

Daisies Care Consultants Limited

Daisies Care Consultants

Inspection report







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Ratings

| | |
|---------------------------------|---|
| Overall rating for this service | Inadequate  |
| Is the service safe? | Inadequate  |
| Is the service effective? | Requires Improvement  |
| Is the service caring? | Requires Improvement  |
| Is the service responsive? | Requires Improvement  |
| Is the service well-led? | Inadequate  |

Summary of findings

Overall summary

About the service

Daisies Care Consultants is a domiciliary care agency providing personal care to 20 people at the time of the inspection. Not everyone who used the service received personal care. The Care Quality Commission (CQC) only inspects where people receive personal care. This is to help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

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

The service was not well-led. There were ineffective and unsafe systems in place to make sure staff were recruited safely, had the correct training and governance systems to monitor care. We found no evidence people were harmed as a result of these shortfalls. However, this was a breach of regulation.

Processes, policies and procedures did not ensure people were protected from the risk of abuse or neglect. They also did not consider people's ability to give consent or support people who were unable to make their own decisions.

We have made a recommendation around the practices, where people may be receiving end of life care.

People and their relatives told us they received good quality care. People using the service did not have any areas of concern with their care, and told us they would recommend Daisies Care Consultants.

Staff told us they enjoyed working for Daisies Care Consultants and they provided safe personalised care.

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; however, the policies and systems in the service did not support 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 10 January 2020 and this is the first inspection.

Why we inspected

We inspected as this was the service's first inspection since registering with CQC.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to

hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to the safe care and treatment people receive, the consent obtained and the management oversight of the service at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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 not safe.

Details are in our safe findings below.

Inadequate ●

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 not always caring.

Details are in our caring findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not well-led.

Details are in our well-led findings below.

Inadequate ●

Daisies Care Consultants

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

The inspection was completed 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 had 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 three days' 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 4 October 2021 and ended on 14 October 2021. We visited the office location on 5 October 2021.

What we did before the inspection

We reviewed information we had received about the service since registered with CQC. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. 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. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with six people who used the service and one relative about their experience of the care provided. We spoke with five members of staff including the registered manager, care manager and care workers.

We reviewed a range of records. This included two people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. 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 looked at training information, policies and procedures, staff rota's and quality assurance records. We spoke with two professionals who regularly visit the service.

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 been rated inadequate. This meant people were not safe and were at risk of avoidable harm.

Staffing and recruitment

- Staff were not recruited safely.
- The registered manager did not seek a full employment history, seek proof of qualifications or record interview records. For one member of staff, proof of identity was not sought.
- Staff training was inconsistent. Not all staff had received training in moving and handling and medication management when staff were completing these tasks.

We found no evidence that people had been harmed. However, systems were not in place to demonstrate staff were safely recruited. This placed people at risk of harm. This was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act (Regulations) Regulated Activities 2014.

- Staff received regular formal supervision with the registered manager. Staff also had access to informal supervision when the staff member considered this was needed. One staff member told us, "I receive supervision every month. The registered manager is very good."
- There were enough staff to meet people's needs. There were contingency arrangements to cover low staffing to make sure people received their care. One person told us, "all the staff are excellent in every way. Nothing is too much trouble and they are all very considerate."

Using medicines safely

- Medicines were not always managed safely.
- Not all staff who were supporting people administer their medication had been trained by the provider. Robust competency checks were not completed to make sure staff had the skills to safely administer medication.
- The registered manager had not given consideration for people's consent with taking medication. For example, someone who was living with Dementia, there was no system or process in place to follow the principles of the Mental Capacity Act 2005 (MCA).

Systems and processes to safeguard people from the risk of abuse

- Systems and processes were not in place to safeguard people from the risk of abuse.
- The provider's safeguarding policy referred to outdated laws about protecting people from the risk of abuse or neglect. The policy had the incorrect local authority contact details for people and staff to raise a safeguarding concern.
- Not all staff had completed the mandatory safeguarding adults training, which put people at increased risk of harm.

- Staff told us they knew how to raise a safeguarding concern to the provider. One member of staff told us, "if I was worried about anything, I would tell the manager straight away."
- People told us they felt safe with the care they received. One person told us, "I definitely feel safe with the carers. They know just how I like things and they always lock the doors when they leave."

Assessing risk, safety monitoring and management

- People's risks were not always fully assessed to reduce the risk of harm.
- People had risk assessments in place to assess and minimise the impact of a known risk, but this was not in place for all areas. For example, one person required support with nutrition through a feeding device. There was no dedicated risk assessment in place to consider the possible risks and reduce the potential harm.
- The registered manager routinely visited people to review their experience of care and whether their social care needs had changed. However, care plans had not been updated within the provider's own set timescales. One relative told us, "the staff know [person] very well. They know [person's] likes and dislikes. They have a good relationship."

Preventing and controlling infection

- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for staff.

Learning lessons when things go wrong

- Systems and processes were in place to review incidents to learn lessons when things go wrong.
- Daisies Care Consultants had not experienced a significant incident to exercise the processes.

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

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.

We checked whether the service was working within the principles of the MCA.

- The provider did not work within the principles of the MCA.
- People had not given written consent for essential aspects of care. For example, care planning and medication administration.
- The service did not have a policy in relation to people giving consent and when this should be sought.
- People who had a cognitive impairment were not assessed to check if they had the mental capacity to consent to care and treatment. Furthermore, best interest decisions were not in place to allow staff to make decisions on people's behalf.
- The majority of staff had not received training on the MCA and the need to gain informed consent.

Staff support: induction, training, skills and experience

- Staff did not have a robust induction and training programme to promote best practice.
- Staff training was inconsistent and not all staff had completed essential training to provide safe care. This exposed people to increased risk of harm.

