

Dandais Care Limited

Dandais Care Limited

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Dandais Care Limited is a domiciliary care agency registered to provide personal care to people living in their own homes. The service supports older people, some of whom were living with dementia, people with a sensory impairment and people with a physical disability. At the time of the inspection, 3 people were using the service and all were receiving personal care.

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

Staff knew how to safeguard and support people to keep them safe. Enough suitably skilled staff had been safely recruited. Risks were identified and managed safely. People received their medicines as prescribed and staff ensured they followed infection prevention guidance and good practice. The service and its staff team took on board learning when things went wrong.

People's needs were assessed before the service provided them with care or support. Staff knew people's needs well and care plans were reviewed as soon as changes occurred. Staff had received the required training and ongoing support to help them maintain and improve their skills. Relatives and health professionals all confirmed staff had the skills necessary to care for people well.

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.

Relatives told us staff demonstrated compassion in the care they provided and knew people's needs and preferences well. Staff gave people privacy, treated them with dignity, respect and promoted people's independence.

People said they were involved when reviewing their care and felt staff were responsive to their changing needs. Concerns were acted on before they became a complaint and compliments were used to help identify what worked well. End of life care procedures and policies were in place should any person suddenly become unwell.

Monitoring and oversight of the service was in the main effective in identifying and driving improvements. The registered manager led by example and had fostered an open and honest staff team culture. People came first and foremost, and they had a say in how the service was provided. Apologies were offered when things went wrong and the provider was open to learning. The provider worked well with other organisations, to provide people with joined up care.

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 May 2021 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

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?

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.

Dandais Care Limited

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 undertaken by one inspector.

Service type

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

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

This inspection was announced. We gave 24 hours' notice of the inspection because some of the people using it could not consent to a telephone call from an inspector. This meant that we had to arrange for a 'best interests' decision about this. This was because some people needed a court appointed deputy or relative to speak on their behalf.

Inspection activity started on 9 December 2022 and ended on 15 December 2022. We visited the office location on 15 December 2022.

What we did before the inspection

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We reviewed information we had received about the service since it was registered. We used all this information to plan our inspection.

During the inspection

We spoke with 2 people, one of their relatives and 2 other people's relatives, 3 staff including the registered manager and care staff.

We reviewed a range of records. We looked at three people's care plans, various medicine administration records. We looked at 3 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service were also reviewed, including training records, incident records, quality assurance processes and various 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 good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The registered manager and staff team were aware of when and how to refer safeguarding incidents to the appropriate authorities and what actions to take as needed.
- Staff had up-to-date safeguarding training and knew how to report incident or allegations to the registered manager and when to escalate concerns. One person said, "I feel safe as I can trust staff. They are such nice people. They have always been reliable and are very careful with my mobility support."
- People and relatives we spoke with told us how staff kept safe using equipment correctly, administering medicines as prescribed and never missing a care call visit.
- Staff told us they would look for and report any changes in people's personality, body language, wellbeing and emotions. One staff member told us about the different types of abuse and what the signs or symptoms of these could be, such as having unexplained bruising or being tearful. The staff said, "I would contact the [registered] manager, and if no action was taken, then to safeguarding teams, or if needed to the police."

Staffing and recruitment

- There was a robust recruitment process in place to help ensure enough staff were safely recruited. Appropriate checks were in place including those for photographic identity, employment and good character references, permission to work in the UK and a declaration of health status.
- Other checks completed on staff's suitability included a Disclosure and Barring Service (DBS) check for adults and children. The information provided in these checks includes details about convictions and cautions held on the Police National Computer and helps employers make safer recruitment decisions. One staff member said, "I had a police check from my country of origin and a DBS in the UK."
- People told us staff arrived for care call visits on time and there were enough staff to safely meet their needs. One relative said, "We have the same staff most days. They have rang in the past when being slightly late due to traffic. They only leave once everything is done."
- People and relatives told us there were enough staff with the required skills to keep people safe without rushing care. One person told us, "I do have different staff, but these are a consistent staff team and we have got to know each other well."

Using medicines safely

- Trained and competent staff administered medicines as prescribed. For example, when medicines were started or stopped by a GP.
- The registered manager undertook audits of people's medicines and their records. They used these audits to improve medicines administration, such as for specific instructions and the time medicines needed to be administered including before food or drink.

