The Qalb Short Break Services Ltd

Discovery Home

Inspection report

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Spitalfields
London
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Tel: 02073752792

Date of inspection visit:
27 January 2017

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

We carried out an announced inspection on Discovery Home on 27 January 2017. We gave the provider 48 hours' notice to ensure the key people we needed to speak with were available. Our last inspection took place on 30 November 2015 where we found breaches of the regulations in relation to consent and good governance. The provider submitted an action plan telling us how they were going to make improvements to the service and during this inspection we found that this action had been completed.

Discovery Home provides care and support for adults and children with complex needs in their own homes. The domiciliary care service operates from the provider's eight bedded respite service for children which helps family carers take a break from caring responsibilities. At the time of this inspection the domiciliary care service was providing support to six adults and nine children.

The service did not have a registered manager in post. At the time of our inspection a candidate and been recruited to the registered managers position but had not yet started their role. 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.

Recruitment checks were carried out to assess the suitability of the staff employed by the service. There were enough staff available to meet people's needs. Staff received an induction and regular training which ensured they had the required skills to meet people's needs.

People were involved in planning their care and consented to their plans of care. Risks had been assessed, and reviewed when people's needs had changed and action was taken to safeguard people from abuse. Continuity of care was available to people who used the service as they were given to the opportunity to access additional services offered by the provider.

The principles of the Mental Capacity Act 2005 (MCA) were followed. Staff had completed training and understood the MCA, and people's consent was sought in line with legislation and guidance.

People's health and nutritional needs were met and any concerns acted upon. People told us staff treated them in a caring and kind way and respected their dignity. Staff listened to people's wishes and supported them to make choices about their care. People's relatives told us they were supported by caring staff.

The provider considered people's individual needs and made changes which ensured they received their care in a way they preferred. People told us they knew how to complain and the provider had a system in place to record and respond to complaints.

The provider promoted an inclusive culture. People felt the management were approachable and that they

were supported. People were encouraged to share their experiences and these were acted on to improve the quality of care provided. Systems were in place to monitor the quality of the service provided to ensure the service was effectively delivering good quality care.

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.

Staff were aware of the risks to people's safety and supported people to manage those risks. Managers took steps to ensure safeguarding procedures to protect people from abuse had been followed.

Recruitment practices were followed to ensure that staff were suitable to carry out their roles.

Sufficient numbers of staff were available to meet people's needs.

Is the service effective?

Good

The service was effective.

Staff had received training on the Mental Capacity Act 2005 and supported people in line with the Act. Staff ensured people consented to their care prior to providing support, and information was included in people's care records if they needed additional support to make decisions about their care.

Staff supported people with their nutritional needs and liaised with healthcare professionals when this was required.

Is the service caring?

Good

The service was caring.

People were supported to express their views and be actively involved in making decisions about their care.

Staff understood people's care needs and the things that were important to them.

People's relatives told us their family members were supported by kind and caring staff who respected their dignity and privacy.

Is the service responsive?

Good

The service was responsive.

People's care plans were personalised to enable staff to deliver care that met people's individual needs.

Complaints were documented and action had been taken in response to these.

Is the service well-led?

Good

The service was well-led.

People's relatives spoke positively about their experiences with the provider and were confident in their ability to provide good care.

Staff understood their roles and responsibilities and were well supported by the management team.

Systems were in place to monitor the effectiveness of the care people received.

Discovery Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider 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 inspection took place on the 27 January 2017 and was announced. The provider was given 24 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available at the service. The inspection was carried out by one inspector and an interpreter who spoke Bengali.

Before the inspection we checked information that the Care Quality Commission (CQC) held about the service including their previous inspection report, their action plan and notifications sent to CQC by the provider. The notifications provided us with information about changes to the service and any significant concerns reported by the provider.

After our inspection we contacted 12 relatives and spoke with five of them to help us understand the experiences of people who were unable to verbally communicate with us and share their views. We contacted the local authority and spoke with one health and social care professional to gather information and obtain their views regarding the service. We also spoke with eight staff including the assessment officer, care coordinator, senior project manager, the director and five care staff. We looked at the records of five people who used the service, five staff files, and other records relating to the management of the service.