We found no evidence that people had been harmed. However, systems were not robust to ensure staff had adequate training to provide safe care. This exposed people to the risk of harm. This was a breach of regulation 18 (staffing) of the Health and Social Care Act (Regulations) Regulated Activities 2014.

- The registered manager worked alongside staff to monitor and review skills and competencies. One member of staff told us, "the registered manager is very dedicated. They support staff very well. I have no

concerns."

- People told us staff ask their permission before providing any care and staff discuss what they are doing and why. One person told us, "the staff always tell me what they're doing and ask if that is okay."
- Staff were seeking consent at the point of supporting someone with care tasks. One member of staff told us, "when I give medication, if the person holds their hand open, I know they are okay to take it."

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

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

- Not all care needs were assessed to manage risks.
- People had care plans in place to assess their needs and detail their wishes and preferences, but not all areas were considered, and the quality of the records was not consistent. Some care plans were missing vital information about meeting people's nutritional needs, whilst others had person centred nutrition care plans. Staff told us, "I know clients very well. I spent a lot of shadowing time at first before I supported clients by myself."
- One person told us, "the staff know me very well. I always see the same faces They more than meet my expectations."

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

- Staff worked closely with health and social care teams such as GP's, social workers and district nurses. This ensured people received access to support to promote a healthy life and improved wellbeing.

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 requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Respecting and promoting people's privacy, dignity and independence

- Due to widespread and ongoing concerns identified, we could not be assured people were receiving caring, high quality care from Daisies Care Consultants due to the lack of robust systems and processes in place.
- People's experience of care provided did not appear to be impacted by the ineffective governance systems in place. One person told us, "all the staff are excellent. They are very kind and caring." While a member of staff told us, "I would 100% recommend Daisies Care Consultants to family and friends. The managers and staff are very nice."

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

- Due to the lack of checks and governance oversight of care, we could not be assured people were fully involved in making decisions about their care.
- People told us they consented to care at the point of staff providing support. However, care plans were not completed with people or with people's consent.

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 requires improvement. This meant people's needs were not always met.

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

- Due to widespread and ongoing concerns identified, we could not be assured people were receiving person centred care.
- Care planning was largely specific to the person detailing their health condition, any specific areas to monitor and people's wishes and preferences were largely recorded.
- The registered manager told us, "before someone starts care with us, my care manager goes around to spend time with the person to find out what they need help with and what they want to achieve."

End of life care and support

- The service provided people with a pain free and dignified end of life experience.
- The service worked with health and social care professionals to ensure people received the necessary support at the end of their life.
- Care planning did not include detailed records of what was need should a person be receiving end of life care.

We recommend the registered manager reviews guidance on end of life care to take action and update their practice accordingly.

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.

- Information was available to people in accessible formats to promote understanding. Where a format was not available, the registered manager detailed their commitment to arrange this as required.

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

- Staff understood people well and promoted a culture to reduce social isolation. One relative told us, "the staff play video games with [person]. He has a very good time."

Improving care quality in response to complaints or concerns

- The provider had a complaints policy and people knew how to raise a complaint and who to go to. One person told us, "I've never had to complain, and I don't want to. If I needed to speak with anyone, I would go

to the manager. They are very good."

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 inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

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

- Managers were not clear about their roles, and did not understand quality performance, or risk and regulatory requirements.
- Audits were not successful in identifying issues the inspector found. For example, care plans had not been reviewed within the provider led timescales and audits had not identified this. On one occasion, governance systems did not identify an incident which the inspector identified during the inspection process.
- Although there had been no impact on people, there was no formal and robust system in place to monitor staff attendance and the length of time care staff spent on a care visit.
- Training and recruitment practices were not robust which exposed people to a greater risk of harm.
- Staff were not recruited safely with mandatory checks and information missing.
- The registered manager did not have a robust understanding of all relevant legislation, guidelines and best practices. This meant this approach could not be promoted amongst the staff team.

We found no evidence that people had been harmed however, systems were not in place to demonstrate a strong governance oversight of care being provided. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act (Regulations) Regulated Activities 2014.

- People had a good relationship with the registered manager and were pleased to be with Daisies Care Consultants. One person told us, "I would highly recommend Daisies Care Consultants. Without hesitation. The staff are treated well, and they treat me well. They're like one big family."
- Staff expressed their pride and satisfaction to work for Daisies Care Consultants. One staff member told us, "Daisies Care Consultants is really good and a nice company to work for. We care about care."

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

- People received person-centred care where they were empowered to achieve good outcomes.
- One relative told us, "they do what [person] wants to do. [Person] has a very good time with the staff."

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; Continuous learning and improving care

- The registered manager understood their responsibility to act within the duty of candour to learn from incidents.

- Staff told us the registered manager celebrated success and strove to continually improve the service.

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

- People were engaged and consulted to develop the service.
- The registered manager told us they visit each person every week to review the care and discuss any changes. One person told us, "The management is very good. I have no complaints."
- Staff told us the registered manager was supportive and was open to ideas and suggestions for improvement. One member of staff told us, "the manager is very good. They are very approachable."

Working in partnership with others

- Staff worked with other organisations and health and social care professionals to ensure people get high quality care.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

| Regulated activity | Regulation |
|--------------------|--|
| Personal care | <p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Governance systems and checks were not in place to ensure the service was compliant with regulations.</p> <p>17 (2)(a)(b) Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> |
| Personal care | <p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>The registered manager did not safely recruit staff to include the mandatory checks required.</p> <p>19 (2)(3) Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> |
| Personal care | <p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>Staff did not have adequate training to provide safe care.</p> |