

Daisy Care Services Limited

Daisy Care Services

Inspection report

New Marlborough House
Arnolde Close, Medway City Estate
Rochester
ME2 4QW

Date of inspection visit:
28 June 2022
29 June 2022

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06 September 2022

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

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

Daisy Care Services is a small domiciliary care service providing the regulated activity personal care to people living in their own homes in the community. At the time of our inspection there was one person 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

A relative gave us positive feedback about their loved one's care and support from the Daisy Care Services.

The systems in place to audit the quality of the service were not embedded, robust or sufficient to alert the provider of areas for improvement within the service. No audits had taken place. We made a recommendation about this.

There were no risk assessments in place in relation to people's care. Risks to people had not been identified and mitigated. This put people and staff at risk of harm. There had been no impact on staff or people as the nominated individual had carried out the initial assessment and was the staff member carrying out care and support. We made a recommendation about this.

People were supported by staff who had not always received relevant training. Staff had not completed additional training to meet people's assessed needs, such as dementia. We made a recommendation about this.

People's needs were assessed prior to people receiving a service. These assessments were used to develop people's care plans. The service worked closely with other care providers to provide care and support to the person they supported. On a day to day basis people directed their care. People were supported to be as independent as possible. Staff encouraged people to self-care and lead their care and support. People's care records were detailed, person-centred and gave staff the instructions needed to appropriately support the individual.

Staff were recruited safely. A relative told us that their loved one had consistent support.

There was a system in place in relation to accidents and incidents. The provider had effective safeguarding systems in place to protect people from the risk of abuse.

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.

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 09 September 2020 it has not previously been inspected.

Why we inspected

This is the service's first inspection since registering with the Care Quality Commission.

Recommendations

We have made a recommendation about effective risk management. We have made a recommendation about staff training in relation to people's assessed needs. We have made a recommendation about effective monitoring and improvement of 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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

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 not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Daisy Care Services

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 one inspector.

Service and service type

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

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 provider or registered manager would be in the office to support the inspection.

Inspection activity started on 28 June 2022 and ended on 29 June 2022. We visited the location's office on 28 June 2022. We carried out telephone calls to staff and a relative on 29 June 2022.

What we did before the inspection

We reviewed information we had received about the service. We requested feedback from the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. Healthwatch told us they had not

visited the service or received any comments or concerns.

The provider had been sent a Provider Information Return (PIR). To complete in September 2021. The provider did not complete the required PIR. 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. The provider told us they had not received it. We used all this information to plan our inspection.

During the inspection

We spoke with one person's relative about their experience of the care provided. We spoke with two members of staff including the registered manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included one person's care records. We looked at two staff files in relation to recruitment, staff supervision and training. A variety of records relating to the management of the service, including policies and procedures.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Risks relating to people's care had not been well managed. The provider had not followed their health and safety policy and had not followed health and safety legislation, as they had failed to assess risks to people and staff. There were no risk assessments in place at all despite risks being identified during the assessment stage.
- There were no risk assessments in place in relation to people's care, support, physical health needs, safety, moving and handling and COVID-19. Risks to people had not been identified and mitigated. This put people and staff at risk of harm. There had been no impact on staff or people as the nominated individual had carried out the initial assessment and was the staff member carrying out care and support.

We recommend the provider consider current guidance on managing and mitigating risks to people and staff.

Staffing and recruitment

- Staff were recruited safely. Disclosure and Barring Service (DBS) criminal record checks were completed as well as reference checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- The provider had employed enough staff to provide care and support to the person. The relative of the person told us that their loved one had consistent support from one staff member, who was the nominated individual. The relative said, "Daisy Care Services are very flexible."

Preventing and controlling infection

- Relatives told us staff wore personal protective equipment (PPE) to keep themselves and people safe. The relative said, "[Nominated individual] always has an apron, feet covers and wears a mask and we have sanitiser and gloves."
- Staff had access to enough PPE. The provider followed government guidance on COVID-19 staff testing in community social care settings.
- The provider had an up to date infection prevention and control (IPC) policy. Staff had completed IPC training.

Learning lessons when things go wrong

- There was a system in place in relation to accidents and incidents. The nominated individual and registered manager told us there had not been any accident or incidents.

Systems and processes to safeguard people from the risk of abuse

- The provider had effective safeguarding systems in place to protect people from the risk of abuse.
- Staff we spoke with were confident they would be able to identify abuse and knew how to escalate concerns to outside organisations such as the local authority safeguarding team, the police and CQC if necessary.

Using medicines safely

- The service was not providing any care and support with medicines. Staff had been trained in medicines management.
- The provider had a medicines management policy in place. The management team advised that when new staff started with the service they would receive training and competency checks before providing medicines support.

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 requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- People were supported by staff who had not always received relevant training. Training records evidenced that staff had completed the provider's mandatory training. However, the training records did not evidence that staff had completed additional training to meet people's assessed needs such as, dementia, diabetes, skin integrity and continence. Staff agreed they had not received this training. People were at risk of not having their individual needs met by staff who had been appropriately trained. There had been no impact on the person receiving the service.

We recommend the provider finds out more about training for staff, based on current best practice, in relation to the specialist needs of people including those living with dementia.

- The management team told us that as the service expands and they recruit staff, new staff will complete shadowing of experienced staff as well as training. The management team will be carrying out spot checks and supervisions. The service has registered with Skills for Care and will be using care certificate to support staff. 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.