Good

Is the service safe?

Our findings

Relatives told us their family members felt safe receiving care from the provider. They told us, "I do feel safe with the care otherwise I would have stopped them coming" and "I feel safe and happy with the care."

Staff received training about how to safeguard adults and children from harm and were knowledgeable about the risks of abuse. Information and guidance about protecting people from harm, together with relevant contact numbers had been given to staff. Prior to the inspection we received a notification from the provider about a safeguarding concern and the failure of a member of staff to report this immediately to the provider. Once the safeguarding concern had been raised a meeting had taken place with the local authority and a protection plan put in place. Discussions at team meetings had been held by the senior management team to remind staff about their safeguarding responsibilities and the importance of reporting abuse immediately to the provider. One staff member said, "When there is a safeguarding need we always make a plan."

Risks to people's care and support needs were identified, evaluated and reviewed to ensure people received safe care. Where potential risks to people's health, well-being or safety had been identified, these were assessed and reviewed regularly to take account of people's changing needs and circumstances. This included areas such as speech and communication, social and behavioural development, mobility, health and welfare and their home. Staff adopted a positive approach to risk management to ensure that people's independence was supported and promoted wherever it was possible and safe to do so.

The provider told us none of the staff supported people to take medicines and that people received this support from their relatives who confirmed this. Despite this a number of staff had completed medicines training, so they were prepared to provide this support if the need arose.

Recruitment practices were followed to make sure that all staff had all the necessary skills for the roles they performed. The director explained they had recruited relatives who were carers which was key to ensuring they attracted the right candidates, they said "The process of assessment is vigorous we enhance that." There were systems in place to make sure that staff were only employed once the provider was satisfied they were suitable to work with people who used the service. Recruitment records held background checks about employees' suitability. These checks included evidence of the candidate's experience, good character, right to work and criminal record checks. Disciplinary actions had been followed by the provider to address staff conduct where necessary to ensure people were kept safe. Arrangements were in place to ensure there were enough suitably experienced staff available at all times to meet people's complex needs.

People's relatives told us the provider was willing to change the times of their visits when this was requested, they said, "They are flexible in terms of times; very important for [my family member's] needs" and "They are coming on time and inform me if they are late." Staff explained they had enough travel time between care visits and did not feel rushed when providing care. Care records noted when people became anxious with members of staff they were unfamiliar with so that this could be avoided where possible. People were informed of who to contact if there were any emergencies and they had been given advance

notice of times when they may experience delays with staff attending visits, for example, travel delays during the bank holidays.

We found that confidentiality was well maintained in the service and that information held about people's health, support needs and medical histories was kept secure.

Good

Is the service effective?

Our findings

People's rights were protected as staff understood their responsibilities in relation to consent and the Mental Capacity Act 2005 (MCA). 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. 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.

At our previous inspection, we found the provider was not following the legal requirements of the MCA and that staff had not received training in relation to the Act. At this inspection we found best interests meetings had taken place in consultation with health care professionals and people's relatives where appropriate. Assessments had been carried out for people who were unable to verbally communicate, to assess their capacity to consent to the care and support they received from the provider. Where relatives held responsibility for children and made all the decisions about their care and treatment we found that parental consent had been sought. Records showed that relatives had signed consent forms for people's information to be shared with the relevant health and social care professionals and for people's photographs to be taken when engaging in their hobbies, pursuits and interests. We saw records to demonstrate staff had completed up to date training on the MCA and DoLS and they gave us examples of how they put this into practice. Two staff members said, "If I am supporting a child I always ask the parent first and offer choice" and "I make sure people are given the freedom of choice, they may not be able to communicate but they can point with their fingers and we read the care plans."

