

Daisies Care Consultants Limited

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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?	Requires Improvement ●

Summary of findings

Overall summary

About the service

Daisies Care Consultants is a domiciliary care agency providing personal care to up to 20 people. The service provides support to 20 people. At the time of our inspection there were 18 people 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

Since our last inspection, the governance systems have improved where the service is no longer in breach of regulations. The registered manager had a strong oversight of the quality of the service, although more time is needed to embed systems and practices. The registered manager seeks feedback from people on their experience of care.

Staff were recruited safely, medication was administered in line with national guidance and staff managed the risk of COVID-19. People's risks were assessed to minimise the risk of harm and lessons were learnt if something went wrong.

Staff had the necessary training in place to deliver safe care. There was a strong culture of the person being at the centre of decision making. Staff had a good understanding of the Mental Capacity Act.

People were treated with respect, dignity and kindness. Staff knew people's wishes, preferences and routines well.

People had detailed plans of care to ensure staff provided the right support. The provider had a complaints policy which enabled people to raise any concerns they had. Staff had a good understanding of providing end of life care.

The registered manager and staff work with other agencies to ensure people receive the right 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; 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 and update

The last rating for this service was requires improvement (published 5 November 2021). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At

this inspection we found improvements had been made and the provider was no longer in breach of regulations.

At our last inspection we recommended that the provider needed to review its approach to promoting best practice for people receiving end of life care, At this inspection we found care planning was much improved and, where appropriate, detailed people's end of life wishes.

This service has been in Special Measures since 5 November 2021. During this inspection, the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

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 safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

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 ●

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 Health and Social Care Act 2008.

Inspection team

The inspection was completed by one inspector. An Expert by Experience made telephone calls to people who use the service. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and 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

We gave the service 48 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 16 May 2022 and ended on 27 May 2022. We visited the location's office on 20 May 2022.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. 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 (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with nine people who used the service 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.

Is the service safe?

Our findings

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

At our last inspection we rated this key question inadequate. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

At our last inspection the provider had failed to robustly and safely recruit staff. This was a breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 19.

- Staff were recruited safely.
- Staff had the mandatory checks to ensure they were of a suitable character to work with people.
- Staff had the correct training and skills to provide safe care and treatment. One person told us, "I feel very safe in their hands, I have no worries."
- Staff received regular supervision with the registered manager. Staff felt extremely supported by the registered manager. One member of staff told us, "The manager is the best manager I've ever had."
- There were enough staff to meet people's care needs. There was enough time between each care calls to ensure people received the full time as intended. One member of staff told us, "We get enough time to between visits to travel, I'm not rushed."

Using medicines safely

- Medicines were administered safely.
- Staff told us they had training and shadowing opportunities before administering medication.
- There was a good understanding regarding the need for consent when administering medication and people told us staff asked them before giving medicines. One person told us, "The carers handle all of the medication. It's very good. I take my tablets and they write it in their book."

Systems and processes to safeguard people from the risk of abuse; Assessing risk, safety monitoring and management

- Systems and processes were in place to safeguard people and monitor risks.
- People benefitted from a review and assessment of risk with a plan on how to manage and minimise the risk of harm. One person told us, "Oh yes, I feel very very safe with the carers. They are a good team."
- People who had particular risks, such as PEG feeds, had a plan of care and risk assessment. This supported staff to provide consistent care to keep people safe.
- The provider had a safeguarding policy in place. Staff told us they knew how to raise a safeguarding concern.

- The registered manager appropriately informed CQC and the local authority of safeguarding concerns.

Preventing and controlling infection

- We were assured the provider was using PPE effectively and safely
- We were assured the provider was accessing testing for staff.
- We were assured the provider's infection prevention and control policy was up to date.

Learning lessons when things go wrong

- Incidents were reviewed when things went wrong to learn lessons.
- There was a policy and procedure in place to review when learning was required.
- Staff members were updated on the outcome of a lessons learnt review. This ensured the risk of future recurrence was minimised.

