Daisy Chain Care Team Ltd

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Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
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
Daisy Chain Care Team Limited is a domiciliary care service that provides personal care and support to people living in their own homes. The service was supporting 10 people at the time of our inspection.

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
People were at risk of poor care and support because the provider did not have effective auditing and governance systems in place to monitor the quality of the service. Although some audits were being completed, there was no overall analysis taking place at the service. This would make it difficult for the provider to identify areas of service improvement.

Risks management to people's care required improvement. Known risks were not always assessed. This put people at a greater risk of harm.

Staff had variable knowledge of the Mental Capacity Act 2005 (MCA) and the impact this has on their job role. The provider confirmed they will address this.

People's support and care plans were not being updated and policies and procedures were not dated, so it was unclear whether these were up to date or had been recently reviewed.

The provider had not ensured safe recruitment practices were being followed fully.

The provider had not completed any initial assessment paperwork for new care packages. This meant the provider could not always be assured they could meet people's care needs prior to commencing care.

Care and support plans were detailed in relation to actual care and support required, however, information relating to people's preferences and life history was very limited. People were involved in writing their care plans. People were positive about the care they received.

People received their medicines as prescribed and on time. Any medication errors were quickly identified by the provider and action taken.

People felt safe with staff. All staff had received safeguarding training and knew how to protect people from harm.

The service's infection prevention control policies were being adhered to and followed throughout the

pandemic. This meant both staff and people at the service were protected from cross contamination.

There were enough suitably qualified staff at the service to support people safely. New staff received an induction, which included shadowing more experienced members of staff. Staff had completed all relevant training. Staff received regular competency assessments and for new staff, spot checks would take place by senior staff.

The service worked with a wide range of organisations who are also involved in people's care.

People spoke positively about the care and support they received from the service and told us staff were helpful, kind, caring and friendly. Staff spoke about people with kindness and compassion and were able to describe people's care needs and preferences in detail.

People were being supported to maintain relationships and follow their interests in order to avoid social isolation. Staff spoke with us in detail about interests they support people with.

The provider was dedicated to the service and understood their responsibilities as a registered manager. People, relatives and staff spoke highly of the registered manager and dedication to the role.

People and their relatives were given the opportunity to feedback on the quality of 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
The last rating for this service was good (published 12 April 2019).

Why we inspected
We undertook this inspection as part of a random selection of services rated Good and Outstanding.

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 monitor the service and will take further action if needed.

We have identified a breach in relation to good governance at this inspection. Please see the actions we have told the provider to take at the end of the report.

Follow up
We will request an action plan from 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 continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service was not always safe. Details are in our safe findings below.	**Requires Improvement**
Is the service effective? The service was 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**

Daisy Chain Care Team Ltd

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team
The inspection was carried out by one inspector and an Expert by Experience. 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.

The service had a manager registered with the Care Quality Commission. This means 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. This was because it is a small service and we needed to be sure the provider would be in the office to support the inspection.

Inspection activity started on 13 December 2021 and ended on 21 January 2022. We visited the location's office on 15 December 2021.

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, local Healthwatch, and professionals who work with the service. 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 (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 four people who used the service and four relatives about their experience of the care provided. We spoke with six members of staff including the provider and support workers.

We reviewed a range of records. These included medication records and three people's care records. We looked at two staff files in relation to recruitment and staff supervision. We also reviewed a variety of records relating to the management of the service, including policies and procedures.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We requested further information relating to care reviews and meeting people's communication needs.

Requires Improvement

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 good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk people could be harmed.

Assessing risk, safety monitoring and management

- Risks to people's health were not always safely managed. People's care and support plans identified potential risks to people's safety. However, these risks had not been assessed by the provider. These risks included for example choking and skin integrity risks. This meant people were at risk of potential harm.
- One person's nutritional needs were met by way of a Percutaneous Endoscopic Gastronomy (PEG). This is where a feeding tube has been placed through the person's abdominal wall and into the stomach. There was no assessment in place to determine what carers should do in the event of an incident or accident. Staff had received training in PEG support and told us they knew how to provide this care; however, staff competency checks were not taking place in relation to PEG care.
- A paper care plan had incorrect information relating to levels of food to administer, the amount recorded was much higher than the level recommended by the health professional.
- The provider took immediate action and provided some of the required risk assessments, for example, nutrition and hydration assessments. The provider confirmed the incorrect levels of food recorded on the paper care plan, were correct on their electronic care system, which staff followed when providing care and support.

