

Destiny Support Care Limited

# Destiny Support Care

## Inspection report

36 Pankhurst Crescent  
Stevenage  
Hertfordshire  
SG2 0QF

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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

This inspection was carried out on 1 March 2016 and was announced. This was the first inspection since the service had registered with the Care Quality Commission on 17 April 2015. However, they did not start providing a service until July 2015.

Destiny Support care provides personal care to people living in their own homes. There were nine people using the service on the day of our inspection.

The service had a registered manager in post and the nominated individual for the service was also registered as a manager for the service. They were responsible for the service at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

People and staff were positive about the management of the service and knew the management team well. However, the systems in place to obtain people's views were still being developed to ensure that feedback could be accurately recorded and responded to. System so that there could be efficient monitoring of the service were also being developed. This included staff meetings being formalised. We also found that although the leadership was clear at the service, some systems needed to be developed to ensure that people received a consistent quality of care, particularly as the service was to take on additional people to support.

Staff employed at the service had all appropriate checks carried out prior to starting work. However, the recording of this information required improvement, in particular relating to written and verified references, interview notes and retaining a copy of staff member's eligibility to work in the UK.

People felt safe using the service and risk assessments were in place to ensure staff worked safely. Staff were clear on how to recognise and report abuse. There had been no accidents or reportable incidents and the service did not provide support with people's medicines.

People received care that met their needs at call times that suited them. They were involved in the planning of their care and felt listened to. People received support with eating and drinking as needed and calls were flexible to support hospital appointments. People were supported by regular staff who knew them well and they felt they had a good relationship with them. People were treated with dignity and respect.

People's consent was obtained prior to support being given and staff were familiar with the Mental Capacity Act and how this may affect them in their role. Staff received appropriate training and supervision for their role. There was sufficient numbers of staff to meet people's needs.

## 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.

The recruitment files required improvement.

People felt safe using the service.

People's individual risks were known to staff, who also had a good understanding of how to prevent abuse.

People were supported by sufficient numbers of staff to ensure calls were not missed and were mostly on time.

### Is the service effective?

Good ●

The service was effective.

People were supported by staff who received appropriate training and supervision.

People were asked for their consent before care was given.

People were supported to eat and drink sufficient amounts and to attend hospital appointments as call times were flexible.

### Is the service caring?

Good ●

The service was caring.

People were treated with kindness and respect.

People had good relationships with staff who knew them well.

People were involved in planning their care.

### Is the service responsive?

Good ●

The service was responsive.

People's needs were met in a way they liked.

People felt listened to and knew how to make a complaint.

**Is the service well-led?**

The service was well led.

Some management systems needed to be developed to ensure a consistent quality of service as they provide support to additional people. This included ensuring that they follow up missing records from recruitment files.

People and staff were extremely positive about the management team.

People were supported by a management team and staff who shared the view that people come first.

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**Requires Improvement** 

# Destiny Support Care

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2014 and to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 1 March 2016 and was carried out by one inspector. We gave the provider 48 hours notice of the inspection to make sure the registered manager and staff would be available to meet us. Before our inspection we reviewed information we held about the service.

During the inspection we spoke with three people who used the service, three care staff and received feedback from a fourth staff member, the registered manager who is also the nominated individual and a member of the office support staff. We received feedback from social care professionals. We were unable to view people's support plans as they were held in their own homes. We viewed a summary was held at the office. We also reviewed records relating to the management of the service which included five staff personnel files.

# Is the service safe?

## Our findings

People told us that they felt safe receiving a service from Destiny support care. One person said when asked if staff made them feel safe, "Yes definitely."

Staff had a good understanding of how to keep people safe. This included how to recognise and report abuse. We saw that this information was also in the staff handbook to help raise awareness. People also had risk assessments completed to help ensure they received their care safely. Staff knew people well and were familiar with individual risks. Staff also had an understanding of recognising hazards in people's homes and either reporting concerns or supporting people to address these risks. One staff member told us, "[Name] had wires trailing around their home, we discussed the risks with them about falling over and we helped tidy them away."

There were no accidents or incidents since the service commenced providing support to people. The manager told us that although there had been no need for a formal system at this point to analyse events, if these occurred they would review risk assessments, staff training and supervision to ensure risks of a reoccurrence was reduced.

People were supported by appropriate numbers of staff to meet their needs at times they requested. One person said, "I set the call times and they never miss a call." The service had recently started using an electronic system which sent schedules to staff member's phones. This listed the call times and needs for each person. People told us that they received care at their requested times and staff didn't miss calls. One person said, "I need an early call due to my [health condition] and they are always there." Another person told us, "Only very occasionally they are a few minutes late, normally because of traffic, but I get a call." The manager and staff told us that they had never missed a call and that late calls were rare, normally due to traffic. One staff member told us, "I think the latest I've been to a call is four minutes." Another staff member said, "It's normally the people who are late, the other day we were waiting as the person was out for the day." The manager told us that if staff were going to be late to a person then they called them to explain.

