

Destiny Intergrated Care Limited

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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

Destiny Intergrated Care Limited is a domiciliary care agency providing personal care to 25 people at the time of the 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 told us they mainly received very good care from staff they knew well and had a regular team of staff. They said most care visits were on time and they had not experienced missed calls. They were treated with respect and their dignity was upheld.

However, while people said most care visits were on time and this had improved, people also told us on days the regular staff were off, times of care visits varied greatly. They said this also had an impact on the quality of care received and people were sometimes rushed and care was not as thorough.

People told us they did feel safe with staff who knew them well but not always with staff who were not regular. People were safe as they were supported by staff who were well trained and had a good understanding of different forms of abuse and how to keep people safe.

People's care needs were regularly reviewed and care practices assessed by the registered manager to ensure the guidance for staff was accurate to enable them to support people well. People and their relatives felt involved in this process.

People and relatives were also asked for their views of the service generally. However, people told us they did not receive feedback on the outcomes and actions of those surveys.

People told us they received their medicines safely and staff were aware of deterioration in any health conditions and supported them to access the relevant health professionals such as district nurses or doctors.

People were happy to raise concerns if needed and agreed that the registered manager acted quickly to resolve any complaints. Staff were also confident to raise concerns with both the managers and external bodies such as local authority.

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.

People's needs had been assessed and this was used to create detailed support plans and risk assessments

that was mindful of people's personal likes, dislikes and preferences. Plans also took into account how people's specific health conditions might impact their ability to complete daily tasks and fluctuating independence.

We have made a recommendation about the management of some rotas and scheduling care visit times. We have also made a recommendation about ensuring staff follow agreed plans of care in-line with people's assessed needs and preferences at all times.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was inadequate (published 19 June 2019) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

This service has been in Special Measures since 19 June 2019. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 ●

Destiny Intergrated Care Limited

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 Care Act 2014.

Inspection team

One inspector carried out this inspection.

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 that 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 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection. Inspection activity started on 27 November 2019 when we visited the office location and ended on 04 December 2019 when we finished reviewing documents sent to us by the provider and speaking with people, their relatives and professionals.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider

sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with five people who used the service and five relatives about their experience of the care provided. We spoke with five members of staff including the nominated individual, registered manager, office manager, senior care workers and care workers. We visited people and relatives in their home. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

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

After the inspection

We continued to review documents sent in to us from the nominated individual and registered manager in relations to rotas, care visit times and the Mental Capacity Act 2005 (MCA). We spoke to a further two staff members and one relative.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as inadequate. At this inspection this key question has now improved 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 that people could be harmed.

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

- People told us when the regular staff members who supported them were not on duty, there were still some concerns in regard to late care visits of up to two hours. One person said, "Mostly we get good care from [staff member] and [staff member], but when they have their days off we don't know who will be coming. [Non-regular staff] are not always on time, some of the excuses are so far-fetched. My normal time is 08.30am but then they come here at 11.45am."
- Relatives told us these late calls sometimes impacted on the care received for their family member which was then rushed. A relative told us, "90% of the time everything is fantastic, regular carers and everything runs smoothly, it is when our regular carer is off then we invariably have an issue, either very, very late or they forgot to do certain things." Another relative told us how they were not always informed when staff were running late. They said, staff told them lateness was due to vehicle problems.
- Records of care visits and rotas showed that while things had improved since the previous inspection, there were still times when care visits were late or early. This meant there was a risk of people being rushed and medicines and meals not being given at the correct times.

We recommend the provider continues to review care visit calls times and rota management with a view to focusing on ensuring regular teams of staff support people consistently across the week.

At our last inspection the provider had failed to robustly assess the risks and incidents relating to the health safety and welfare of people. Care visits were late or missed and there was no contingency plan in place for emergencies. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- The registered manager identified and carried out assessments of people's risks including those related to specific health conditions such as Parkinson disease and those at risk of falls. They put detailed plans in place to reduce the risks and give staff guidance on how to safely manage risks in-line with people's preferences. One staff member told us, "All risk assessments are now in place. The new format gives prompts so that we don't miss anything."
- An electronic care planning system had been reviewed and changed by the nominated individual following initial analysis of the effectiveness of monitoring of care visits and how user friendly it was for staff.