Using medicines safely

- Risks associated with people's medicines had not always been assessed. This meant any risks associated with the administration of medication for some people were not known. This could potentially result in harm to people, as risks had not been identified and assessed, and appropriate control measures put in place.
- People received their medicines as prescribed by trained staff. Staff confirmed they also received regular competency assessments. However, it was unclear what actions were taken as a result of spot checks when issues were found.
- Staff completed medicines administration records and recorded when they had administered medication. The administration records were being audited by the provider monthly and any irregularities were being followed up with staff.
- The provider, with consent, spoke with GP's and pharmacists on behalf of people with any medication queries. This supports people who find it difficult to get through to the GP surgery to make an appointment.

Staffing and recruitment

- The provider had not ensured safe recruitment practices were being followed. Prior to new staff commencing employment the provider is required to check staff's suitability for their job role. However, as part of our inspection we reviewed two recruitment records and the provider had not obtained a full

employment history for either of these new staff. This is an important check to ensure staff are safe to work in health and social care.

● There were enough suitably trained staff to meet people's care and support needs.

● People and their relatives told us there were enough staff and a regular team of carers. One relative said, "There are never any issues with missed calls." Another relative said, "There are enough staff and they arrive on time."

Systems and processes to safeguard people from the risk of abuse

● People told us there was a high level of trust between them and the care staff who were helpful, kind and friendly. One relative said, "I am confident [family member] is safe with staff when I go out to work." Another relative said, "Care feels safe, I feel confident when I'm not there."

● Staff knew how to report and escalate concerns of poor care or harm in line with their training and providers safeguarding process. One staff member said, "I'll report it to the manager or the senior carer, or alternatively speak with local safeguarding. We always record and report."

● Staff knew how to whistle-blow (report) on any concerns they may have had about another staff member. One staff member said, "I can tell the [manager] about something I have seen that goes against the law and our policy."

Preventing and controlling infection

● We were assured the provider was using personal protective equipment (PPE) effectively and safely. People confirmed staff consistently wore PPE whilst providing their personal care. One person said, "They always wear uniform and the PPE."

● The provider had policies and guidance to help staff work in accordance with national guidance on infection prevention and control. Staff described how they would prevent the spread of infection. One staff member said, "We wash our hands thoroughly, put on our PPE, gloves, mask and aprons. We put new PPE on at every house."

● Staff had received training in infection prevention and control. They told us there were always plentiful supplies of PPE available to ensure people were protected from infection.

Learning lessons when things go wrong

● There were systems in place to record, review and learn from incidents and accidents. The provider advised any lessons learnt would be communicated to staff either verbally or via the services WhatsApp group to support service improvement.

Good

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 good. The rating for this key question has remained 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

- The majority of people receiving care and support were known to the provider in a former role and the pre-assessment information had been carried over from the previous provider. However, for both new business that had been referred to the service by health professionals and other new care packages no assessment had been completed. This meant there was a risk people's care needs and outcomes would not be met.
- Care plans contained information about people's outcomes, for example, how to remain independent. This included what needs to happen to achieve the outcome, and who will provide help and support. One person said, "Staff know me well; they know my disabilities."

Staff support: induction, training, skills and experience

- People and their relatives felt confident staff had received the right training to help them. One person said, "The training the staff had, meant they could help me and know how to support me maintain my independence." Another person said, "I used another company before this one, when I started to use this service, I realised the staff were properly trained, and what a difference this has made for me."
- Staff had completed relevant training for their role. Specialist training had also been sourced where staff required additional knowledge to support people with specific health conditions. However, some staff we spoke with felt it would be beneficial to complete even further training for other complex health conditions. They felt this would provide them with a greater understanding of specific health conditions. The provider assured us this would be put in place.
- Staff received an effective induction. One staff member said, "I shadowed colleagues for two months, then I completed my online training. The shadowing gives you the opportunity to learn lots."
- Staff received ongoing support from the provider to ensure effective care delivery through regular supervisions and spot checks to observe staff's performance when providing care to people. One staff member said, "The [provider] is supporting me to complete an accredited qualification."

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

- People told us they received support at mealtimes. One person said, "They make sure I get breakfast, and prepare food for my lunch and evening meal."
- People's care plans indicated the support they needed to eat and drink. Staff understood how to support people safely with this. One staff member said, "Information is in the care plan about specific diets, whether they are diabetic, or vegetarian."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live

healthier lives, access healthcare services and support

● Staff supported people to access health care appointments and make referrals to specialist teams, including the speech and language therapist team (SALT), and occupational therapists. One person said, "If I am unwell care staff would let the [registered manager] know and would wait with me until the doctor arrived."

● In some cases, the provider advocated for people, with their consent to ensure health needs were met by the relevant professionals. The provider shared examples of the support they had provided to people, which had a positive impact on their lives.