Staff were trained and supported effectively, which enabled them to deliver good quality care to people. They told us about the training they had received and how the induction process was an important aspect of this. This involved staff being informed of their rights and responsibilities as care workers and the induction checklist was signed by staff to make sure they had read and understood this. Records demonstrated that staff had completed a programme of training in areas such as child protection, fire safety, managing challenging behaviour, end of life care, diabetes, mental health and moving and handling. Regular supervision and an annual appraisal of staff performance and development needs had been undertaken. These meetings were used to help support staff to improve their practice, for example, feedback from people and their relatives about the care they received from staff was discussed. Staff felt that this was a two-way process and that they were supported during these meetings.

Staff had an understanding of people's nutritional needs and how these were to be met. People's nutritional requirements had been assessed and documented. Staff were provided with guidance about how to prepare and provide meals that supported a healthy balanced diet, took full account of people's preferences and met their individual dietary requirements.

People were supported to maintain good health. Relatives commented, "At the moment I am happy, the social workers they advise me about [my family member's] autism and disability," and "If requested [staff]

take [the person] to the GP or the social worker sends the GP to the home." Care records showed people had accessed a range of health care services, for example, we found that an assessment of sensory activity and input from a clinical psychologist and occupational therapist had been offered to one person. Health related care plans had been developed to meet people's healthcare needs, for example, in relation to their mobility and nutritional needs. This was to ensure staff were able to support people appropriately and action was taken if there were any concerns about any aspect of their mental and physical health.

Good

Is the service caring?

Our findings

Relatives told us they were happy with the support given and told us staff were caring, they said, "The service I receive from Discovery Home is good. I am happy because [my family member] is happy" and "They get [my family member] ready for school, they put the person first, they are caring, [they] seem to be quite happy" and "They are meeting [my family member's] needs especially in the morning."

Staff understood people's care needs and the things that were important to them in their lives, for example, members of their family and key events. Guidance was available for staff about how people should be supported in their own home and any considerations that needed to be taken into account in relation to their environment. This identified areas such as people's orientation and the assistance they required when accessing the community.

People were supported to express their views and be actively involved in making decisions about their care, treatment and support. Care plans recorded how people chose to communicate such as their preferred language and the use of visual aids. Staff told us they were able to communicate with people, with the use of gestures and body language to ensure people understood what was being said.

Records showed how people chose to be supported with their personal care needs, in regards to their personal appearance, bathing routines and continence care. Where people had refused personal care we saw records to show that health professionals had been contacted by the provider to inform them of this. The director told us that where some people needed to make decisions independent of their families and that arrangements could be made for them to receive support from advocacy services. Advocates are people who are independent of the service and who support people to have a voice and communicate their wishes.

Staff told us they respected people's privacy and dignity when supporting them in their homes, and people's relatives agreed with this. One relative said, "There was a problem with [my family members] care needs and the manager listened, they said they would sort out the issues and they fulfilled this, they always respect [the person's] dignity and privacy." Staff told us people's personal care was undertaken in the privacy of people's bathrooms or bedrooms with curtains drawn and doors shut. If people only required prompting with personal care they gave people the space to undertake their own personal care in privacy.

Where people requested a care worker of the same gender to support them we found that this had been acted on. However one relative told us the provider sent different staff for one of their care calls. The assessment officer explained the person received same gender staff during the week, but the care worker was unavailable one day a week and the provider was in the process of recruiting more staff to meet this need. To accommodate this, the assessment officer who was also trained to carry out care in people's homes supported the person for that particular day to deliver the care requested by the person's relative.

Good

Is the service responsive?

Our findings

People received the support and assistance they needed and staff were aware of how the person wished their care to be provided and what they could do for themselves. A relative told us, "They were a great help when I was struggling to manage [the person's] care because [they] can be difficult. They are still trying their best to manage. I requested to keep [my family member] with the agency."

At our last inspection, we found that care plans did not always include guidance for staff about how to meet people's specific needs and did not always include information about how relatives were involved in people's care. At this inspection we found that the appropriate arrangements were in place to assess a person's needs prior to them using the service. This ensured that the service could provide care that met their wishes. People's care plans included information relating to their specific needs and guidance on how they were to be supported by staff and their relatives. Staff were made aware of changes in people's needs through team meetings, discussions with senior members of staff and reading people's care records. Where relatives had requested a change of the person's visit times and additional hours when people's needs had changed, this had been met.

