

HC-One Limited

# Daisy Nook House

## Inspection report

Bamburgh Drive  
Ashton-under-lyne  
OL7 9SX

Tel: 01613431033  
Website: [www.hc-one.co.uk](http://www.hc-one.co.uk)

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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

Daisy Nook House is a residential care home providing accommodation and personal to up to 40 people. At the time of our inspection there were 40 people using the service.

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

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.

Everyone we spoke with told us they felt safe living at Daisy Nook House. Risk assessments were comprehensive and were reviewed regularly. All required health and safety checks and certificates were in place. There were sufficient staff to meet people's needs and all the required pre-employment checks were made prior to staff working at the home. Medicines were stored and administered safely. The risks associated with COVID-19 were assessed and well managed.

People's needs were assessed, and detailed person-centred support plans and risk assessments were in place to guide staff. Staff received the induction, training and support they needed to carry out their roles effectively. People told us staff were good at their jobs and knew how to provide them with the care and support they needed. People spoke positively about the food. The home was clean, well decorated and furnished.

People were well treated and supported by staff who knew them very well. The home had a friendly relaxed atmosphere. Throughout our inspection, we observed staff to be kind, caring, compassionate and respectful. People were involved in decisions about their care. People's privacy, dignity and independence was respected. People told us they enjoyed living at the home. They said, "Its lovely living here this is the best place ever, everything is wonderful the staff, the food and the care I receive" and "I don't think I could find a better home."

People told us they were involved in reviews of their care and support. There was a range of activities available to people, people told us they enjoyed taking part. Relatives told us they were always made to feel welcome and encouraged to visit. One relative said, "The management and the staff are so welcoming and friendly and approachable." People's individuality was respected.

The service was well managed. People were very complimentary about the registered manager. The registered manager, staff and senior managers were committed to providing responsive person-centred care. Throughout our inspection, we observed all staff and senior management were very pleasant and accommodating. There was a range of detailed quality monitoring, auditing and oversight in place. Relatives told us communication with staff and managers was good. There was a positive approach to learning and improvement.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

This service was registered with us on 27 August 2021 and this is the first inspection. The last rating for the service under the previous provider was good, published on 3 July 2019.

#### Why we inspected

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

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

#### 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 well-led.

Details are in our well-led findings below.

Good ●

# Daisy Nook House

## 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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

Two inspectors undertook the inspection on day 1. Two inspectors and an Expert by Experience undertook the inspection on day 2. 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

Daisy Nook House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Daisy Nook House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced on day 1.

#### What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the information the provider sent us in the provider information return (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 observed how staff provided support for people, to help us better understand their experiences of the care they received. We spoke with 7 people living in the home and 4 relatives. We also spoke with 11 staff including; the registered manager, area director, wellbeing coordinator, kitchen and care staff.

We had a tour of the building with the area director. We reviewed a range of records, including 6 people's care records, 3 staff recruitment files, records relating to medicines, training and supervision, building maintenance, cleaning and equipment checks, accident and incidents and safeguarding logs and policies and procedures for infection control. Also, a variety of records relating to the management of the service, including audits and 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.

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

- People were protected from the risk of abuse.
- Staff had received training, were aware of their responsibilities and how to raise any concerns. They were very confident if they raised any concerns they would be dealt with appropriately.
- Everyone we spoke with told us they felt safe living at Daisy Nook House. A relative said, "As a family we are really happy and know our loved one is in safe hands."

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks to individuals, staff and within the environment were identified and well managed.
- Risk assessments were comprehensive and were reviewed regularly.
- All required health and safety checks and certificates were in place and up to date.
- Accidents and incidents were managed well, including very detailed analysis and lessons learned. We saw where this analysis identified if there were any themes or patterns. If the analysis identified action that could reduce future potential risk to people, immediate action was taken.

Staffing and recruitment

- During our inspection, we observed sufficient staff were deployed to meet people's needs and people received support in an unrushed and timely manner. During lunch service we saw staff worked well together, the atmosphere was relaxed, and it ran very smoothly.
- People told us they always received support when they needed it. One person said, "There is always staff around if I need anything, I have my call bell and the staff come pretty quickly the night staff are good too." One staff member said, "[Registered manager] has been good and ensured we have plenty of staff on each day." Some staff members said the home was short staffed on occasion, particularly when someone was unavailable for their planned shift at short notice. They told us this did not affect the delivery of the care and support within the home.
- There were safe systems of recruitment in place. All required employment checks had been undertaken prior to staff commencing employment.