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

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

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

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

● The provider was knowledgeable about the MCA and told us how mental capacity assessments should be carried out where a person's capacity to make a specific decision was doubted.

● Staff had received training on the MCA. However, staff we spoke with had varying levels of understanding of the MCA principles and advised they were not supporting anyone who lacked mental capacity at the time of the inspection. Whilst there was no impact to people at this time, the provider had not assured us there was a system in place for checking staff competencies around the MCA.

● Staff sought people's consent before providing care. One relative said, "[Family member] was asked about care before it was provided, she said staff listened to her."

Good

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 good. The rating for this key question has remained 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

- People and their relatives spoke positively about the care and support they received. A relative said, "They treat [family member] with respect, they know the whole family."
- The provider respected people's wishes and preferences. For example; in relation to the gender of staff providing each person's care.
- Staff spoke about people with kindness and compassion and were able to describe people's care needs and preferences in detail. People's religious beliefs were detailed in their care plans, and staff were aware of these. Staff had completed training in equality and diversity and were aware people needed to be treated as individuals and their preferences respected.

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

- Staff supported people in making decisions about their care. One person said, "Care staff are good at recognising when I need some additional help. I found it difficult to accept help, but the staff have helped me realise I need support." A relative said, "Staff involve me in care decisions, overall, they do things fine."
- The provider spoke with people and their relatives on a regular basis in order to gather feedback on the quality of care they received. The provider was in the process of sourcing an advocate to provide additional support to one person.

Respecting and promoting people's privacy, dignity and independence

- Staff supported people with dignity and respect. One person said, "The staff are always cheerful and smiling, it's nice to have someone nice to help me." One relative said, "They will treat [family member] with respect, and they're very friendly, they ask what she would like." Another relative said, "The staff are kind and caring and the jollier the better. They have good rapport with [family member] and wait patiently for [family member] while she does things."
- People's support plans described what care was required for people to remain independent; including details of what needs to happen and who will help people to achieve their goals.
- Staff told us how they provided care that promoted people's privacy, dignity and independence. For example; asking for consent, listening to people, and supporting people's independence by walking with them to the bathroom, staying nearby whilst they washed independently. One relative said, "The staff take their time and are very kind and gentle how they treat [family member]. She is quite happy with them."

Good

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 good. The rating for this key question has remained 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 and their relatives were involved in writing their care plans. Care plans detailed the care and support required. However, information relating to people's likes and dislikes was very limited, and there was no information relating to people's life history. This may make it particularly difficult for staff to provide individualised care.
- People were positive about the care they received. One person said, "They do everything well, there are no improvements needed." Another person said, "The carers are incredible people."
- Staff were passionate and motivated in their role and knew people well.
- People and their relatives were involved in reviewing their care plans.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The service supported people who have sensory impairment. Details of these impairments were recorded within care records, along with some of the technology people used. However, there was limited information relating to people's communication needs and how these could be supported. This meant new staff may not know how to engage effectively with people.
- Staff described how they communicated with people in the way which they preferred.
- The provider offered to make referrals on behalf of people for assistive technology, to support communication, if this was 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

- Support plans provided details of social activities people were attending in the community. This enabled care calls to be planned around these activities.
- The provider confirmed they can support people to write and post letters, help with facilitating telephone calls, and can speak to families on their behalf, if this was required.
- People were supported to follow their interests. For example, staff supported one person to bake cakes, whilst at the same time listening to some of their favourite music. Staff told us they went out for short walks with people or provided transport to help avoid people feeling isolated.

Improving care quality in response to complaints or concerns

● People told us they knew who to speak to if they had a complaint about the care being provided. One person said, "The [registered manager] will ask me if I have any comments or complaints and she will go back to staff. There's really nothing I can possibly complain about." A relative said, "I've got no complaints, but the [registered manager] would listen if necessary."

● The provider confirmed they had not received any formal complaints. They told us if people mentioned something they wished to be done differently, they notified staff immediately and updated care records, if this was relevant.

End of life care and support

● The service was not supporting anyone with end of life (EOL) care at the time of our inspection.

● The provider told us they had spoken to people and their relatives about EOL care, but these conversations specifically related to do not attempt cardiopulmonary resuscitation orders (DNACPR) rather than EOL care planning.

● Some staff had completed EOL training, specifically relating to symptom management and nutrition and oral health.

