

DT Careplus Ltd

DT Careplus

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

This announced comprehensive inspection was carried out between 28 June 2018 and 6 July 2018.

DT Careplus is a domiciliary care agency. It provides personal care to people living in their own houses and flats. Not everyone using DT Careplus receives regulated activity. CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do, we also take into account any wider social care provided.

The service provides care and support to children and young people with learning disabilities and autistic spectrum conditions. After the inspection, the provider applied to us so that they also provided support to adults and older people, including those living with dementia. They have now registered to do so. At the time of the inspection, two people were being supported by the service.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission 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 2008 and associated Regulations about how the service is run.

People were safe because there were effective risk assessments in place, and systems to keep them safe from potential abuse and harm. There were safe staff recruitment processes in place and there were sufficient numbers of staff to support people safely. Staff took appropriate precautions to ensure people were protected from the risk of acquired infections. People's medicines were managed safely. Incidents were reviewed and there was evidence of learning from these.

People's needs had been assessed and they had care plans that took account of their individual needs, preferences, and choices. Staff had regular supervision and they had been trained to meet people's individual needs effectively. The requirements of the Mental Capacity Act 2005 were being met, and staff understood their roles and responsibilities to seek people's consent prior to care and support being provided. Where required, people had been supported to have enough to eat and drink to maintain their health and wellbeing. They were also supported to access healthcare services in emergency situations.

People were supported by caring, friendly and respectful staff. They were supported to have maximum choice and control of their lives, and the policies and systems in the service supported this practice.

Staff regularly reviewed the care provided to people with their relatives' input to ensure that this continued

to meet their individual needs, in a person-centred way. The provider had an effective system to handle complaints and concerns. People were supported to pursue their hobbies and interests.

The provider's quality monitoring processes had been used effectively to drive improvements. Relatives of people using the service and staff we spoke with were happy with the quality of the service. They were enabled to provide feedback and contribute to the development of the service.

Further information is in the detailed findings below.

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.

There were systems in place to safeguard people from the risk of harm. This included effective safeguarding policies and procedures, and individual risk assessments.

There were safe recruitment procedures and there was enough staff to support people safely.

People's medicines were being managed safely.

The manager reviewed incidents and accidents, and actions taken to prevent them from happening again.

Is the service effective?

Good ●

The service was effective.

People's care needs were assessed, and staff provided effective care and support that met people's individual needs.

Staff received regular training, supervision and support in order for them to support people effectively.

People were supported to have enough to eat and drink.

The requirements of the Mental Capacity Act 2005 were being met, but these were not always relevant to some people the service supported, who were under 16 years old.

Is the service caring?

Good ●

The service was caring.

People were supported by staff that were kind, caring and friendly.

Staff respected people's choices and supported them to maintain their independence.

People were supported in a respectful manner that promoted

their privacy and dignity.

Is the service responsive?

Good ●

The service was responsive.

People had personalised care plans to enable staff to provide person-centred care.

People's needs were met by responsive and attentive staff.

The provider had a system to manage people's complaints and concerns.

Is the service well-led?

Good ●

The service was well-led.

There was stable leadership at the service which resulted in a consistently safe, effective and compassionate service that provided good quality care to people.

People, relatives and staff were enabled to share their experiences of the service.

The provider had effective systems in place to assess and monitor the quality of the service.

The service worked closely with other stakeholders to ensure that they continued to provide the care people required.

DT Careplus

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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This comprehensive inspection took place on 28 June 2018 when we visited the provider's office. We gave the service 48 hours' notice of the inspection visit because the location provides a domiciliary care service and we needed to be sure that there would someone available to support the inspection. The inspection was completed on 6 July 2018 when we spoke with a relative of one person and staff by telephone.

The inspection was carried out by one inspector.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We reviewed other information we held about the service including notifications they had sent us. A notification is information about important events which the provider is required to send to us.

During the inspection, we spoke with the registered manager. We also spoke with a relative of one person using the service by telephone.