Using medicines safely

- Medicines were stored and administered safely.
- Processes for the use of homely remedies were in place and robust. Protocols were available to guide staff when to administer 'as required' medicines. Staff had received training for the administration of medicines and had their competency to administer regularly checked.
- People told us they received their medicines as prescribed. They said, "I get my pain relief. The staff always

ask me if I need any" and "I receive my medication on time."

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

#### Visiting in care homes

- People were supported to have visitors in line with current government guidance. People told us their visitors were made to feel welcome. One relative said, "The management and the staff are so welcoming and friendly and approachable."



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

- People's needs were assessed, and detailed person-centred support plans and risk assessments were in place to guide staff.
- People's health needs were met, and they were supported to access a range of health care professionals and regular health and medication checks.
- Staff worked closely with health care professionals and where needed, evidence of prompt referrals for support was seen.
- Care records detailed people's health conditions and how they might affect the person. The support people might need to maintain their oral health was also identified.

Staff support: induction, training, skills and experience

- Staff received the induction, training and support they needed to carry out their roles effectively.
- Training records evidenced a high completion rate for training courses. Staff members were able to tell us what training they had received and how they put it into practise. Staff told us the training was good and they felt supported. One staff member said, "[Registered manager] has an open-door policy and he always says you can come in and speak to me."
- People told us the staff were good at their jobs and knew how to provide them with the care and support they needed. One person said, "I have total respect for the staff. It's not an easy job. They all know what they are doing and have a good understanding of their job."

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

- People's nutritional needs were met.
- Staff who worked in the kitchen were knowledgeable about each person's nutritional needs and were responsive to people's preferences.
- People spoke positively about the food. People said "You have a choice of foods and there is always plenty of choice. They are very accommodating; you are asked in the morning what your preference is. They are always offering you drinks in the hot weather, they were frequently giving us drinks", "The food is good, you even get choices" and "I am a real fussy eater and I always enjoy the food. I don't have to say what I like or dislike they know me that well."

Adapting service, design, decoration to meet people's needs

- The home was clean, well decorated and furnished.

- A programme of updating and improvements was on going.
- People's bedrooms were spacious and personalised to their individual wishes. People's bedrooms also had photos and signage outside, so that people could orientate themselves and find their rooms more easily.

#### 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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.
- People's capacity to make decisions about different aspects of their care and support was identified and well documented.
- Records indicated that people's consent to care and support was sought. Where appropriate those with legal authority were involved in decisions.

# 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 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 were well treated and supported by staff who knew them very well. The home had a friendly relaxed atmosphere. Throughout our inspection, we observed staff to be kind, caring, compassionate and respectful. There was lots of gentle humour between staff and people who lived at the home and they seemed to get on very well.
- Staff members spoke positively about people who lived at the home and knew people well. People told us the staff were nice. They said, "The staff are always polite and attentive", "The staff are good and kind to me" and "All the staff are good. They are ever so polite."
- Policies and care records reflected a respect for people's individuality and a commitment to promoting and supporting equality and diversity.

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

- The provider placed great importance on ensuring people and their families, where appropriate, were involved in decisions about their care.
- People told us staff always sought their consent before providing support. They said, "The staff always respect my wishes" and "The staff listen and understand my loved ones needs; nothing is too much trouble."
- Care records indicated how people communicated and how staff could encourage them to be involved in and make decisions and how to support people's choices.

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence was respected. Care records identified how people's dignity and independence could be maintained and promoted. Care records detailed tasks people could do for themselves and people told us staff encouraged their independence.
- People told us, "The staff are all excellent. I come in [regularly] and [person who lived at the home] is always well presented and happy. Everything is excellent, if I ever need to [live in a care home] I would want to come here; everyone is treated with dignity and respect" and "The staff really care about us all. I tend to do what I want to do and do not feel restricted and enjoy having people around if I choose too."
- People's right to confidentiality was respected. Policies and procedures showed the service placed importance on protecting people's confidential information.

# 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 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

- Care records were very detailed, person centred and had good detail about what was important to and for the person. They were written in respectful and caring ways. Records included 'This is me: remembering together'. This described people's life history, things and people that were important to them.
- There was regular review and updates to care records. People told us they were involved in reviews. One person said, "I am fully involved in my care plan and its reviewed regularly."
- People's individuality, routines and preferences were respected. One person said, "I can do what I want when I want to and get all my meals and washing done for me."