Each person was treated as an individual and received care relevant to meet their diverse assessed needs. A relative commented, "They do read the care plan, they make sure the carer is coming from the same cultural background, my son cannot speak." This meant that staff had the information required so as to ensure that people would receive the care and support they needed. Information about a person's life had been captured and recorded and included a personal record of important events, experiences, people and places in their life. These had been reviewed when people's needs changed. The senior project manager explained, "The primary focus is the service user's achievements and that we are listening to them."

Continuity of care was available to people who used the service as they were given the opportunity to access additional services by the provider. Support was provided to people who were at the risk of social exclusion. People had access to the provider's befriending service to form trusting relationships with others that were mutually beneficial. Because some people had accessed the children's respite service the provider was able to offer a straightforward transition to the homecare service when people or their relatives had requested this. The senior management team explained this was an important aspect of the service as people were familiar and comfortable receiving care from the same provider. The senior project manager said, "We empower people and get the family involved by creating independence and establishing links with the appropriate carer groups." Notes showed that people had been supported with their daily care needs, chosen hobbies and leisurely pursuits.

At our last inspection, we found that the registered manager had not documented how complaints had been resolved. During this inspection we saw that where complaints had been raised the registered manager had documented how the complaints had been dealt with, and the actions that had been taken by the provider in response to these. People's relatives told us they knew how to complain, had no concerns and were confident the provider would act and resolve any concerns that may arise. The complaints procedure was available in accessible formats so people could understand the providers complaints

process, such as different languages.

Good

Is the service well-led?

Our findings

At our last inspection we found the systems used to monitor the service were not always effective as records did not demonstrate the provider used people's views to improve how the service was delivered. At this inspection we found the management team encouraged staff to share their ideas and there was open information sharing amongst the staff team. Meetings were held with senior staff to review referral processes and joint working arrangements with healthcare services. In light of a recent safeguarding incident that had occurred, meetings had also taken place with the management team to review the provider's processes to ensure staff were reporting incidents of abuse. The incident was used as a point of reference for future safeguarding training and review to ensure lessons were learned from the incident. This also included the supervision of staff who required additional support and refresher training in child protection for the staff team.

There was no registered manager in post. They had stepped down from their position due to other commitments; however they had continued to work in the service part time as the care coordinator. They told us they had been employed by the provider for a number of years and because of this knew the people when they first began to use the service, and this was why the quality of care had been sustained. The director showed us information to show that they had recruited a registered manager and were in the process of confirming a start date. The senior project manager assisted in the absence of a registered manager and was available to support the senior staff when this was required.

Staff enjoyed their job and felt they worked within an organisation that supported an inclusive and open culture. They told us, "Our meetings provide support, they always want to know how we are, I feel included when we are invited to meetings" and "I am happy with the organisation, every year they provide more training." Spot checks had been carried out on staff to assess their punctuality, their conduct and if people's needs were being met. These checks formed the basis of the provider's audits in respect of staff following guidance contained in people's care records, the completion of the daily records and assistance with people's nutritional needs.

People's relatives spoke positively about their experiences with the provider and were confident in their ability to provide good care. Comments included, "I do not find any areas they need to improve on, all is going well and there is no wrong doing" and "[My family member] is receiving enough support and is happy with the service, they listen to my concerns and communicate." We found that the views, experiences and feedback obtained from people's relatives about how the service operated were actively sought and responded to in a positive way. Questionnaires seeking feedback about all aspects of the service were sent out and the responses used to develop and improve the service. We looked at a selection of these and found that the comments received were complimentary and showed that staff arrived on time and that people felt they received appropriate care and support.

The provider worked with external stakeholders such as the local authority to ensure that there was a planned and coordinated response to meet people's care needs. The provider was aware of the requirement to notify the Care Quality Commission of important events affecting people using the service. We had been

promptly notified of these events when they occurred.