The nominated individual installed a new electronic system for managing and monitoring the rota which was more effective and showed care visits were now mostly timely and no longer missed all together. A relative told us, "[Staff] are usually on time. Due to the amount of road closures they are sometimes a little late but 99% [of the time] pretty good."

- The registered manager told us how they had learnt from analysis of the new system that any lateness was down to the current level of road works in the area. As a result, they rescheduled staff's rota to accommodate for the extra time it takes to arrive at certain locations. This has meant there has been an improvement in the timeliness of most care visits. They also explained how they have purchased a new on-call/out of hours telephone, which was worked well for most people to get quick out of hours support if they are concerned.
- The nominated individual had devised and implemented a detailed plan for emergency situations. This gave advice for staff on what to do in the event of a variety of situations such as fire, evacuation, and bad weather such as heavy snow. The nominated individual confirmed they had purchased a four by four car which they can loan out to staff or will use to pick staff up and get them to people so that care visits would not be missed.
- Incidents and accidents were reviewed and staff and management took time to reflect on what had happened and identify what lessons could be learnt to minimise the risk of this occurring again. This was all recorded on the same form to allow easy auditing and follow up. Staff told they used forums such as supervisions, team meetings and a closed, secure social media group to discuss concerns and lessons learnt.

Systems and processes to safeguard people from the risk of abuse

At our last inspection there was a lack of action and poor systems in place to respond to potential safeguarding concerns meant that this was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 13.

- People told us they felt safe when staff supported them in their homes. One person said, "Oh yes, I feel safe because [staff] help me [with my care needs]." A relative told us, "[My family member] feels safe because [staff] talk to them while they are working. Sometimes [my family member] gets anxious when [staff] are [re-positioning] them, but [staff] say, 'It's alright, we've got you. You won't fall' and offer reassurance."
- The registered manager has made improvements to systems to give better guidance on what to do if they have a concern or identify abuse. This included further training and shared learning as a team. Staff and management understanding of the safeguarding process was good. All staff spoken with understood how to report concerns both internally to management as well as to external professional such as the CQC and the local authority safeguarding teams.
- Staff were able to tell us about various forms of abuse including less visible forms such as physiological abuse and what that might look like in practice. This meant they would be able to identify and act on abuse should it occur. One staff member said, "The person might become withdrawn or show changes in how they relate to people. You might not see physical signs like bruises but notice a change in the way they talk or how they talk or spend their money."
- Records and safeguarding referrals showed that any concerns or reports of bruising had been thoroughly investigated and reported to all relevant authorities. Incidents were analysed for lessons learnt and where required, the registered manager had followed disciplinary processes and further development for staff.

Staffing and recruitment

At our last inspection the provider had failed to ensure references were verified and gaps in staff's employment history had been explored. The lack of recruitment checks meant that this was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Recruitment and interview documents had been improved to ensure all staff newly employed had all gaps in their employment history explored and recorded. A new form had been implemented to record the verification of all references. The nominated individual had verified references and employment gaps in retrospect for any staff already employed whose files showed during audit this had not been done previously.
- All other pre-employment checks were undertaken and clearly recorded. Such as interview records and Disclosure and Barring Checks. Staff had a contract of employment detailing the terms of conditions of the role. This meant the nominated individual and registered manager were able to help ensure staff were of suitable good character to fulfil their role.
- People told us there was always enough staff to each care visit and their regular staff teams were not late. People also said they were able to have a regular team of the same staff almost every day which enabled them to build relationships and feel more comfortable when receiving personal care.

