

# D-Triumph Care Ltd

# Enfield

## Inspection report

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Enfield  
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14 July 2021

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service:

Enfield is a domiciliary care agency. It is registered to provide personal care to children living with their families, and adults living in their own homes, with a range of disabilities. At the time of our inspection the service was providing care to four children and young people under the age of 16.

### People's experience of the service

Young people's families told us they were very happy with the service. Staff were kind and caring and relatives spoke highly of the registered manager. Health, social care and educational professionals praised the service highly. Professionals told us staff provided good quality care, and the registered manager worked effectively in partnership with them to meet children and young people's needs. It was clear to them and us, the service was well-led. Effective partnership with other health and social care, and educational professionals meant outcomes for children and young people were maximised.

The service had personalised care plans and risk assessments that covered a majority of the risks identified. Any gaps in risk assessments were completed following the inspection. This meant staff had written guidance on how to manage young people's risks and behaviours.

Young people were safeguarded against the risks of abuse and harm by the systems and by the staff, who received training in safeguarding children and adults. Safe recruitment practices took place, so staff were considered appropriate to work with vulnerable people, including children.

At the time of the inspection the service was not supporting young people with medicines. However, staff had received training in the giving of medicines and other key areas so they could provide good quality care.

Young 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.

### Rating at last inspection:

This service was registered with us on 17 June 2020 and this is the first inspection.

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

### Why we inspected:

This inspection was carried out on 14 July 2021. We carried this inspection out in line with best practice to rate services within 12 months of starting to provide a service.

### 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?

Good ●

The service was safe.

Details are in our Safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our Effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our Caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our Responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our Well-led findings below.

# Enfield

## 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team:

The inspection was carried out by one inspector.

#### Service and service type:

This service is a domiciliary care agency. It provides personal care to people living in their own houses. 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:

This inspection was announced. We gave the service 48 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.

#### What we did before the inspection:

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

#### During the inspection:

We spoke with the registered manager and three members of staff, two of whom were care staff.

We reviewed recruitment records for three staff members, including their training, spot checks and supervision records. We reviewed care records for four young people and viewed the electronic care system

used for care planning and rostering.

We reviewed how accidents and incidents are managed, and the quality assurance processes at the service.

After the inspection visit:

We contacted received feedback from three health, social care and education professionals, and spoke with two additional care staff.

We received feedback from three relatives of young people who received the service.

# Is the service safe?

## Our findings

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

This is the first inspection for this newly registered service. This key question is rated good. This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

- We found the majority of young people's risks had been identified and guidance in how to manage them had been set out in risk assessments. As the staff group and client base was small, and young people lived in a family setting, some information was held informally and shared verbally.
- The registered manager addressed this shortfall immediately it was drawn to their attention. We saw evidence of additional and expanded risk assessments by the time of writing this report.
- Risk assessments covered a range of areas including going out of the home, personal care and management of behaviours. There was a separate risk assessment for the home environment.

### Using medicines safely

- At the time of the inspection the service was not, and had not, to date been offering medicines support to young people. Their family members dealt with the giving of medicines.
- Staff had their competency checked for medicines administration when they started working and the registered manager told us if they were to start giving medicines, they would undertake a refresher course as well as specific guidance on that individual's medicines.

### Staffing and recruitment

- Recruitment of staff was safe. Relevant checks and references were obtained prior to staff starting work. This meant staff were considered safe to work with vulnerable people.
- Family members told us "On the very rare occasion they [staff] may be running late, I am always told in advance of the scheduled start time."
- Young people received care from a regular group of staff. Comments included "My [child] has three named care staff in case one is unable to attend, for consistency." This was particularly important as a number of young people had very specific needs.
- Staff told us they had enough time to get to each visit and carry out the tasks for children and young people.

### Systems and processes to safeguard people from the risk of abuse

- Staff had been trained in the safeguarding of children and adults, and spoke confidently about the action they would take if they witnessed any potential abuse. They understood the importance of whistleblowing if they had any concerns not addressed within the organisation.
- The management team understood their obligations to safeguard children and young adults. Health and social care professionals told us "The staff were able to send relevant information which promoted partnership working in relation to safeguarding the young person."