People managed their own medicines and there was not a need for staff to administer these. Staff told us they had received training on how to manage and administer medicines but currently people were independent in this area. One staff member said, "The most we do is remind them to take it."

The service had a recruitment policy which outlined what process to be followed when employing a new staff member. Staff told us that they attended an interview, had to provide proof of identity and qualifications. They also told us they were not allowed to commence employment until references and criminal record checks were received by the registered manager. We saw that three of the files we viewed had all appropriate documentation. However, two of the files did not have verified references. We also noted that current application forms did not include full employment history and there was not a record of the staff member's interview. We discussed these issues with the manager and they understood the importance of satisfying themselves that staff employed were fit to work in a care profession. We also discussed that when they have checked staff member's eligibility to work in the UK, they must retain a copy of the

appropriate documents.

# Is the service effective?

## Our findings

People were supported by staff who received the appropriate training and supervision for their role. One person told us, "They are brilliant." Staff told us they were well supported and received regular opportunities to discuss any concerns and development issues. One staff member said, "They are amazing, I've never worked anywhere like it." Another staff member said, "If you have a problem, you tell them and that's it, problem gone." A third staff member told us they had been overwhelmed by the support and care shown to them by the management team following the death of one of the people they supported. They told us, "They called me, checked I was ok, offered me time off and even asked if I wanted counselling."

Staff files included a record of training completed by each staff member. This included moving and handling, infection control, safeguarding people from abuse and the mental capacity act. Staff also told us that they were offered plenty of training and felt well equipped to carry out their role. They told us that they were working through the care certificate for their induction but were also given online training prior to starting work, even though they had current certificates in the subjects. One staff member told us, "They even called the other day to see if I wanted anything else." Staff also told us that they had their competency assessed and that the manager and senior staff carried out spot checks when they were working. One staff member said, "[Senior staff member] just turns up." Staff told us they were offered guidance and advice about their practice to ensure they worked in accordance with training.

People were offered choice and asked for their consent before support was offered. One person told us, "They ask what you want and if there is anything else you need before they go." The Mental Capacity Act (2005) provides a legal framework for making particular decisions on behalf of people who may lack 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. Where 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. The service was acting in accordance with the Act as everyone who the service supported had capacity to make their own decisions so mental capacity assessments were not needed and the staff respected this. One staff member told us, "We remind them it's their decision, completely their choice."

People were supported to ensure they had access to food and drink to help maintain a healthy balanced diet. One person told us, "They get me what I need when I need it, they make me cups of coffee." Most people received three visits each day and as part of these visits staff made sure people had meals, drinks and snacks available to them. Staff told us how some people who had previously used a different service before being supported by Destiny support care had been used to just having soup for their lunch as it was easier for their previous staff member. Staff told us this was unacceptable as it must always be what the person wants and not what is easier for staff. One staff member told us about her colleague who supported a person who had recently passed away, "[Staff member] cooked a roast dinner every Sunday at home and took it to [person] when they did their call, just to make sure [they] had a home cooked roast." This demonstrated that staff were aware of the importance of people eating and drinking a healthy and balanced diet.



People were supported to access health and social care professionals. One person told us, "They are really flexible with changing times to suit my hospital appointments." Staff were aware of what to do in the event of a person showing signs of being unwell and had supported people to call the GP, or emergency services, when it had been needed and reported this to their manager.

## Is the service caring?

### Our findings

People told us that staff were kind and caring. One person said the staff who supported them were, "Lovely, nice girls." Staff spoke about people with a fondness and were really passionate about giving them a life that made them happy. Some staff knew people from a previous agency they had worked for, one staff member was recommended to the service by a person they supported. Staff were positive about the service and told us they loved the fact that they had time to spend with people, get to know them and give them the support they needed. They told us this included spending time interacting with people. One staff member told us, "[Person] had a bad experience with another care agency and since they started using us, they are like a different person."

Staff told us that one of the people they used to support had a fear of going into hospital and being alone. They told us that they made sure the person was accompanied to the hospital and someone was with them. One staff member said, "I promised [them] [they] wouldn't be alone and we made sure [person] wasn't. Even [the manager] and [office administrator] visited them to make sure they knew they were not alone." This showed that the manager and the staff cared about the people they supported.

People were treated with dignity and respect. One person told us when asked if the staff were respectful, "Absolutely." Staff spoke about people as individuals and told us that they were guests in people's homes and needed to behave in a way that respected this.

People were involved in the planning of their care. When they enquired about using the service, the manager met with them and discussed what they wanted from the service. The manager and staff told us that the times of their calls and the type of care provided was just as the person had stated they wanted it. People confirmed this was indeed the case. One person said, "I was involved from the outset and told them what I needed and they deliver." One staff member said, "That's the point of it, it's all their choice." Staff told us about people's preferences, including times they wanted to get up and go to bed. One staff member said, "Two of the people we support don't want to go to bed early, it's important to them so we stay out later so they can go to bed later."

