

Distinct Care and Support LTD

# Distinct Care and Support

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Requires Improvement** 

Is the service caring?

**Requires Improvement** 

Is the service responsive?

**Requires Improvement** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

### About the service

Distinct Care and Support is a domiciliary care agency providing personal care and support to 11 people across two supported living schemes. Each scheme provides a private bedroom, shared communal bathrooms, kitchen, lounge, outside space and an office. Six people were being supported in one scheme and five people in the other. Staff provided support 24 hours during the day and sleep-in at night.

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. The service was supporting one person with personal care at the time of the inspection.

### People's experience of using this service and what we found

People were not supported to understand the need for good infection prevention and control or food hygiene standards. People were not referred to external professionals who could support them to better understand the need for cleanliness.

People were supported by a staff team who worked unsafe rota patterns. The risks to people and staff relating to this had not been assessed.

People had care plans that showed information about their likes, dislikes and needs. However, there was a lot of duplication in the documentation which could be confusing to staff. In other aspects of their care, actions and outcomes were not recorded, for example reviews of care, health professional input and goals.

The registered manager had not reported incidents or sought appropriate professional support for people to reduce the risks of future incidents. There was a lack of effective systems to assure the quality of the care delivered. This meant the registered manager was unable to identify concerns for themselves and relied on external agencies to inform them of areas that required improvement.

People were not always supported to have maximum choice and control of their lives and staff did not always support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

This service was not able to demonstrate how they were meeting some of the underpinning principles of

Right support, right care, right culture. There was some evidence of finding out what people's choices were and supporting people to achieve them, for example enabling past hobbies, supporting religious and cultural beliefs and access to community activities (COVID-19 government restrictions allowing).

However, positive behaviour support and the Mental Capacity Act principles were not yet fully understood by the registered manager and some staff and therefore not promoted to protect people's rights and choices. Opportunities to develop work and independence skills were missed and people were not fully empowered. Changes to people's support were only as a result of external input and suggestions as systems and practices did not support staff to be proactive and identify areas for improving people's opportunities.

Despite the concerns found during the inspection, people told us they were happy at the service, felt safe and were supported by a staff team they liked and could talk to.

People were supported to access a variety of health professionals when needed.

People's medicines were well managed, and people told us these were always correct and on time.

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

#### Rating at last inspection

This service was registered with us on 20/09/2019 and this is the first inspection.

#### Why we inspected

This was a planned inspection based on the date of registration. However, the inspection was prompted in part due to concerns received about the cleanliness of the environment, lack of risk assessments, poor care planning, consent and poor manager oversight. A decision was made for us to inspect and examine those risks.

We found evidence during this inspection that people were at risk of harm from these concerns. Please see the safe, effective, caring responsive and well-led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

#### Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to unsafe rota patterns, risk management, failure to report notifiable events, consent, quality assurance and registered manager skills and knowledge at this inspection.

Please see the action we have told the provider to take at the end of this report.

#### Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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 not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### **Is the service caring?**

The service was not always caring.

Details are in our caring findings below.

**Requires Improvement** ●

### **Is the service responsive?**

The service was not always responsive.

Details are in our responsive findings below.

**Requires Improvement** ●

### **Is the service well-led?**

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Distinct Care and Support

## 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

This inspection was carried out by two inspectors.

#### Service and service type

This service provides care and support to people living in two 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

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 unannounced.

Inspection activity started on 18 May 2021 and ended on 26 May 2021. We visited the office location on 21 May 2021.

#### What we did before inspection

We reviewed information we had received about the service since it was registered. 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 one person who used the service and one relative about their experience of the care provided. We spoke with three members of staff including the registered manager and care workers.

We reviewed a range of records. This included one person's care records and medication records. We looked at two 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 seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with two professionals who regularly visit 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 has been rated 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.