Requires Improvement

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 good. 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

- The provider did not have effective systems in place to monitor the quality of the service. There were no pre-assessment records, care and support plans did not always contain up to date information and some inaccuracies were noted in these records. For example, the information relating to levels of food to administer using a PEG contained within paper care plans and electronic care plans did not always marry up. This put people at risk of potential harm. Known risks to people were not being assessed, safe recruitment practices were not taking place and competency assessments relating to specialist care were not being carried out, for example PEG care. This meant audits failed to identify the areas of improvement we found during our inspection.
- The provider's quality assurance system included various audits. The quality checks completed by the provider included, audits of actual care, this was obtained by senior staff speaking with people to gather feedback on the quality of the service they received. Other audits included, monitoring of care calls, medication and IPC. However, there were gaps in the system and audits relating to staff recruitment for example, were not taking place. The provider was not capturing actions to introduce improvements to the service. For example, medication reviews were taking place, and although the medicines administration records were correct, not all changes relating to medicines had been updated in the paper care plans.
- Policies and procedures at the service were generic. The complaints and compliments policy were not dated, neither was the IPC policy. This meant it was unclear whether the information contained within these documents was current and provided staff and people with clear guidance on what to do in the event of certain incidences.
- The business continuity plan did not provide any details of whom would take responsibility of the business in the providers absence. The plan stated staff temperatures to be checked in response to the COVID-19 pandemic, this was not taking place at the time of our inspection.

We found no evidence people had been harmed, however, the provider had not operated an effective system to enable them to assess, monitor and improve the quality and safety of the service provided. This placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded to some of our concerns immediately following the inspection. The provider acknowledged there were shortfalls in their quality assurance processes and confirmed they would take steps to improve the effectiveness of their governance systems.

● The provider confirmed people and their relatives were happy and satisfied with their care, and therefore no improvements were required in that area. Review of care was taking place, and if any changes were highlighted during the care review it would be addressed.
● The provider logged accidents and incidents; this data was analysed by them to highlight any recurring themes. The provider was aware of their responsibility as a registered manager for notifying us of events and incidents.
● Staff performance was monitored through regular one to one supervision, spot checks and medication competency checks by senior staff. Staff understood their roles and responsibilities, were motivated and had confidence in their manager. A staff member said, "The [provider] is very supportive, I have regular supervisions with them, where we discuss my goals."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people
● The provider promoted a very person-centred culture within the service. They and the staff team spoke with passion about the people they supported at the service. People and their relatives told us the service was well managed and organised and they had confidence in the provider. One person said, "The [registered manager] is wonderful, she will get all sorts sorted out for me." A relative said, "The [registered manager] is more than accommodating, she will always help if I need to change care around at short notice."
● Staff enjoyed working at the service and felt supported. A staff member said, "The [provider] is very inspiring, she comes across approachable and has a nice temperament, she's been doing care for years, I quite respect her." Another staff member said, "The [provider] is great, and I can honestly say they are there every time I need them."

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 provider understood their responsibility under the duty of candour. Records showed the provider had communicated with people regarding any accidents or incidents, and actions taken to mitigate the risk further.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
● People and their relatives had the opportunity to provide feedback on the service. One relative said, "It is well managed, the [registered manager] is good. The [registered manager] comes every now and then and fills in a questionnaire." Another relative said, "I have had a questionnaire about the service."
● The provider confirmed senior staff regularly visited people in their homes to gather feedback on the quality of care they received. The provider confirmed feedback received had been positive, and people and their relatives had been happy and satisfied with the care received.
● Staff meetings were not taking place due to the pandemic; however, the provider and staff were in daily contact with each other regarding people's care. The provider relied on staff's judgement to on occasions go over and above in relation to care being provided, if this was needed, but would expect them to report back. The provider and staff worked together as a team.

Continuous learning and improving care
● The provider confirmed if any issues or concerns were identified, these would be investigated, and any lessons learnt would be shared with staff and actions taken, where necessary.
● The provider attended regular webinars and seminars specifically designed for registered managers. By attending these sessions, they received peer support, sharing good practice, and discussing lessons learnt.
● The provider recently introduced digital software into the service to improve care planning, assessments,

reviewing and auditing in the future. At the time of our inspection care tasks and medication were being recorded and monitored via the electronic care system. However, the provider confirmed they would be gradually adding to the system.

Working in partnership with others

- The provider worked effectively with both health and social care professionals, such as district nurses, dieticians, pharmacies, and social workers.
- The provider was a member of a care related organisation which provided them with knowledge and insight into best practice, as well as providing regular training for both staff and leaders.

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	Regulation 17 HSCA RA Regulations 2014 Good governance We found no evidence that people had been harmed. However, systems were not effective to assess, monitor and improve the quality and safety of the service or the risks to people health and welfare. Reg 17 (1)