Using medicines safely

- Some people managed their own medicines or with the support of relatives. For people who did require support, staff were trained in the safe administration of medicines. The training included observations of competency and spot checks of practice.
- There was information in people's files about their health conditions and any special instruction about how they preferred to have their medicines administered. For example, the importance of consistency of times for a person with Parkinson disease and '[Person] likes their medicines from their dosset box to their egg cup and takes them with a glass of juice'. Another person's medicine records stated, '[Person] likes to be assisted and involved in the process but understands it is safer for staff to administer and manage their medicine'.
- The registered manager reviewed the medicine records monthly to identify and concerns or poor practices. Concerns noted were some gaps of signatures for some people who had topical creams applied. These had been fully investigated to ensure the cream had been applied and action taken with staff to improve their practice. The registered manager explained they had plans to change the medicine records from paper to electronic versions soon. They believed implementing electronic medicine records would support the process of prompting staff to be sure they go back and sign for medicines applied during person care and minimising the risks or errors.

Preventing and controlling infection

- Staff had completed training about how to reduce the risk of the spread of infection and they followed this best practice. Staff told us they used personal protective equipment such as disposable gloves and aprons and had access to plenty of supply.
- We observed staff in practice using this type of equipment and disposing of hazardous waste appropriately. One staff member told us, "We use gloves and wash our hands and I always use my [hand sanitiser] lotion. We change gloves when preparing food, use aprons and take off [external] coats."

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 the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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 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.

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

At the previous inspection, people's Mental Capacity assessments were not clear about which decisions were being assessed and consent for care had not been sought. At this inspection this had improved and was now in place.

- People had been asked for their consent for sharing personal information and for all aspects of their agreed care. These were signed and in people's care records. People told us staff always asked for their consent before starting any care tasks.
- People were supported by staff who had been trained in the MCA and DoLS and they understood how to support people to make choices and be in control of their care. Staff also understood what to do if they suspected someone no longer had capacity in a specific area and who could legally make decision on behalf of a person who did not have the mental capacity to do so for themselves.
- The registered manager was able to evidence how they had worked with the local authority to conduct mental capacity assessments and request a review of DoLS for people whose mental capacity was unclear.

Staff support: induction, training, skills and experience

At the previous inspection the provider had not implemented effective system for assessing staff competency and ensuring staff had understood training. The provider and registered manger had since implemented new systems for checking staff knowledge and skills in practice.

- People told us however, they sometimes felt rushed when staff were running late and some tasks were not of the same standard at these times. For example the area not cleaned or tidied up after personal care. This meant further improvement in these checks could be made.

We recommend the provider ensures sufficient support for staff members to understand the need to support people safely and in-line with their agreed needs and preferences at all times.

- Staff told us they had a good induction when they started work which included face to face training and e-learning, shadowing other staff members who also introduced them to people. Staff told us they were also observed in practice.
- Documents showed new competency assessments forms that included people's views, staff views, lessons learnt and a plan of action for follow up. People were involved in the competency checks and comments were generally positive. They included, 'I didn't mind [staff name] but they can be a bit too loud at times.' And '[Staff name] is my favourite.' Any concerns raised were discussed with the staff with a view to improving their performance.
- Staff told us they felt supported by the registered manager and the nominated individual and could call them at any time about anything and they would be listened to and helped. One staff member told us, "Oh yes, I could go to [registered manager] or [nominated individual] anytime. We thrash things out constantly."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The registered manager completed full holistic assessments of people's needs which were regularly reviewed with each person. They worked with health and social care professionals where appropriate when assessing and planning peoples care to ensure best practice was followed. The assessments included people's physical, emotional, mental, cultural, religious and medical needs. People were fully involved so that their personal choices, likes and dislikes could also be included.
- The information in the assessments was then used to develop personalised support plans and risk assessments. This gave staff clear guidance about who people were, what they needed and how they wanted their care delivered.

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

- People were mostly able to support themselves to eat and drink and did not have any specific risks in relation to eating and drinking. Some views were mixed. Most people confirmed staff made them nice meals and always ensured they had enough to drink. Staff were aware that some people had cultural preferences for food such as Asian or Nigerian diets and this was respected. However, one relative was unsure staff always followed the instruction correctly for cooking ready meals as their family member did not always eat the meal on days it did not look appetising.
- Staff did support some people to prepare meals and drinks where required and people confirmed this support was given. One staff member explained how they were given additional time on the care visit to support people who did require support with eating. They said they were given enough time to avoid the person feeling rushed.

