

Dandelion Group Ltd

Dandelion Home Care

Inspection report

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Ratings

Overall rating for this service

Inspected but not rated

Is the service safe?

Inspected but not rated

Is the service effective?

Inspected but not rated

Is the service caring?

Inspected but not rated

Is the service responsive?

Inspected but not rated

Is the service well-led?

Inspected but not rated

Summary of findings

Overall summary

About the service

Dandelion Home Care is a domiciliary care agency providing personal care to a range of people living in their own homes. The Care Quality Commission (CQC) only inspects where people received personal care. This is to help with personal hygiene and eating. Where they do we also consider any wider social care provided. At the time of the inspection two people were receiving personal care for less than six months. There was insufficient information to give the service a rating.

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

The service did not have a registered manager. The provider showed their plans to ensure the service had a manager. The provider was aware of their legal responsibility and worked in an open and transparent way. The provider's policies, procedures and a business continuity plan were in place. Some systems were in place to monitor the quality of service provided to enable the provider them to drive improvements.

People felt safe with the staff who provided support they needed. The provider and director were trained on safeguarding procedures; understood what abuse was and the actions they should take if they had concerns that people were at risk.

The provider assessed people's needs before they used the service. Risk assessments were completed, and care plans included guidance about the level of support people required to meet their needs in a safe way.

People were supported to maintain their health. Staff supported people with their medicines and accessed health care services when needed. People were supported to plan their meals and the meals prepared met their dietary needs and preferences.

Staff recruitment procedures were in place to ensure people were protected from unsuitable staff. The provider and the director had the appropriate police checks. They were trained to provide care and meet people's needs effectively. Arrangements were in place to ensure staff completed an induction and training for their role and received regular supervision and support.

People received timely care and support from reliable and caring staff. People's privacy, dignity and independence was promoted. 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 provider and director had a good understanding of people's needs, preferences and cultural needs. Care plans were personalised and reflected how people wished to be supported, to maintain their independence, and their links with family, friends and the wider community.

People's views about the service were sought individually and surveys. People were confident complaints

would be listened to and acted on. The provider's complaints procedure was provided to people when they started to use 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

This service was registered with us on 25/07/2018 and this is the first inspection.

Why we inspected

This was a planned inspection based on the date of registration and when the service began to provide care to people.

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?

Details are in our responsive findings below.

Inspected but not rated

Is the service effective?

Details are in our responsive findings below.

Inspected but not rated

Is the service caring?

Details are in our responsive findings below.

Inspected but not rated

Is the service responsive?

Details are in our responsive findings below.

Inspected but not rated

Is the service well-led?

Details are in our responsive findings below.

Inspected but not rated

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 that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 48 hours' notice of the inspection visit because we needed to ensure the provider would be available to facilitate the inspection.

What we did before inspection

We reviewed information we had received about the service since the service was registered. We sought feedback from the local authority who work with the service 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. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. We used all of this information to plan our inspection and make judgements in this report.

During the inspection

We visited the office location and one person at home to find out their experience of the care provided. We

also spoke with the relative of another person as they were unable to communicate with us themselves. We spoke with one of the company directors and the nominated individual, otherwise known as the provider, with the responsibility for the overall management of the service. Both provide care and support to people who use the service and manage the service.

We reviewed a range of records. This included two people's care records and daily monitoring records. We checked the provider and the director's recruitment checks and looked at some records relating to the management of the service including some policies and procedures.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and management records such as the updated policies, procedures and quality monitoring records.

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 for this newly registered service. This key question has not been rated because there was insufficient information to enable us to make a judgement.

Systems and processes to safeguard people from the risk of abuse

- People who used the service felt safe with the staff and the care they received.
- A safeguarding policy was in place and available to people and staff. The provider and director were trained in safeguarding procedures and recognised what abuse looked like. When required safeguarding concerns had been reported to the local authority and Care Quality Commission (CQC) were notified in line with the legal requirement.

Assessing risk, safety monitoring and management

- The potential risks to each person's health, safety and the home environment had been assessed. The care plans had guidance to enable staff to meet the person's needs in a safe way and to reduce the risks. Equipment to be used to support people's safety was in place such as walking frame and an emergency pendant kept close to hand, which they could use in the event of an emergency such as a fall.
- The provider and director delivered care and support to people so any changes in care needs or risks were identified and managed on a day to day basis.

Staffing and recruitment

- The provider's recruitment procedure clearly set out the process to ensure people were protected from unsuitable staff. All staff would be appointed upon receipt of satisfactory Disclosure and Barring Service (DBS) check, a minimum of two references and proof of identity. The provider and director both had an DBS check in place.
- At the time of the inspection visit the provider and director were providing care and support to meet people's needs. The provider told us staff recruitment was ongoing before new packages of care would be accepted to ensure people continued to receive the care at agreed times.

Using medicines safely

- People's care plans described the level of support required, for example, to remind them they needed to take their and complete records to confirm when medicines had been taken.
- The provider and director were trained to support people with their medicine and training records viewed confirmed this. The medicines policy and procedure was accessible and up to date.

Preventing and controlling infection

- The provider's infection prevention and control procedures to protect people from infection.
- A person told us staff used the personal protective equipment (PPE) when providing any personal care. We saw the director used disposable gloves and apron when preparing a meal.

Learning lessons when things go wrong

- The provider had a system in place to record all incidents and accidents. These were reviewed to identify trends, learning and actions required to reduce risk to people.

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 not been rated because there was insufficient information to enable us to make a judgement.

Staff support, induction, training, skills and experience

- People told us the provider and director were trained and competent in providing care.
- The provider had an induction and training programme in place to support staff in their roles.