Systems and processes to safeguard people from the risk of abuse; Assessing risk, safety monitoring and management; Staffing and recruitment;

- Staff rota patterns were not safe. One staff member worked 85 hours over five consecutive days with only a one-hour break per day. Another staff member worked 53 hours over three consecutive days. This had not been identified as a risk by the registered manager and not assessed to ensure people's safety as well as staff well-being. While there had not yet been an impact to people, this meant there was a risk of staff making errors when supporting people.
- Not all risks had been assessed, for example, skills such as learning to cook, clean, and get a job working alone had been highlighted as activities a person would be supported with but there was no goal, risk assessment or other guidance for staff to identify what the risks were and how to safely manage them. and Risk assessments that were in place did not show clear evidence of reviews.
- Systems were not in place to monitor incidents and accidents. This meant that lessons could not be learned and be used to help mitigate risks or inform the staff team how best to support people.
- Specific assessments of competency were not in place for areas such as moving handling, infection prevention and control, mental capacity awareness, food hygiene and medicines administration. Consequently, staff did not recognise concerns in some of these areas and did not take the appropriate action to report unsafe care practices.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm or abuse. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded after the inspection. They confirmed they had taken action to change the staff rota patterns and ensure that risks will be assessed, and systems implemented to better monitor and report incidents.

### Preventing and controlling infection

- People told us staff always wore personal protective equipment (PPE) and they had supported them to understand the risks of COVID-19 and the need to wear a mask. Staff told us they had plenty of access to PPE and had received training on COVID-19 and how to prevent the spread of infection.
- While the CQC do not inspect the premises of supported living services, there were a number of infection control concerns raised about the cleanliness of people's homes by the local authority. We raised these with

the registered manager to identify actions they had taken to support people to address the concerns.

- Although cleaning schedules were in place, people had not been supported to clean their home or been supported to understand the need for cleanliness. The registered manager had increased cleaning schedules and arranged for the person's home to be deep cleaned but only following repeated requests from the local authority.

- Despite the lack of oversight and management of risk, people told us they felt safe.

- Staff had a good awareness of different types of abuse and were confident to report concerns and incidents to the registered manager. Staff were aware of the whistleblowing procedure and knew how to report concerns to external agencies. However, while they had the knowledge of how and why to report concerns, they had not yet done so externally.

- The registered manager completed checks to ensure that people were suitable to support vulnerable adults when they started their job role.

#### Learning lessons when things go wrong

- There was no evidence of the registered manager supporting staff to learn lessons from incidents that had occurred. However staff were supported to reflect on their own development needs and to review theoretical scenarios to learn how they might respond.

#### Using medicines safely

- People told us staff supported them to administer their medicine correctly and they had never been missed.

- There was a medicines policy in place to offer guidance for staff. Medicines records had been correctly completed and medicines management had been risk assessed.

- Staff had received training in medicines by the local pharmacist. The register manager conducted observations of their practice and any areas for development were addressed in supervision.

# 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 has been rated require improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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.

- Where people were considered not to have the mental capacity to understand and make their own decisions, such as with medicines and personal hygiene, this had not been assessed and the best interest and DoLS process not followed.
- In areas where people were assumed to have the mental capacity to decide such as employment and diet, people's consent had not been sought.
- While there was a policy in place around consent, the registered manager did not have a clear or full understanding of the principles of the Mental Capacity Act, Best Interest process or DoLS. This meant they were unable to check competency of staff's knowledge and ensure that people's rights to make choices were upheld.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate consent to care and treatment was effectively managed. This placed people at risk of not being able to choose how they were supported. This was a breach of regulation 11 (Need for Consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Professionals had arranged for the staff team to undertake a 14-week course learning about how to encourage positive behaviours and show people how to communicate their needs safely. This had not

begun at the time of the inspection but should in time, help staff learn how to empower people to manage their feelings and needs.

- People were supported to access a variety of health professionals such as opticians, dentists and chiropodists. Professionals we spoke with told us that the registered manager and staff team engaged well and implemented all suggestions made but did not always record what they had done. One professional told us, "[Staff] are engaging with lots of health professionals and doing what is asked. In terms of the care, they are doing everything right. They have supported [people] so well but the training and paperwork needs to be focused on [to improve]."