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

- The registered manager worked closely with external health and social care professionals to ensure

people had the right level of support to stay healthy. People told us how staff supported them to access district nurses when required and supported them to make health appointments and liaise with the GP.

- One relative told us how the registered manager had been very flexible and reassuring when their family members care needs changed and the dates for starting the delivery of care were uncertain due to not knowing which date they would be discharged from hospital.
- Peoples care recorded showed dietary needs were identified and guidance for staff was clear on how to encourage one person with diabetes to make better food choices. Another person was offered advice services and their health and environment monitored due to smoking risks.
- People had specific information in their care record about any health conditions and how these impacted their daily lives. For example, one person with Parkinson disease had information about how their condition impacted their risk of falls and what to look out for if the condition deteriorated. Another person had very specific needs in relation to their mental well-being. There was clear guidance about what deterioration in their mental health looked like and who to contact for support and reassessment should this occur.

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 the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

At the previous inspection, people told us they were not happy with how they were not treated with respect by staff. People also found it difficult to access out of hours help. At this inspection, we found people were, on the whole, much happier with how they were being treated and the relationships they now had with staff. A new out of hours telephone system had been implemented by the provider which most people told us worked well.

- Staff developed positive relationships with staff who knew them well. One staff member told us, "[Person] shared with me a picture of their relative when they were in their 20's. I use photographs to start stories and get people to open up to get to know them." One person said, "[Staff] are really good, treat me well and do a good job. They are all very nice, who treat me with respect and vice versa."
- A relative told us how they always heard lots of laughter, chat and good 'banter' between their family member and staff while being supported with personal care. They said, "[Staff] are very good. They are very caring and [my family member] makes them laugh and they make [my family member] laugh."
- Most people told us they didn't have any specific cultural or religious needs but staff were always respectful and polite and did things the way they liked them. People were treated kindly by staff who were friendly and caring.
- For people who did have specific cultural needs, relatives confirmed staff respected these. One staff member told us how they had learnt the main phrases in the persons language that are linked to showing respect for their faith. The staff member taught these to other staff and always remembered to say them, which had resulted in people being happier to interact and participate in their care.

Respecting and promoting people's privacy, dignity and independence

- People told us staff respected their privacy when supporting them with personal care. Staff understood how to uphold people's privacy including privacy of information. One staff said, "I always close doors and curtains and make sure I use a towel to cover [people] up with supporting with personal care. [People's] information should be kept private, like not putting empty medicine bottles in the bin without removing their name from the label. Also, thinking about language and asking what they like to be called."
- People told us staff encouraged people to do what they were able for themselves. Where people were unable to do things for themselves, staff carefully explained what they were doing and when they were doing it. For example, 'We are going to put your leg up...' 'Are you comfy?' 'Would you like us to...?'

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

- People told us they were supported to make choices about their care through regular telephone discussion and formal face to face reviews. People sometimes invited their relatives and social and health care professionals to their reviews and the review and outcomes were documented on their file. One relative told us, "Yes they normally do [reviews] and we let them know when things change and they add it on [to their family members care plan]." Another relative said, "[Managers] come every couple of months [to review the care]. They make sure it is [delivered] the way [my family member] wants it."
- No one was using an advocate at the moment but the registered manager told us how one person had in the past and how they would sign post people and their relatives to local advocacy services where people wished it.
- Care records showed the registered manager reviewed each care plan and risk assessments on a monthly basis for changes and updates. They also recorded regular reviews of care with people and relatives. Any changes were documented and actions were noted and followed through.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