We looked at care records for two young people supported by the service to review how their care was planned and managed. We looked at two staff files to review the provider's staff recruitment and supervision processes. We also reviewed training records for all staff employed by the service. We checked how people's medicines and complaints were being managed. We looked at information on how the quality of the service was assessed and monitored.

Is the service safe?

Our findings

Relatives told us people supported by the service were safe. They both told us they were confident that staff knew how to keep their relatives safe, and they had never been concerned about potential abuse or harm. One relative also said, "When my [relative] is out with staff, I know [relative]'s safe and well-looked after."

We saw that staff had been trained on how to keep both children and adults safe from potential abuse and harm. Staff we spoke with showed good knowledge of local reporting procedures, including external organisations they could report concerns too. One member of staff told us, "We do our best to safeguard the young people and [registered manager] helps us with that." Information about safeguarding was available for staff and they also had guidance about what to do if they suspected that someone was at risk of harm. Conversations with the registered manager showed that they knew how to appropriately report potential safeguarding incidents.

There were appropriate risk assessments in place to ensure that potential risks to the people's health and wellbeing were managed well. This information ensured that people, relatives and staff knew how to mitigate these risks, without restricting people's independence and choice. These risk assessments covered key areas when staff were supporting people such as, supporting them with their personal care, mobility, nutritional needs, and support needs while on trips out. Relatives we spoke with were aware of this information and how staff used it to support their relative. One relative said, "[Relative] can be challenging, but they always handle that well." One member of staff said, "Everyday, we are always aware of risks and how to manage them." We saw that risk assessments were reviewed regularly. This showed that appropriate action had been taken to ensure that people were supported safely and enabled to live full lives.

Records showed that there were safe staff recruitment procedures in place. The provider carried out the necessary pre-employment checks before staff started working at the service. These included checking each potential staff's identity, employment history, qualifications and experience. They also obtained references from previous employers and completed Disclosure and Barring Service (DBS) checks. DBS helps employers make safer recruitment decisions and prevents unsuitable people from being employed.

There were sufficient numbers of staff to support people safely. Relatives confirmed that the service had always provided staff to support their relative at their chosen time. Staff told us there were enough staff to support people, and there had never been any missed or cancelled care visits because of staffing levels or how staff were deployed.

People's medicines were managed by their relatives, but staff administered as and when required (PRN) inhaler to one person. The medicine administration records showed that this had been rarely administered by staff as the person had not always needed it while being supported by staff. The registered manager ensured that all staff who supported the person had been trained by an asthma nurse on how to administer this properly. Staff told us they were confident in their ability to administer the inhaler properly.

As part of people's assessment, we saw that people's home environment and use of particular equipment

had also been assessed to mitigate any hazards that could put people, relatives and staff at risk of harm. People were also supported in a way that ensured they were protected from risks of acquired infections. Where required when providing personal care, staff told us that they wore gloves to prevent cross infection. Staff also told us that they followed appropriate hand washing procedures.

We saw that the registered manager reviewed accidents and incidents that involved people using the service and staff. There was evidence of learning from this and systems were put in place to prevent further incidents and subsequently, protect people from harm.

Is the service effective?

Our findings

People's support needs had been assessed prior to them using the service. They had detailed care plans that considered their needs, choices, views and preferences. As the service mainly supported children and young people, there was evidence that assessments involved relatives as they were more able to tell the provider what support they required for their relatives. Relatives told us they were happy with the quality of the care and support their relatives received. One relative said, "I think they are doing a fantastic job. They're very reliable and professional." Another relative told us, "The service is second to none, they provide very good support."

Staff had been appropriately trained to meet the needs of people using the service. The training records showed us that all staff were up to date with their training. Staff praised the quality of the training and support they received through regular supervision and appraisals. One member of staff said, "Training is so wonderful. We always make sure we are up to date. We learn daily as every day, we learn new things about the young people we support." Another member of staff said, "I have done all the training provided and it has been useful. I'm always asked if there is any other training I would like to do." Staff told us that the registered manager was very supportive and they benefitted from regular supervision. One member of staff said, "Supervision is good as it helps us to reflect on our abilities and what we need to improve."