- The registered manager was aware when to refer to CQC and the local authority if they had any safeguarding concerns.

#### Preventing and controlling infection

- Staff had access to personal protective equipment (PPE) such as gloves, aprons and over shoes. Staff had received infection control training and this included managing COVID-19.

#### Learning lessons when things go wrong

- We could see the service learnt and made improvements when incidents or accidents occurred. Staff told us communication was effective between them and management, and they were updated when incidents occurred and learning shared.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question is rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The registered manager received referrals from commissioners and assessed potential new referrals to ensure people's care needs could be met by the service. We saw from records the registered manager integrated the views of the young person, their family and health and educational professionals who were familiar with the care needs of the person.
- The registered manager worked to deliver care in line with best practice standards and the law.

Supporting people to live healthier lives, access healthcare services and support; staff providing consistent, effective, timely care within and across organisations:

- In conjunction with family members and health, social and educational staff, the service supported young people to live healthier lives. Care records had guidance information from all involved to ensure that the service supported young people to access healthcare services to maintain their physical and mental health.
- One health and social care professional told us "The staff have adhered to the safety plan put in place to mitigate the risk of harm to the young person and ensure the child's overall well-being is maintained." Another said "From the first day that they began working with the young person they have been exceptional."
- Staff and management had also worked effectively with hospital staff to support one young person.

Staff support: induction, training, skills and experience

- Family carers and health, social care and educational professionals spoke well of the service and the skills of the staff. We were told "Yes, they are learning about social stories and the individual needs of the children. They implement clear boundaries between the children and the parent", "The staff appear knowledgeable about risks and have been prompt in reporting any concerns that may place the young person at risk of harm.", and "The staff are child focussed and attend child in need meeting in order to gain better understanding of the child."
- One family member told us "The care staff have great interpersonal skills, and have adhered to all the different duties required to ensure my [child's] care needs are met."
- Records showed new staff received a comprehensive induction, and shadowed experienced staff to gain on the job experience. Staff completed the Care Certificate, this is a training plan which sets out good practice in provision of care to vulnerable young people and adults.
- Staff received refresher training in key areas including manual handling, safeguarding, infection control and behaviours that challenge. All staff had received additional training in managing infection control, including COVID-19 safely.
- Staff confirmed they received regular supervision and spot checks to ensure they were providing effective,

good quality care to people.

- Staff told us the management team were always available and they were well supported in their role.
- Staff told us they enjoyed working at the service and had opportunities to develop and progress their skills
- A health and social care professional told us "A care staff received positive recommendations from not just myself but from other agencies including the young person's carer, school and legal guardian due to the level of support and commitment they provided to the young person and continue to provide."
- The service had taken on a particularly complex care package and "There are some carers who have gone above and beyond their duties" and "Staff and the management team had shown great effort and patience in providing this care provision."

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

- Young people's family members prepared food for people. We saw detailed information for some people who needed support to eat and drink.
- We also saw a risk assessment in place for a person who was at risk of choking or poisoning as they enjoyed the sensation of putting food or objects in their mouth.

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

- Young people were under the care of their family members due to their age and vulnerability. Staff did not carry out any type of restraint.
- Care records identified the need for getting consent from young people before providing care, and the service was working with other health, social care and educational professionals to understand different young people's decision-making capacity.
- Staff gave examples of understanding that although children, it was still important to gain consent "I make sure they know what I am going to do so I don't do anything they don't want me to do."

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question is rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- The service treated people well and respected people's equality and diversity.
- One family member told us "The carers that have been allocated for my [relative] are approachable and genuinely care that [name] is happy, and his needs met. Nothing is too much trouble for them."
- As staff worked consistently with young people, they understood people's care needs, routines and preferences. One health and social care professional told us "I find the staff extremely kind and going over and above what is expected of them to ensure that the young person is adequately safeguarded."
- Staff were aware of the importance of meeting young people's religious and cultural needs, and working with parents, family carers and professionals to provide caring, culturally appropriate support. Staff had received training in equality and diversity issues.