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

- While there was no formal assessment format, the approach used to assess people's needs enabled a personalised approach to assessing care needs that supported people to reflect on what they wanted from the care service.
- The registered manager worked with relevant health professionals and people's previous care services to gather information about care needs and preferences to use in care plans.

Staff support: induction, training, skills and experience

- Staff received an induction when they first started which included training, reading care plans and the opportunity to shadow staff to get to know people and how to support them.
- Staff received supervision to enable them to review their practice and raise any concerns or reflect on achievements.

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

- People told us staff supported them to have choices with meals and they had plenty to eat and drink.
- There had been missed opportunities when preparing meals and drinks to encourage people to do what they could for themselves and learn to make their own meals. This meant that people would be unable to move on to homes of their own sooner as they had not been supported to develop the domestic tasks needed to be able to care for themselves.

# 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 has been rated requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

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

- People told us staff spoke to them about what they want to do, and they had choices for day to day activities. Staff told us they held reviews of care with people and also spoke to them informally through discussions about care. However, these sessions was brief and did not clearly evidence a review of care.
- The registered manager informed us they do review care needs regularly and the care plans had the option to record this, however, staff recorded 'no change' and reviews were not dated or signed. The reviews did not evidence any involvement with people or the content and actions of the reviews.

Respecting and promoting people's privacy, dignity and independence

- Staff demonstrated a respect for the people they supported in the way they spoke about them and how they tried to encourage people to express themselves. They understood the need to respect people's privacy and confidentiality of information.
- People told us staff got to know them and staff were able to demonstrate a good knowledge about people's interests and support needs.

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

- People told us staff treated them well and supported them with preferred past times such as fishing and shopping and going out each day. One person told us, "The staff are very nice, they look after me,."
- The registered manager assessed people's cultural and religious beliefs and ensured this was supported in terms of food choices and enabling access to places of worship.

# 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 requires improvement. This meant people's needs were not always met.

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

- People told us they were happy living at the service, they liked the staff and had choices to do what they wanted. One person said, "It is good. I like it. It is the best home I have been in. I get to go out all the time, my favourite is to go to town and get a new CD."
- There were elements of promoting independence such as accessing the community with support and applying for jobs. Due to Covid-19 restrictions one person's job had been placed on hold. Staff had not considered utilising the time to develop the person and support them in acquiring relevant skills and enhance their opportunity of positive employment.
- There was no evidence in records of people being encouraged to learn household independence skills such as cooking, cleaning or doing laundry. No goals had been created for this area of development. This was important as people lived in the service temporarily to develop the skills to be able to move on to more independent living. This would not always be possible if people were not encouraged to learn how to care for themselves.
- One person had expressed a wish to lose weight and staff had created a goal to eat more salads and reduce their sugar intake and portion sizes. However, there was no evidence of people being supported to research and try different types of diets or seek medical advice about safe ways to lose weight. The risks related to this goal had also not been assessed.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate how the provider is ensuring person centred care that promoted choice and control. This was a breach of regulation 9 (Person Centred Care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Improving care quality in response to complaints or concerns

- There was no evidence of complaints being received and no systems for recording, monitoring and analysing complaints. However, people, relatives and staff told us they did not have any complaints and were happy. They said they would feel comfortable to speak to the registered manager if they had any concerns.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate complaints were effectively managed and used to drive improvement. This was a breach of regulation 16 (Receiving and acting on complaints) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- The registered manager worked with people and their family and friends to support relationships that were important to people. One relative told us, "We have regular contact and [my family member] is happy where they are."
- The COVID-19 pandemic had an impact on staff's ability to do all activities due to government guidance and restrictions. However, they supported people to access facilities and continue with hobbies where possible such as fishing, going out walking and for daily coffee.

#### 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.

- People's communication care plans were detailed about how they preferred to communicate as well as looking at how their ability to communicate with words could vary depending on their emotional state at the time.
- The care plan also stated specific phrases people would use when trying to express when they were sad, happy or in pain.