People were mainly supported by their relatives to have enough to eat and drink. Staff told us that they only supported people to eat lunch or snacks when they were out with them. They told us how they encouraged one person to make healthy food choices as they would mainly choose unhealthy options. To meet a person's religious dietary requirements, there was information that gave guidance to staff on what foods the person could or could not eat. There was also guidance in relation to other known religious groups which could be useful if the service supported people from those religious groups in the future.

People were supported to access healthcare support by their relatives. Staff told us they would only need to do so if an emergency occurred while they were out with the person they supported. In that case, they told us they would contact the person's relative and then together decide if they needed to call emergency services for advice and support.

The 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 Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

We checked whether the service was working within the principles of the MCA and found these were met. Relatives were involved in making decisions about every aspect of their relatives' care. One relative said, "They always do everything in my [relative]'s best interest." The registered manager told us that they tried to involve people in making decisions and choices as much as possible. Staff told us that they always asked for people's consent before providing care and support, and they would not do anything that the person did not like or agree to.

Is the service caring?

Our findings

Relatives told us that staff were always kind and caring towards them and their relatives. One relative told us, "They are always very professional and helpful. This is the best service than any we had before, by far."

Relatives told us that staff got on really well with their relatives. People were consistently supported by a small group of staff who had got to know them well and understood their individual needs. Staff told us that spending time with each person had allowed them to develop close and friendly relationships. Staff told us how they mainly supported people to pursue their hobbies and interests and therefore the time together was largely, relaxed and fun.

Staff told us that people made decisions and choices about their day-to-day care and support, including how they wanted to spend their day. They further told us that they respected people's choices and always considered their individuality and preferences. People's relatives acted as their advocates to ensure that they received the care they required and they also supported them to understand their care options. Relatives praised the good communication they had with staff and how this greatly benefitted their relatives' care. One relative said, "There is good communication and this is very important when dealing with people with disabilities. We are a team and I think that's good for my [relative]."

Relatives told us that staff supported their relatives in a respectful manner, and they promoted their privacy and dignity, particularly when providing personal care. Staff understood their responsibility to keep people's information confidential and the need to always promote their dignity. We saw that staff had been trained on the new 'General Data Protection Regulation' (GDPR) to ensure that information they needed for the purpose of managing people's care was used in accordance with the guidelines. The provider also had a valid registration with the Information Commissioner's Office, a public body that upholds information rights and promote data privacy for individuals. This showed that the provider made it a priority to ensure that people's information was managed well.

Staff told us that they always encouraged people to maintain their independence as much as possible, and would only provide support when it was necessary. They said that they ensured that people could complete some self-care tasks with prompting and saw their role as that of enabling people to gain greater independence. They helped people to set developmental goals and supported them to take the necessary steps to achieve these.

Is the service responsive?

Our findings

Relatives told us that their relatives were supported in a person-centred way by staff to meet their individual needs. Staff told us that they followed people's care plans to ensure that they always provided care that people required. One member of staff said, "We are required to work to the correct standards and to make sure that the young people's needs are always met." We saw that the care plans were reviewed regularly with people's relatives to ensure these continued to meet people's needs.

Relatives told us that staff were responsive to their relatives' needs and always supported them quickly when they needed help. One relative told us that staff understood their relative's needs well and they always responded positively to changes in their support needs. They said, "They are exceeding the level of care expected. They are able to judge how [relative] is feeling and whether [relative] could cope with any activity. This shows high level of professionalism and skills."

We saw a good example of how the registered manager and staff used a 'social story' to help a person to understand that they would be in a care home for respite care while their relatives were away. This was a step by step pictorial presentation of what was going to happen, with a calendar count down of the days before they returned home. The registered manager told us that this helped alleviate the person's anxiety about being away from their relatives and subsequently, made their stay at the care home successful. 'Social stories' are short descriptions to help people living with autistic spectrum conditions to understand a particular situation, event or activity.