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- Family members and health, educational and social care professionals told us they worked together to involve young people and their families in setting out care which met their needs.
- The registered manager was very clear that it was vital to work with family carers if the care package was going to work effectively and for the benefit of the young person and their family. One family member told us they found staff "reliable and respectful," which they really appreciated.
- Care records were signed by parents of young people.
- Staff were able to tell us how they treated young people with dignity and respect. This included "I talk to them in a friendly manner," and "Ensure they have privacy if I am changing their pad."
- Care plans highlighted what tasks people could do with themselves and staff also encouraged young people to be independent in a number of ways.
- The service ensured people's care records were kept securely. Information was protected in line with the General Data Protection Regulation.

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Young people's care and support plans were detailed and covered a wide range of needs including mobility, skin care, mental capacity and mental health, and their physical health needs. They also set out people's needs, preferences and routines.
- Family members told us their children and young people's needs were met and, in a way and time that suited them.
- One relative told us "They will sometimes make suggestions such as taking my [child] to the park if it's a nice day and will regularly check in with me to ensure I am happy with their work." Care documentation set out how to ensure young people's social and leisure needs were met, with accompanying risk assessments to ensure they were safely managed.
- The service had an electronic system which detailed people's care needs. This provided guidance for staff as it set out the tasks to be completed at each visit. There were also paper copies of tasks for staff at the house. This meant there was clarity when working with a range of professionals or when other multidisciplinary staff were working with a person.

Improving care quality in response to complaints or concerns

- There was a complaints policy in place. Complaints had been dealt with in line with the policy, and learning shared across the team.
- There had been very few complaints since the service started operating. One relative told us "Yes, I did have one complaint. There was an issue with a carer prior to the ones my child has now. [Name], the registered manager was extremely supportive, and acted immediately. There have been no further issues as [name] has worked hard to ensure my family's needs are met, and I was satisfied with the outcome. I know if any issues arise no matter how big or small. I can count on her support and resolution."
- A health and social care professional told us "The manager and the team have a good understanding of how to approach individual complaints and how to resolve complaints in a win-win manner."

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.

- We saw that care plans had details of how to communicate with young people. Where educational establishments promoted a particular form of communication this information was detailed in care plans to

guide staff.

#### End of life care and support

- The service was not currently providing end of life care to children and young people. The registered manager told us they would work with multidisciplinary professionals and family members if this situation arose.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question is rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- We were confident this service was well-led. Although the service was currently small, the registered manager and management team had developed systems and processes to check key areas of the service to ensure they complied with good practice guidance and provided good quality care. These included recruitment, training, supervision, spot checks, complaints and accidents and incidents.
- Relatives and multidisciplinary professionals told us the registered manager was very accessible. We had no concerns regarding the provider's openness and honesty.
- The management team understood their regulatory requirements and notified CQC as required.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The registered manager and staff team provided good quality care to people which supported them to have the optimum health and well-being. One relative told us "D-Triumph care is by far the best care agency I've had care for [name]." another said "Absolutely brilliant service and no complaints at all."
- Health and social care professionals told us the service worked proactively and communicated well with them to meet and promote the best outcomes for people. Comments included "Yes, the service is well managed and supportive. The manager attends relevant meetings for the children such as children in need reviews and looked after children reviews and other relevant meetings" and "Yes, it is well managed. It is a pleasure to work with a manager that is skilled in children with special needs and who are willing to implement a child led, child focused care plan." A third professional said "I really cannot praise their services enough."
- Staff told us they enjoyed working at the service. They felt supported and one staff member said, "They do listen to me."

Continuous learning and improving care

- The registered manager and management team showed us they were keen to continuously improve their service. They responded immediately to any issues raised at the inspection; they were pro-active in seeking out additional information from other professionals, and ensured they kept up to date with best practice.
- The service was planning to grow in a measured way to ensure the good quality care and reputation it currently enjoyed, was maintained.

