and appropriate staff were available to support people.

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 registered manager was aware of the Accessible Information Standard and explained the different methods used to effectively communicate with people.
- We saw information was available in formats people could understand. For example, easy read and pictorial.

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 participate in their chosen social and leisure interests on a regular basis. One staff member said, "The only thing I think could be a bit better is to encourage [person] to try some different activities but we can't force them. They will get there by themselves and we won't rush them; the care here is really good."
- Staff encouraged and supported people to maintain relationships with family members important to them. One relative told us they phoned and visited regularly to see their loved one.
- Staff provided person-centred support with self-care and everyday living skills to people.
- People who were living away from their local area were able to stay in regular contact with people close to them via telephone.

- Staff helped people to have freedom of choice and control over what they did.

#### Improving care quality in response to complaints or concerns

- People, relatives and professionals we spoke with told us they had no concerns about raising issues or complaints with the registered manager.
- Although there had been no complaints, we saw there was a process in place to record and monitor complaints.

#### End of life care and support

- No-one was receiving end of life support at the time of this 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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was 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

- The provider's oversight of the service had not identified risk assessments around the potential to self-harm and abscond required more information. Medicine records and 'as required' medicine protocols required more detailed information to guide staff on how to safely support people's needs. These initial gaps had not posed any risk to people and staff knew how to support people. The risk assessments and records were all reviewed and updated by the registered manager on the day of inspection.
- There were processes in place to monitor the quality of the service being delivered to people.
- The provider ensured staff worked in line with best practice with regular meetings and handovers.
- The registered manager was 'hands on' at Daffodil House which gave oversight of the service. We saw there was good communication between the registered manager and one of the people using the service and it was clear the registered manager knew this person well and had a good relationship with them.
- Staff were able to explain their role in respect of individual people without having to refer to documentation
- The registered manager understood and demonstrated compliance with regulatory and legislative requirements.

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

- The service focused on providing person-centred care that took in account people's individual needs and preferences.
- Staff knew people well. One staff member said, "I love it (working at Daffodil House) the fact that I can help [person] to do things they want to like the walks, we have a nice chat and I'm looking forward to taking [person] swimming."
- The registered manager was visible in the service, approachable and took a genuine interest in what people, staff, family and professionals had to say.
- The registered manager worked directly with people and led by example.
- Staff told us they felt supported and valued by the registered manager which supported a positive and improvement-driven culture.
- Staff felt able to raise concerns with the registered manager without fear of what might happen as a result.

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 was open and honest when things went wrong or they needed external support. A professional told us, "This is a new service and we didn't know how [person] would settle. They [provider] may lack a bit of experience but what they have done has exceeded what has been done previously and managed to get [person] to do things they haven't done before, they're doing it right and their heart is in it."
- There had been no notifiable incidents, however the registered manager was aware of their duty to inform the CQC as legally required to do so.

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

- The service was relatively new, therefore there were no feedback surveys. However, people, and those important to them, worked with the registered manager and staff to develop and improve the service. Regular meetings were held with people, family members, staff and health and social care professionals. One staff member told us, "If I'm having any difficulty, then I call [registered manager] and he will give advice and tells me how to do things. He sits me down one on one to give me information and always makes sure I am aware of changes and what is going on. He gives me a lot of support, he will also help making food and shopping, he's really hands on."

Continuous learning and improving care; Working in partnership with others

- The registered manager kept up to date with national policy to inform improvements to the service.
- The registered manager had a clear vision for the direction of the service which demonstrated ambition and a desire for people to achieve the best outcomes possible.
- The registered manager and staff worked well in partnership with health and social care organisations, which ensured people using the service maintained their wellbeing.