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

At our last inspection people did not receive personalised care. People felt rushed, not all staff interacted with people or understood their communication differences. People's likes and dislikes had not been assessed and people did not feel well treated. This lack of person-centred care meant this was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- At this inspection, we found people had personalised care plans in place. These were very clearly formatted, broken down into an 'about me' section, a brief history of their life, likes and dislikes, health needs and people had helped to write the routine for each care visit. Where people gave consent there was also a photograph. One person did not want a photograph to be used and this preference was recorded.
- There was a good level of detail and each care plan started with the sentence 'Hello, my name is...' Other details included preferences such as, 'I get very anxious due to my [health condition] and will sometimes need you to leave' and 'I like to wear pink trainers as they give me good support and protect my toes' and 'I like sausage rolls, pasties, sandwiches and pot meals' and 'I like my care visit at 8am, I get anxious about my care being on time and do like to feel rushed so will need plenty of time'.
- People told us they were supported by staff who appeared well trained as they knew them well and knew how to safely and correctly support them. Although, one relative felt staff would benefit from refresher training in using hoists. They told us staff were friendly, open, chatty and kind and respected their beliefs. One relative said, "[Staff] respect our culture and an Asian household...some things they have found are a little different but they understand and have learnt it quickly. We will always show them, especially when it comes to prayers and food."
- People told us they had the same team of staff where possible to ensure they were supported by people who knew them well and were flexible with the care. One person said, "I have [medical condition] in my legs and found the personal care routine every day too much. We discussed it and it was changed to support me every other day instead. [Staff] are very good and on time." A relative told us, "[Staff] do the personal care side very good."
- Staff were vigilant for any changes in people's care needs and people and relatives told us staff told them straight away if they noticed anything of concern such as redness or bruising that could be the start of a

pressure ulcer. One relative told us the staff did a great job at managing their family members skin integrity which had helped to them from developing any pressure ulcers with regular re-positioning despite the person being cared for in bed 24 hours a day.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some, circumstances to their carers.

- The registered manager told us there had been a change in people they supported since the last inspection. Only one person currently being supported had specific communication needs as they did not always communicate verbally and their first language was not English. Care records showed communication needs were reviewed as part of the person's initial assessment as well as reviews of their care. The registered manager understood the requirements of the AIS and explained they would make sure information was translated into relevant formats such as large print or other languages when required.

Improving care quality in response to complaints or concerns

- There had only been one complaint received by the service since the previous inspection and there was a complaint system in place to record complaints. Complaints had been fully investigated and followed through with actions and lessons learnt where needed.
- We discussed two complaints with the registered manager that had been received through other sources since the last inspection. There was some evidence to substantiate these complaints which had involved the nominated individual. Work had been completed to ensure the nominated individual understood the remit of their role with the intention of driving required improvements in care practices and the management of complaints.
- People told us they knew how to complain and would call [registered manager] or [nominated individual] if they had any concerns. They told they felt they would be listened to as when they had called in the past over minor complaints the issues had been resolved quickly to their satisfaction and not reoccurred.

End of life care and support

- Staff had discussed the concept of death and dying with people at initial assessment stage as a way of opening further discussions about people's own wishes. Where people had not wished to yet discuss this, it was recorded in their care records.
- There were no people receiving end of life care at the time of our visit. The registered manager told us that they would also consult with people's relatives and relevant health professionals in the event this care was needed to ensure people could have a dignified death with good pain management.
- We discussed with the registered manager about further development of this and recording when the subject had been revisited. The registered manager agreed to look at approaches to support people and relatives to talk about what wishes they wanted at the end of someone's life. These included focusing on how to stay as well as possible and then what to do should they become seriously ill.

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 the last inspection this key question was rated as inadequate. At this inspection this key question has now improved 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.