The registered manager and staff were proud of how they put people they supported at the centre of everything they did. The registered manager told us, "I have committed staff. Even in the snow, we are there." They also told us how they had worked with a person and their relative to help the person gain confidence to go back to school after a period of being home schooled. They found this had helped the person expand their social networks. The registered manager and staff told us how they worked flexibly with people and their families. For example, they had collected people from school at times at the request of their relatives. One relative told us of this close working relationship with the provider. They said, "We speak to the manager every week and they are always happy to accommodate any requests we might have."

Staff supported people to access a range of recreational activities in their local community, and to pursue their hobbies and interests. People chose to pursue their own interests and they were supported by staff when they went out. Staff told us that although people had pre-planned activities, they normally chose what they wanted to do on a day-to-day basis. We saw that people enjoyed varied interests such as going to the gym; nature walks including in local parks; indoor play centres; and swimming.

The provider had systems in place to handle people's concerns and complaints. Relatives told us that they were happy with how their relatives' care was managed and they never had any reason to complain. The provider had a complaints policy which had been given to people and their relatives. There were no recorded complaints received by the service, but we saw some compliments from relatives and professionals involved in people's care. This included a written compliment which read, "Professional and

very friendly approach to work. A breath of fresh air to a worn-out mother."

People did not have end of life care plans. The service currently supported children and young people, and the registered manager said that it would not be appropriate to have those conversations with them at this early age.

Is the service well-led?

Our findings

There was a registered manager in post, who is also the provider of the service. They were supported in running the office by an administrative assistant. Relatives and staff told us the service was well managed, and that they found the registered manager to be approachable and always helpful. One member of staff said, "The service is well managed. [Registered manager] is a really good manager, very approachable and works well with staff." Through our conversations with relatives and staff, we gained particularly positive comments about the registered manager, including how they promoted a positive, caring and inclusive culture within the service. One relative said, "The manager always knows what's going on and always communicates well. I hope she will carry on for a very long time because we need her." One member of staff told us, "DT Careplus is exceptional. I'm in a good team and we do our best to provide good care. We really care and put the young people first."

Equality, diversity and human rights principles were embedded in the provider's ethos and policies so that there were no discriminatory practices within the service. Everyone we spoke with said their individuality was always respected and promoted by the service. The registered manager told us how proud they were of the work they did to provide person centred care. They also said, "I don't mind that we are currently not supporting many people as wanted to focus on quality for each person. I sometime work with staff to model expected behaviours and practice. I see staff regularly for supervision, team meetings and training. I feel relaxed when staff are out there supporting the young people, as I am confident about their skills and abilities."

People and their relatives were asked to give feedback about the quality of care provided by the service. We saw completed questionnaires which showed that people and their relatives had positive experiences and they were consistently happy with the service. One relative had rated the service as 'excellent' in all areas. Our review of returned staff questionnaires also showed that staff feedback was overwhelmingly positive too. Staff we spoke with praised the registered manager for supporting them to gain skills, confidence and gain nationally recognised qualifications in health and social care. One member of staff was doing Level four of the Qualifications and Credit Framework (QCF), which is equivalent to a professional diploma or a first year of a Bachelors degree. Another member of staff was in their second year of their nursing studies and they attributed their success to the registered manager's encouragement and support.

Staff felt valued and enabled to contribute to the development of the service through regular team meetings. Minutes of these meetings showed that various issues relevant to staff roles were discussed. Staff told us they were worked well as a team, with one aim of providing good quality care to people using the service. They were proud of the work they did to support people to live happy and fulfilled lives. Both members of staff we spoke with could not think of anything about the service that needed improving.

The provider had effective systems to assess and monitor the quality of the service. The registered manager carried out regular audits and took appropriate action to rectify any shortfalls in a timely way. This ensured that they continually improved the quality of care provided to people using the service. We saw that the provider worked closely with other stakeholders, including the local authorities that commissioned the

service to ensure that the service continued to provide the care people required. We saw compliments from professionals about the quality of care at the service.