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.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

At our last inspection the provider had failed to robustly ensure all staff had training. This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- Staff felt they had the skills, training and robust induction to provide safe care.
- Following the last inspection, the registered manager had invested in a digital system and new training provider. This ensured staff had the correct training and skills. A senior member of staff checked staff regularly to ensure they were competent and working within best practices. One person told us, "The carers certainly know what they're doing."

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

- People had plans of care and risk assessments in place to monitor and manage risk.
- People's needs and preferences were assessed and recoded holistically. All aspects of the persons strengths and areas staff need to provide support were in place. People's life history, preferences and routines were recorded. This guided staff to support the person how they wanted to be supported.
- People who were at risk of weight loss or dehydration had monitoring forms to allow staff to monitor if someone needed help from a healthcare professional. One person told us, "I always get the food I want and the staff cook it how I want it,"

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

- Staff worked with other agencies to ensure people had access to health and social care services.
- People benefitted from a service which worked collaboratively with others. The registered manager worked with staff to overcome any challenges which may impact on the delivery of person-centred care. The registered manager told us, "I recently organised a meeting with involved healthcare professionals. This was to ensure any disagreements were resolved to ensure the person was at the centre of decision making."

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- Staff worked within the principles of the mental capacity act.
- Staff had a good understanding of dementia care and the importance of consent.
- Plans of care included people giving consent and written consent was sought. People who were unable to provide informed consent, a mental capacity assessment and best interest decision was considered and put in place.

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.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to 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; Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect.
- Staff had a kind and compassionate approach to ensure people received person centred care. One person told us, "They treat me like royalty. I love them. I don't know what I'd do without them." Another person told us, "The care given by all carers is excellent."

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

- People were encouraged and supported to be involved to make decisions about their care.
- Staff had a good understanding and culture of putting the person at the centre of their care. One person told us, "The care I get is excellent. I'm always asked before the carers help me. They really understand my needs."

Is the service responsive?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's needs were met through good organisation and delivery.

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

- People received personalised care and maintained control of their lives.
- Staff had a focus to make sure people were fully involved in their own decision making. People told us they were included and consulted in decisions about their lives.
- People and their relatives were involved in reviews and updates of care plans and assessments. Staff knew people well to provide person centred personalised care.

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.

- Information was available in various formats to allow it to be accessible to people.
- Staff knew people's communication styles to ensure people were included in activities and decision making.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to live active and independent lives.
- People were at the centre of their care and staff discussed and promoted people's interests to improve the experience of care. One person told us, "The carers understand how I like things done. They check with me before anything happens."

Improving care quality in response to complaints or concerns

- The provider had a complaints policy and system to respond to concerns or complaints.
- The provider had not received any complaints, however the registered manager had a good understanding of how to investigate and respond to complaints.

End of life care and support

- There were systems and established processes in place to make sure people received dignified and comfortable end of life support.
- At the time of inspection, people did not require end of life care but staff had a good understanding of how to provide end of life care.

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.

At our last inspection we rated this key question inadequate. At this inspection the rating has changed to 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.

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

At our last inspection the provider had failed to have a strong governance oversight of care being delivered. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Quality checks had improved since our last inspection.
- The registered manager completed regular audits, spot checks and remotely monitored care calls. This was being managed through a new digital system the provider had invested in. Further time is needed to embed this system to ensure the registered manager had a good oversight of quality.
- The registered manager monitored when things went wrong and completed a lessons learnt review to ensure the risk of recurrence was minimised.

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

- People benefitted from a culture that was person centred, empowering and achieved good outcomes.
- Staff knew people well and had a good understanding of people's wishes, preferences and routines.
- People felt they were at the centre of their care and had a high degree of control over decisions.

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 acted within their duty of candour.
- The registered manager worked with people, their relatives and health and social care professionals to ensure the right care was provided.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People and staff were actively involved in the development and improvement of the service.
- The registered manager sought feedback from people and staff for their views.

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