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 provider was following the Accessible Information Standard.
- People's communication needs were identified during the initial assessment.
- Care records included information about people's individual communication styles and needs.

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

- There was a range of activities available to people. The well-being coordinator was very enthusiastic, they were reintroducing pre-pandemic community activities and links with local schools and groups. People regularly attended a local community group. An interactive touch screen that could be used for games, accessing the internet, or for video calls with families had been purchased following fundraising that included members of the community.
- People told us they liked the activities and mixing with other people. One person said, "I love it here. There are always plenty of people around, I talk to them all."
- Relatives told us they were always made to feel welcome and encouraged to visit. One relative said, "We feel we have a good relationship with the staff. They know us and they definitely know our loved one, the staff are brilliant, well informed and always make us feel welcome" and "The staff make me feel welcome when I visit."

#### Improving care quality in response to complaints or concerns

- There was a system for managing and responding to complaints.
- People told us they knew how to complain and felt any complaints or concerns would be dealt with appropriately. They told us they were listened to.
- People said, "If I have any complaints it's always addressed" and "If we have any concerns you can talk to the staff and I feel confident it's going to be resolved."

#### End of life care and support

- People's wishes for end of life care and support were identified and recorded if they wished. Records were respectful and caring. They also identified any religious or cultural wishes the person had.
- Advanced decisions about resuscitation were documented.

# 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 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

- The service was well managed. The area director and registered manager had good knowledge and oversight of the service. There was a range of detailed quality monitoring, auditing and oversight in place. This included oversight by senior managers and leadership team. Audits and spot checks were thorough, and records demonstrated any issues identified were addressed.
- Staff, people who lived at the home and their relatives all spoke positively about the way the home was managed and organised. One person said, "The manager and the staff are all good, the manager is always around." Staff said, "They [managers] are all approachable and you know that if you go to them with a query they will try and sort it out for me" and "We have a good senior team."
- People were very complimentary about the registered manager. They said, "The manager is always smiling he makes me laugh. The management are great" and "[Registered manager] has always been lovely."

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

- The registered manager, staff and senior managers were committed to providing responsive person-centred care. Throughout our inspection, we observed staff and senior management were very pleasant and accommodating. There was a very warm relaxed atmosphere throughout the home.
- People told us Daisy Nook House was a nice place to live with a friendly atmosphere and culture. They said, "It has a really good reputation. We were lucky a place came up and we took it and have never looked back", "The staff are good fun and you can always have a laugh with them" and "It's lovely living here. This is the best place ever; everything is wonderful the staff the food and the care I receive. I don't think I could find a better home."
- Staff told us morale was good and there was a positive culture at the home. They said, "I think we all get on really well. I feel it is like a breath of fresh air to work here" and "Everyone seems to get on. It's one of the best places to work."

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

- People's views about the home were actively sought. There was a touch screen electronic feedback system in the reception area. This allowed all visitors and people who lived at the home to give instant feedback. There had been a recent relatives' meeting. We saw emails of the minutes were sent to those who

couldn't attend. Satisfaction surveys had recently been completed with residents and relatives, but the results had not been gathered at the time of our inspection.

- Relatives told us communication with staff and managers was good. They said, "If my loved one is ever ill someone always rings me and keeps me informed" and "The staff are brilliant and keep us well informed if anything is wrong." People told us they were listened to. They said, "I feel comfortable talking to the manager about anything he listens and actions everything. I had a problem and it was quickly resolved by the manager" and "The manager has an open-door policy and always made to feel welcome."
- There were regular supervisions and meetings for information sharing with staff or for staff to discuss any concerns or service developments. Staff told us they felt supported and found the meetings useful. They said, "We get the chance to air our views and have discussions. I feel the manager would listen if I had concerns" and "We have a team meeting next week, they can be helpful."

Continuous learning and improving care; 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

- There was a positive approach to learning and improvement. Where improvements or good practise opportunities were identified, these were immediately actioned and shared with other managers of the provider's homes.
- The provider had a development/improvement plan outlining future actions to improve the quality of the home and the care and support that is being delivered.
- Policies and procedures were available to guide staff on what was expected of them in their roles.
- Records confirmed managers of the service and the provider understood and acted on the duty of candour.
- Statutory notifications are reports of certain changes, events and incidents that the registered providers must notify us about that affect their service or the people who use it. The provider had notified CQC as required.
- Systems were in place to protect people in the event of an emergency. Contingency plans gave information to staff on action to take for events that could disrupt the service.