#### End of life care and support

- The service was not currently supporting anyone receiving end of life care. However, they had policies in place and some staff had previous training in this area.
- People were asked about their wishes about illness and end of life at the point of initial assessment and this was recorded in their care plans.

# 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 has been rated 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.

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

- The registered manager did not fully understand the requirements of their role. They were unaware of legislation and guidance to support and empower people and their rights such as the MCA and right support, right care, right culture guidance. Systems were not in place to evidence how they supported people to learn about their rights and evidence how they were safely taking positive risks.
- The staff team had knowledge about their roles and responsibilities due to training they had undertaken and previous experiences in care. However, the registered manager had not completed competency assessments to ensure staff understood how to apply their learning to practice correctly.
- The registered manager had not ensured safe practices and monitoring of safe working patterns, incidents and accidents. They had not implemented quality assurance systems or audits that would enable effective oversight of trends and patterns for driving improvements. Any changes were implemented as a result of external professionals identifying concerns and asking for specific tools or guidance to be put into place.
- The registered manager told us they subscribed to various websites that supported the development of best practice in care in addition to participating with various professional networks. However, there was no evidence of sharing this learning with staff or of implementing any strategies for improving care as a result of this networking.

We found no evidence that people had been harmed, but systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm of injury and abuse. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- The registered manager was able to have open discussions with us regarding the concerns we found at this inspection. However, they had failed to ensure that they were open in sharing concerns when they occurred.
- Incidents had not been reported to the local authority safeguarding team nor did the registered manager submit a notification of these incidents to the CQC, which they were legally required to do without delay. A failure to notify about such events meant there was an increased risk that people may experience harm or abuse.

We found no evidence that people had been harmed however, notifiable incidents and events had not been submitted to the CQC. This was a breach of regulation 18 (Notification of other incidents) of the Care Quality Commission (Registration) Regulations 2009.

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

- People told us they were happy with their care and support. They spoke positively about the registered manager and staff team and were happy they were able to go out daily.
- The registered manager and staff team wanted to provide personalised care and worked with external health professionals to understand how to do this. However, they did not yet fully have the skills and knowledge to be able to provide care effectively that supported people according to their individual needs.
- Due to this lack of understanding, people had not been encouraged to develop their skills using a consistent staff approach and records did not capture people's achievements or outcomes.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People had completed surveys of their views about the care service and these had been collated. Individual concerns had been addressed individually with people and the overall summary of outcomes was available for those who wanted it.
- Relatives told us the service kept in contact with them and they were happy to get in touch if they needed to discuss anything.
- Staff spoke highly of the registered manager and they felt supported and told us they were always able to raise any concerns or suggestions and the registered manager did their best to implement their ideas.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 18 Registration Regulations 2009 Notifications of other incidents</p> <p>The provider did not submit notifications of incidents and events required to do by law.</p> <p>Regulation 18 (1) (2) (f)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 9 HSCA RA Regulations 2014 Person-centred care</p> <p>Systems were either not in place or robust enough to demonstrate how the provider is ensuring person centred care that promoted choice and control.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>The provider did not demonstrate a clear understanding of the principles of the Mental Capacity Act. Subsequently, these principles were not followed and placed people at risk of their rights not being upheld.</p> <p>Regulation 11 (1) (2) (3) (4)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider did not ensure that all risks had been identified and assessed. Staff rota</p>

patterns were unsafe. This places people at risk of harm of injury and abuse.

Regulation 12 (1) (2) (a) (b) (d) (h)

### Regulated activity

Personal care

### Regulation

Regulation 16 HSCA RA Regulations 2014  
Receiving and acting on complaints

Systems were either not in place or robust enough to demonstrate complaints were effectively managed and used to drive improvement.

### Regulated activity

Personal care

### Regulation

Regulation 17 HSCA RA Regulations 2014 Good governance

The provider did not have effective systems for monitoring safety, quality and improving practices.

Regulation 17 (1) (2) (a) (b) (f)