- People and relatives we spoke with who had support with administering medicines confirmed all medicines had been given as prescribed and staff had never missed a dose. One relative told us, "Staff have never been late, crucial for [person's health condition], but they don't miss any medication."
- One person told us staff always made sure they took their medicines before food and that they sat up for a period of time. Staff completed Medicine Administration Records as required and correctly used codes for not administering, such as when the person was asleep.

Assessing risk, safety monitoring and management

- The provider had completed risk assessments as part of people's care and support. These were in the main detailed and included specific guidance for staff to help ensure people were safe. In some people's care plans however, further detail was required around the prevention and management of people's risk of developing and managing a pressure sore area. Staff were adhering to healthcare professionals' guidance and knew how to manage and prevent pressure sores. The registered manager told us they would add further clarity for how to use lifting equipment correctly.
- One staff member who supported people with their skin integrity and other risks such as a fall said, "I know how to ensure I keep the person's skin integrity intact. The community nurse visits and if we see any damage to the wound dressing we call them. Keeping the skin clean dry and moisturised minimises the risk as well as getting up every 2-3 hours."
- People and relatives told us they felt safe as staff were always careful, knew how to check skin integrity, encouraged the use of mobility aids and that people wore their emergency lifeline pendant for when staff were not there to help. One relative said, "The staff ensure they dry the bathroom floor as it would be a slip hazard otherwise and my [family member] has fallen in the past. That's one reason we have care staff now."

Preventing and controlling infection

- Staff adhered to good infection prevention and control (IPC) guidance, wore the correct personal protective equipment (PPE) according to each person's needs. All staff confidently spoke about the correct and effective use of PPE and told us how to prevent cross contamination. For example, thorough hand washing and changing PPE as required.
- One relative told us, "Staff do wear PPE and wash their hands before starting, and after each care task. They keep the floor and food preparation surfaces clean too."
- Staff adhered to the provider's IPC policy. Checks were undertaken to help ensure good standards of IPC were consistently upheld. For example, to ensure staff adhered to the correct use of PPE so it was effective.

Learning lessons when things go wrong

- There was a clear purpose to using learning to drive improvements. This positive sentiment was shared by all staff we spoke with. One person told us they had reported staff for not disposing of PPE correctly, but this was swiftly acted on and had not happened again since.
- Learning was shared with staff who took on board any changes. One staff member said, "The [registered] manager checks on us regularly. They are good at sharing learning including changes to people's care and equipment after a fall." A relative told us, "Since falling my [family member] has a hospital type bed now so they can't fall out of bed."
- The registered manager had oversight of people's care and support. They analysed incidents, such as falls, skin integrity or malnutrition for any potential trends. They were then able to take effective action.

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 of this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law;
Supporting people to eat and drink enough to maintain a balanced diet

- The registered manager undertook an individual assessment of people's needs before people's care and support started. This enabled each person's needs to be determined and the information and guidance that would be included in people's care plans.
- One person told us, "When assessing my needs, the [provider] went through what I could do and what support I would need. They have been very good since starting, we get on well to which is important to me"
- People at an increased risk of malnutrition, pressure sores, falls risk, had details in their care plan how this was minimised. One staff member told us how the community nurses' guidance was followed for monitoring skin integrity.
- People and relatives were positive about the way people were supported to eat well and healthily. One relative told us, "[Staff] are really good at encouraging plenty of drink and not accepting the first response at my [family member] not wanting to eat."

Staff support: induction, training, skills and experience

- Staff received support and training in areas relevant to their roles, such as dementia care, pressure sore management, moving and handling, how to communicate effectively with people and diabetes care.
- One staff member told us, "I meet with [registered manager] weekly and we chat about what's going well and what support I might need. They listen to what I say and are a very understanding [registered] manager. I learned things I have not been taught in the past."
- New staff completed a comprehensive induction with additional face to face learning, such as for medicines administration and the use of people's equipment. The induction was supplemented with the registered manager or experienced staff mentoring new staff until staff were confident in their role.
- One relative told us, "The staff seem to know what they are doing, they are efficient, professional but have a human touch to share a laugh when it is appropriate."

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

- People were supported to see health professionals, such as a GP or community nurses when needed. One staff member told us, "Some people have help with [health condition]. I make sure they get the support they need. I contact the community nurse if there is any problems."
- Incident records showed how staff had responded to people falling or other health conditions. One relative told us, "My [family member] thinks they are safe alone but they aren't. Staff always use equipment correctly and leave the walking aid within reach. It is the overreaching which led to falls."