The provider and director had completed training to provide meet people's needs effectively. The training included the care certificate, which is a nationally recognised qualification in care and a range of practical and e-learning training on topics such as health and safety, manual handling of people and management courses.

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

- The provider was trained to assess people's care needs. The assessments carried out ensured people's needs could be met by staff.
- The assessments identified people's needs, preferences and how they wished to be supported to achieve their desired outcomes in relation to all aspects of their lives. This helped to ensure people were not discriminated on the grounds of their race, age, sexuality or disability.

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

- The provider and director were trained in nutrition and food safety. They prepared and supported people with meal preparation as required. A person told us staff heated their choice of meal and prepared a snack and a drink for them before they finished the care visit.
- People's dietary needs, food preferences and the support required was recorded in their care plan. Records showed people were provided with enough to eat and drink.

Supporting people to live healthier lives, access healthcare services and support;

Staff working with other agencies to provide consistent, effective, timely care

- People were supported to access health care services when needed. People's records had a summary of their health care needs, medication and details of planned medical appointments. This enabled staff to work flexibly so people's needs were met in good time.
- The provider and director had good awareness of people's health care needs and worked in partnership with health care professionals when required.

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 was working within the principles of the MCA. The provider and director were trained and understood their responsibility in this area.
- A person told us staff sought their consent before carrying out any care tasks and we observed this to be the case. People had signed their care plans to confirm their consent to the care provided.
- Mental capacity assessments had been completed however, they were not always decision specific and best interest decisions were not documented. The provider assured us they would address this.

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 not been rated because there was insufficient information to enable us to make a judgement.

Ensuring people are well treated and supported; respecting equality and diversity

- The provider and director knew people well and how they liked to receive their care.
- People were not rushed, and they told us they staff provided with emotional support and assurance. The comments received included, "So far we're happy with the care provided. It's a small company; the directors are giving the care and managing the service " and "[Provider and director] are very kind to me, polite and do everything that is required."

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

- People were treated with respect and were involved in the planning their care and making day to day decisions such as what they wished to eat. Care plans detailed the person's preferences as to how they liked their care to be delivered. Decisions and preferences were documented, such as specifying the toiletries to be used.
- No one currently required the support from an advocate. An advocate is someone who helps people to speak up about their care. The provider told us they would support people to access advocacy service and had identified local advocacy service for people to contact when needed.

Respecting and promoting people's privacy, dignity and independence

- People's rights to privacy, independence and confidentiality was respected. The provider told us the doors and curtains were closed when supporting people with their personal care. People's independence was promoted. Care plans described what they could do for themselves, the support they required to remain as independent and included the guidance provided by health care professionals in how best to support the person's mobility.
- A confidentiality policy was in place. The provider and director understood the importance of maintaining confidentiality and ensured all records were stored securely in the office.

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 not been rated because there was insufficient information to enable us to make a judgement.

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

- People were involved in the development of their care plans. These were personalised and reflected how people wished to be supported, their preferences and daily routines.
- The provider told us, and records viewed for a person showed their care plan and risk assessment was updated as their care needs changed. However, there was no record of who was involved in the review and the person's views were not always documented. The provider assured us this would be addressed.

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 pre-assessment.
- The provider told us they would provide information in an accessible formats such as large print, easy read and in different languages to people where needed.

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. A summary of people's life history, family, friends and interests including those related to the protected characteristics to protect people from discrimination was documented in their care plans.
- The provider told us the timing of care visits were flexible and adjusted if the person had an appointment and to keep in contact with family, friends and attend cultural or social events.

Improving care quality in response to complaints or concerns

- There was a complaints procedure and system in place to record, investigate and respond to complaints. The provider had received no complaints since the service was registered.
- People did not have any complaints and were confident that complaints would be acted on. People were given a copy of the provider's complaints policy when they began to use the service to enable them to raise concerns or to make a formal complaint. This included the contact details for the advocacy service.

End of life care and support

- The provider was not providing end of life care at the time of this inspection.
- The provider had briefly discussed a person's end of life care and documented their wishes in their care

plan. The provider told us they would ensure all staff had the appropriate training and support and would work in partnership with the appropriate health care professionals.

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 not been rated because there was insufficient information to enable us to make a judgement.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 for the service left shortly before the inspection and has since cancelled their registration. The provider planned to manage the service and evidence confirmed enquiries were made about the process to become the registered manager.
- The provider and director worked in an open and transparent way. They understood their responsibilities in line with the duty of candour and submitted timely notifications were sent to the Care Quality Commission (CQC). They were aware of their responsibility to display the rating on the publication of the inspection report.
- The quality assurance system was in its infancy. Some management systems were in place in relation to oversight of incidents, accidents and complaints. Audits were not completed regularly on staff and people's care records because the provider and director provided care and support, and managed all aspects of the service.
- The provider's policies, procedures and business continuity plan were being reviewed. This ensured the guidance was up to date and service delivery would not be interrupted by unforeseen events.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People's views about their care and the service were sought individually. Satisfaction surveys results were positive in all areas.
- The provider told us and showed us how they planned to monitor staff training. Staff meetings had taken place previously when the service had a registered manager and a care worker.
- The provider described their plans to ensure staff would be supported in their roles and they would act on any concerns raised. Spot checks would be carried out to ensure staff provided care in line with people's care plans and risk assessments and met people's needs safely.

Continuous learning and improving care; Working in partnership with others

- The provider accesses a range of information, guidance and advice from external organisations on areas such as employment law, legal advice, and health and safety matters.
- The provider and director worked in partnership with health care professionals to support people who used the service. They accessed training provided by the local authority for themselves and staff who were previously employed by the service.

- The provider and director were committed to working towards improving the quality of care for people. They welcomed feedback and were open to the inspection process.