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

- People's needs were assessed prior to people receiving a service. These assessments were used to develop people's care plans. The care plans clearly detailed what people's assessed needs were.
- People's equality and diversity needs, oral care, capacity and health needs were included in the information obtained before packages started to enable staff to provide safe, person-centred care and support.

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

- The service had not had to provide support to the person receiving the service in relation to accessing healthcare. However, the management team knew how to escalate concerns about people's health including out of hours and in an emergency.
- The service worked closely with other care providers to provide care and support to the person they supported. The relative told us, "[Nominated individual] always tries to be flexible to assist us and works with the other carers."

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.

- The management team had a good understanding and knowledge of the MCA. An MCA assessment had been carried out with the person and their relative in relation to a specific decision, which demonstrated relevant persons had been involved in best interest decision making.

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

- A relative told us they found staff to be kind and caring, they said, "[Nominated individual] who comes is very good, she has a lot of patience. I trust her."
- Staff referred to people by their preferred names. Care records reflected people's preferred names.

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

- On a day to day basis people directed their care. A staff member told us, "I discuss with [person] what is happening and provide him his face cloth so he can wash his face which he likes to do, he also prefers to wash his front, sometimes he requires his hands to be guided with the flannel and then he will do this. The same with drying, I offer the towel and he dries his face and front and then I dry the areas he cannot reach." Daily records clearly showed that the person was making choices and decisions about their lives.
- The person receiving care had difficulty expressing how they liked things done. The person's relative was involved in speaking up for them. The relative said, "[Loved one] cannot communicate but I always hear [nominated individual] talking with him whilst she is supporting him, he doesn't always understand so needs some directing. He is always calm and happy receiving care."

Respecting and promoting people's privacy, dignity and independence

- People were supported to be as independent as possible. Staff encouraged people to self-care and lead their care and support.
- Staff treated people with dignity and their privacy was respected. Staff detailed that when they provided people with personal care, they ensured curtains were closed, doors were shut and that people were supported to cover up. One staff member said, "When removing clothes I talk about what I'm doing and involve him and make sure doors and curtains are closed."
- Information held at the office was locked away as necessary in a secure cupboard or filing cabinets. Computers used by the provider were password protected to keep people's confidential information secure.

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

- A relative told us staff knew their loved one's needs and preferences well and provided people with the appropriate support. They told us they had been involved with the care planning process.
- People's care records were detailed, person-centred and gave staff the instructions needed to appropriately support the individual. These included details about likes, dislikes and preferences and included information about people's life history. Care plans were in place for each person's assessed needs such as personal care, maintaining a safe environment, emotional support and continence needs.
- Care plans promoted independence. The nominated individual who provided care told us they encouraged and prompted the person to do things for themselves.

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 relative of the person receiving a service confirmed communication was good. The management team told us information could be made available in a variety of formats to meet people's communication needs. Communication with the person who received the service was completed through liaising with the relative.
- The management team had identified more could be done to meet the Accessible Information Standard. The nominated individual told us they planned to create easy to read, more accessible information.

Improving care quality in response to complaints or concerns

- Relatives told us they would complain to the management team if they were unhappy about their care. A relative said, "I am quite happy with it (Daisy Care Services)."
- The provider's complaints procedure was explained to people when their package of care started.
- There had not been any formal complaints about the service since its registration.

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 and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The systems in place to audit the quality of the service were not embedded, robust or sufficient to alert the provider of areas for improvement within the service. No audits had taken place. This had the potential to impact people's safety and quality of their care.
- The provider had not signed up to and completed the NHS capacity tracker to enable the NHS and CQC to monitor the organisation. During the COVID-19 pandemic, the capacity tracker was mandated by the government and provided valuable insight, enabling support to be offered to providers in dealing with the crises. This included ensuring personal protective equipment (PPE) could be sourced and distributed.
- The provider had not registered the service as an organisation to enable staff to access COVID-19 testing and was unaware of this process until the inspection. Staff had been completing testing because they were gaining tests through other employment.

We recommend the provider seek advice and guidance from a reputable source, about understanding quality performance to achieve good outcomes for people.

- The provider had policies and procedures in place to manage and operate the service. The nominated individual and registered manager were aware of these and followed these. They detailed that future staff employed would have access to these policies and procedures and discussions and training around these would be included in induction processes.

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 management team understood their responsibilities to ensure compliance in relation to duty of candour. Duty of candour is a set of specific legal requirements that service providers must follow when things go wrong with care and treatment.
- Services providing health and social care to people are required to inform the Care Quality Commission (CQC) of important events that happen in the service. The management team had a good understanding of what should be notified. There was a culture of transparency. No notifiable incidents had taken place.

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

- People receiving a service had not yet been asked for feedback about their care and support by the provider through surveys. Surveys were due to be sent out. There were informal opportunities for people and relatives to provide feedback about their care and support because the nominated individual visited them to provide care.
- The relative of the person receiving care told us, "I definitely would recommend them [Daisy Care Services]."
- Communication was good. Staff meetings had not taken place as only the registered manager and nominated individual were employed.

Working in partnership with others

- The provider was aware of support networks available to them, such as Skills for Care to gain guidance and support to improve the service in line with current guidance and best practice. Skills for Care supports adult social care employers to deliver what the people they support need and what commissioners and regulators expect. They had signed up to these to help them measure and review the delivery of care and support to improve the service.
- The management team had worked consistently in partnership with people and their relatives to ensure people had the best outcomes.