- The registered manager worked closely with various health professionals. Guidance from them in managing people's health conditions had been followed.
- Staff supported people to stay healthy in areas such as nutrition, good standards of hygiene and safe use of equipment related to people's care. A staff member told us how they used a hospital type bed for a person by lowering it for any moving and handling tasks.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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 (CoP) for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People were given choice and control over how they spent their time. Staff sought consent from people in a variety of ways. People's choices were respected even if people wanted to take risks in a safe way.
- The registered manager was aware of when a relative or advocate may need to make decisions made by a court appointed deputy, such as a lasting power of attorney. This would enable people's representatives to make decisions that would be in the person's best interests. One relative said, "My [family member] has the bed rails up but only for eating and drinking and has the bed in the lowered position in case of falls. They can now sit upright and have a drink. It is a lot safer. It is so much nicer I can give [them] a drink."
- Staff received training in the MCA and had a good knowledge of how to apply the five key principles of the MCA. Staff also knew when reviews of people's mental capacity was needed. One staff member said, "If a person is not able to make a decision or has fluctuating capacity such as for an infection, I contact the GP, who may then prescribe antibiotics until the person is no longer infected and able to make decisions for themselves again."

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 of 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

- The registered manager and staff team put people first and foremost by being equally consistent in their approach to people who might have a preference for male or female care staff.
- Staff ensured people received care that implemented any adjustments needed, such as disability and treating people as an equal. This helped support people to be heard and understood.
- A relative told us, "Everything is going well, staff do a good job and that is why we have stayed with them so long. The lines of communication are very clear. [Staff] give their best and it is a good rapport my family member has with them, having a laugh, which is a big thing for my [family member]."
- A positive theme throughout our inspection was people and relatives telling us their praise of staff for sharing fun and appropriate laughter as well as listening.

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

- People were offered choices in their day to day support. For instance, about the time and duration of their care call visits and gender of care staff. This meant staff could better respond to people's choices and needs.
- People felt involved in decisions about their care. One person said their preference for female care staff had been facilitated. A relative told us, "[Family member] has a laugh, staff share conversations and find ways to engage with each other. Staff are very patient."
- People and their relatives said care was being provided as agreed and changes had been made when needed. For instance, changes to care staff where a better rapport had been enabled as a result. A relative told us the service provided to their family member was very person centred as they frequently checked everything was alright and the care was being provided as agreed.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's independence as much as practicable; only intervening to promote dignity or if people needed assistance. Staff were polite and respectful when speaking with people and gave them time to be in private where they preferred this. One person said, "Staff are quite friendly but they know my routine, we get on well and share a laugh and joke. They do the things I can't, like washing my back."
- Staff supported people to live more independently in a polite and respectful way. People and relatives told us how people's independence was promoted with equipment by staff who knew how to use it.
- Staff prompted people and enabled them to remain independent; doing this by encouraging people to do those tasks they could do, such as assistance to stand from a chair and help with those they couldn't. One person said, "Staff are very good at making sure I am keeping mobile. I do like to sit and chat but doing short walks helps my wellbeing and I can have time to be in private."

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 of 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

- Staff understood and focused on people's preferences and choices as well as their physical support needs and enabled people to achieve their potential. One example was a person who needed a hospital type bed and due to the registered manager's perseverance this was now in place. A relative told us, "The difference this has made is beyond words. There is so much more independence for [family member] as a result."
- People and relatives were positive about the support provided. One person told us, "I like to have female staff for my [personal care] and this is what I have every day. We talk about similar interests and that is very important so I am more accepting of care and support."
- People's preferences were respected. Relatives told us about the personalised support that their family members had received. One person said, "I fell and everything is okay now. I was given a walking frame which staff make sure I use all the time. I chose to try to walk which I now know was not a good idea. The walking frame gives me assurance and I always use it."

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 were supported to communicate in various ways, such as using the most appropriate form of communication. Staff were skilled at providing support, and accessible information, based on people's mental capacity. The registered manager told us they could if needed develop care plans in different format, larger print and access to an advocate.
- Staff understood people's communications, such as through facial expressions or speaking slowly but clearly, writing things down or giving people as long as they needed to respond.
- People were then able to communicate effectively and live a more fulfilling life, as well as being able to access important information about their care and support needs.