Staff also told us that relationships with people were important, especially as they were going into their homes and people needed to get to know the staff member. People told us they knew staff well and had the same regular staff visiting them. One person said, "When I started with them they told me I'd have no more than six or seven different carers, I have the same four carers all the time."

People told us they had developed good relationships with staff and felt comfortable with them. One staff member told us about a person who was about to start using the service. They said, "I promised [them] that it will be the same two staff members all the time, I'm taking the staff to meet [them] next week before we start doing the visits."

People's confidentiality was promoted. Information held about them at the office was stored securely and each person had a care plan which they kept at their home. Staff were aware of the importance of

confidentiality and how to promote this.

## Is the service responsive?

### Our findings

People received care that met their individual needs, choices and preferences. One person told us, "Sometimes I don't need much but they always do exactly as I need." The manager and staff described what support people needed, the times they needed it, days they were at day centre and clearly knew people well. They also told us that times to meet people's needs were flexible if people were busy or out for the day. For example, staff told us that a person, who went to day centre three times a week, had their lunchtime visit during the afternoon so they still received the support they needed.

People had individual care plans which they kept at their homes. The office kept a summary of their needs for reference purposes and plans were updated as people requested it. However, we were unable to see these at the time of the inspection as they were packed from the office move. One person said, "I feel like they listen and they ask if I need anything changed." Staff knew what people's needs were and any risks associated with their plans. For example, when people needed two staff to support them due to mobility difficulties. One staff member told us, "[The manager] goes to see them and they tell her what they like and she records it. It's quite in depth, tells you everything you need to know." They went on to say it even listed what domestic tasks needed to be completed before they left the person's home.

People's feedback was sought through face to face meetings when the manager met with them to ensure they were happy with the service. People told us that they felt listened to and they had no concerns about the service. One person said, "[Manager] emails us, that's what we prefer, they ask if we are happy and we are kept in the loop."

There had recently been a satisfaction survey sent out to people who used the service, although only one response had been received at the time of this inspection. One person told us they still needed to complete their survey. The manager was in the process of developing a way to collate all the feedback they received both verbally and formally.

People told us that they felt confident to raise any concerns if they had any issues. However, this had not been needed. One person said, "I have no qualms with the service at all." There was a complaint policy which was available to people and staff and they were aware of how to make a complaint. However, the service had not received any complaints at the time of the inspection.

## Is the service well-led?

### Our findings

At the time of the inspection the registered manager who was responsible for the day to day running of the service was on extended leave. The service was being managed by the nominated individual, who was also registered as a manager of the service. However, they were not familiar with all aspects of the record keeping of the service. We noted that some systems were still in the early stages of development and others needed to be decided upon. For example, how to monitor and review any accidents and incidents. This had not yet been an issue as there had been no such events but the manager acknowledged these needed to be in place prior to such things occurring and told us that they would get started with this. Systems in place currently had not identified the issues we found in relation to recruitment files and there was nothing in place to formally record people's views, for example, from surveys or visits to people's homes.

One person who used the service told us, "The quality of care is excellent, but as they are a fledgling service, I think the admin side of things will need some development, especially for when they get more service users and staff." This comment supported our findings of the service in relation to systems in place. However, with a newly implemented monitoring system for calls, staff and training, we were confident that the manager would be able to introduce systems, such as audits, over the next few months.

People were positive about the management of the service. One person said it was, "Excellent." With another person describing the service as, "Brilliant." People we spoke with had experience of using other services prior to changing to Destiny Support Care. One person said, "They are far superior to my previous care companies, I would go anywhere to support them as it's as good as I've ever had." They went on to tell us that previous experiences of other services had made a family member ill with stress but since using this service they were completely better. They said, "That makes such a difference to me too."

Staff were very positive about the leadership and the registered manager in particular. One staff member said of the management team, "They are so lovely, all of them." Staff told us they had never worked anywhere where they had felt so valued and supported. Staff also told us that it was the attitude and approach of the management team that made the service so effective and good for people as they really cared. One staff member said, "It's so personal here, they [management] are always checking in" Another staff member said, "I love it." They went on to say that for their last meeting they went for a meal and there were plans to do it again so that all the staff team can get to know each other. They said, "I think it's a great idea." We saw that meeting notes from the last staff meeting and it was recorded that the management team asked what they were doing well and areas that needed improving. A suggestion was to create zones for senior staff to give consistent oversight of records, care needs and staff supervision. We noted that this had been listened to and implemented by the provider.

The registered manager carried out spot checks to ensure the staff were working in accordance with their vision for the service. They told us, "We [management team] do the checks on senior staff, and seniors on care staff." Staff confirmed that they were clear of what was expected of them and it was a people first approach. Staff were aware of their roles and responsibilities and how they contributed to the approach of the service. One staff member said, "It's amazing, they respond to everything and so supportive, you're never

on your own."