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

At our last inspection there was a lack of effective quality monitoring systems meant people were at risk of receiving poor care and opportunities to learn from mistakes were missed. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- The registered manager and the nominated individual were both committed to developing a person-centred culture within the service. The registered manager understood their responsibilities to ensure people received the care they needed and stepped in to support staff when this was required.
- The registered manager demonstrated an in-depth knowledge of people's care needs and personal preferences and used this to promote a personalised approach to care. People and their relatives told us, they knew both the registered manager and the nominated individual well and thought the service had improved over the last few months. One person said, "There are two managers, [nominated individual] and [registered manager]. I have their [phone] numbers and any problems I get in touch and they listen to me and it gets resolved."
- The registered manager understood their responsibilities relating to the duty of candour and ensuring openness and honesty. They reported incidents and concerns to the relevant external authorities such as the CQC and the local authority and kept them informed of updates. They also displayed the rating of their most recent inspection at the location office.
- Systems in place to monitor the quality of care had improved greatly since the last inspection and were focused on reflecting on what has worked well and what still could be improved further. The outcomes were shared with staff through messages and staff meetings to ensure staff worked with the same ethos and values.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our last inspection the provider did not have a good understanding of safeguarding practices and how to promote people's rights. There was also a lack of provider oversight to ensure the registered manager and staff team understood their roles. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- The registered manager had reviewed all systems and reflected on staff practices and the concerns raised at the previous inspection. Actions had been identified, recorded and followed up as a result. They understood their role and the requirements of the regulations. Systems now in place such as audits and reviews of care were effective in monitoring quality and call times, rotas, safeguarding, staff awareness of their roles and all other aspects of the role.
- People's care records had been reviewed and updated and some changes had been implemented as a result of audit outcomes such as the format and changes in preferences and care visit times. People told us the service was well managed, communication was open and regular and staff knowledge and care skills were good.
- Staff had a good understanding of what good care looked like and the requirements of their role. They were committed to providing high quality care and understood the need for the recent changes that had been implemented and felt these were a positive change. One staff member told us, "Providing care is not just based on conditions or age but on their individual needs even if [two people] have the same condition."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- People told us they were asked for their views about the service and care delivery but no one had received feedback on the outcomes of those views. As a result, people and relatives were not informed of actions implemented and improvements made.
- While improvement has been made since the previous inspection, there was still some learning to be done by the nominated individuals regarding effective scheduling of the rota system to ensure people could be supported by a regular team of staff who provided care in a timely manner and in-line with people's preferences at all times.
- Staff members told us they were not always supported to consider continuous learning and reflection for areas in the service that could be improved following incidents.

We recommend the provider consider current guidance for best practice in regard to staff reflection and continuous learning.

We also recommend the provider consider current guidance and best practice for the inclusion of people and staff in developing good care delivery to drive improvements in this area.

At our last inspection there was a lack of meaningful engagement, no culture of continuous learning and ineffective systems to enable improvements to the service. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- People told us they had very regular communication with the registered manager and nominated individual and felt they could call at any time. One relative told us they had seen an improvement in

contacting managers out of hours when needed since the new telephone system was implemented.

- People and their relatives had been asked to complete a formal survey in October 2019 for their views about the care delivery and service overall. These were still being received as the deadline was planned for 30 November 2019. The registered manager explained they would analyse findings and produce a report with the outcomes, implementing actions for improvement.
- Outcomes received so far from the surveys showed people had ticked either 'always' or 'nearly always' in all categories. Comments were mostly positive about the service and included, 'Very satisfied', 'Carers always cheerful and encourage me to help myself as much as possible' and 'I have a personalised care plan...sometimes the length of time between visits is too long'. This was for a person who was funded for insufficient care visits to meet their needs. The registered manager had already requested a review of their care with a view to increase the care visits.
- Senior staff completed reviews of people's care, which also provided people and relatives with the opportunity to feed back about their care. Staff told us they attended meetings regularly, which gave them support and information was shared quickly with them. The registered manager told us how they also provided birthday and Christmas cards and gifts for each person which always meant a lot to people.
- Processes to assess and check the quality and safety of the service were completed. The registered manager carried out audits and quality monitoring visits. These showed they identified areas of the service that required improvement and made those improvements in a timely way. Records of complaints, accidents and incidents were analysed to find trends or themes.

Working in partnership with others

- The registered manager told us about work they had done to liaise with the nominated individual of another service of similar type and size to conduct regular quality audits of all aspects of the service. The first external audit of this nature was booked for December 2019. The registered manager explained they wanted to ensure they did not fall into reverting back to a closed culture and saw the benefits of external feedback and review.
- Information available to us before and during this inspection showed that the staff worked in partnership with other organisations, such as the local authority social services and healthcare teams.
- The registered manager told us how they also attended local networking meetings with a view to sharing ideas for best practice.