Improving care quality in response to complaints or concerns

- The provider had adhered to their complaints' process when a complaint was received and where necessary an apology had been offered. One relative told us they had reported concerns about some staff putting PPE in the wrong waste bin. Staff were reminded of their responsibilities which had resulted in the issue being resolved. The registered manager undertook checks to ensure there was no repetition.
- All people and relatives told us if they had any concerns, they would contact the registered manager who

would address matters before they became a complaint. One person told us, "The [registered] manager rings me and ask if everything is alright. I have never had cause to complain but I would know how to if this was ever needed."

End of life care and support

- At the time of our inspection, nobody was in receipt of end of life care. However, policies, procedures and trained staff were in place should this ever be needed.
- The registered manager told us they asked people or their next of kin what people's end of life decisions were, and if any decisions in people's best interests were needed, such as for resuscitation where there was a change in health condition.
- A staff member said, "If any person did become end of life, the [registered manager] would step in and involve palliative care nurses. I would always ensure the person was comfortable and dignified."

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 of this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The provider used their monitoring and quality and assurance policies and processes to drive improvement. For example, medicines and IPC audits to help ensure safe medicines administration practises and good hygiene standards. However, where the registered manager did unannounced spot checks on the quality of staff's care they did not keep a record of what they saw and found. This limited the provider's ability to learn or identify what worked well. They did, however, review daily care notes and contact people regularly. The registered manager told us they would in future always make and keep records.
- In the main, audit processes had identified where records lacked detail to guide and direct staff to provide care, how to manage risks and ensure people were using equipment safely. The staff team knew people well, upholding good standards of care including ensuring equipment used was always cleaned.
- The registered manager reviewed incidents, care records, compliments and complaints which helped to monitor the quality of care provided.
- Records, such as staff meetings evidenced to us how improvements had been identified, such as reiterating to staff to keep good documentation that was readable and detailed.
- People and relatives told us the registered manager always acted promptly to any concerns raised and then checked everything was working well after changes were made.
- The registered manger told us they only accepted care packages where they could be assured their processes, staffing skills and systems would safely provide good quality care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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 had developed a positive culture within the staff team and continually strove to sustain this. Relatives were positive about the care and support people received. Comments included people's and relatives' satisfaction and compliments thanking staff for the overall quality of care provided.
- Staff were aware of the service's values to uphold and maintain high quality care. One staff member told us the registered manager, "Listens to what I have to say, are a very understanding manager. They have taught me aspects of people's care I haven't known about, such as pressure area care."
- The registered manager understood the need to be open and honest when things went wrong and were knowledgeable about the incidents they needed to report to us. They also implemented changes and told us, "I am in the process of implementing an electronic monitoring system so I can have real time information

including when staff administered medicines. I have not always accepted people for care where I know we could not meet their needs."

- A relative told us, "I did ring the office with a concern once. We spoke about one staff member's rapport and since the staff were changed everything is working well."
- Staff were clear about their roles and explained these to us in detail. For example, a detailed knowledge about people's health conditions, their equipment, emergency procedures and access to utility isolation points including for electricity and water.
- People and their relatives were complimentary and praised the support provided. One relative complemented staff for everything they had done. The person told us, "I may be [age] but that doesn't mean staff treat me any differently."

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

- People were involved as much as practicable in how the service was run or with agreement, their relative in aspects of care and support. Staff's detailed daily notes were an accurate reflection of people's care plan and how care was being provided based on people's assessed needs.
- Relatives and people were regularly asked for their views about, and involvement with, the service. This included quality monitoring surveys, best interest decisions such as for a sensor mat to help prevent falls and day to day discussions people had with staff.
- All staff told us they felt well supported and listened to, and that their feedback was taken on board and acted on. The registered manager told us, "I would say my success is people who have been with us for some time." A person told us, "I have been with Dandais Care for a while and the reason for this is all down to them listening to me and providing care in the way, and how, I want it to be."

Working in partnership with others

- The registered manager and staff team worked well with various organisations such as GPs, community nurses and occupational therapists. This helped support better outcomes for people by enabling joined up care.
- Health professionals and social workers were involved when needed and guidance from them was implemented and adhered to. The registered manager ensured they worked closely with hospital discharge teams or social workers to ensure people's experience of joined up care was the best it could be.
- The registered manager fully understood their duty to cooperate with those involved in people's care, such as community nurses when needed.