

The Qalb Short Break Services Ltd

Discovery Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Discovery Home is a domiciliary care agency. The service provides personal care to children and younger disabled adults. At the time of our inspection the service was providing personal care to 32 people.

Not everyone who used the service received personal care. CQC only inspect the service received by people who get support with personal care. This includes help with tasks related to personal hygiene and eating. Where people receive such support, we also consider any wider social care provided.

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

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

Right Support.

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 were supported by staff to pursue their interests.

Staff supported people to make decisions following best practice in decision making. Staff communicated with people in ways that met their needs.

Staff supported people to play an active role in maintaining their own health and wellbeing.

Right Care:.

Staff promoted equality and diversity in their support for people. They understood people's cultural needs and provided culturally appropriate care.

People received kind and compassionate care. Staff protected and respected people's privacy and dignity. They understood and responded to their individual needs.

People could take part in activities and pursue interests that were tailored to them. The service gave people opportunities to try new activities that enhanced and enriched their lives.

Right Culture:

People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. The service worked well with other agencies to do so.

Staff had training on how to recognise and report abuse and they knew how to apply it.

Staff could recognise signs when people experienced emotional distress and knew how to support them to minimise the need to restrict their freedom to keep them safe.

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

Rating at last inspection

The last rating for this service was requires improvement (published 21 October 2019).

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.

Why we inspected

The inspection was carried out to follow up on action we told the provider to take at the last inspection.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 safe.
Details are in our safe findings below.

Good ●

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 well-Led.
Details are in our well-led findings below.

Good ●

Discovery Home

Detailed findings

Background to this inspection

The inspection

We carried out this performance review and assessment under Section 46 of the Health and Social Care Act 2008 (the Act). We checked whether the provider was meeting the legal requirements of the regulations associated with the Act and looked at the quality of the service to provide a rating.

Unlike our standard approach to assessing performance, we did not physically visit the office of the location. This is a new approach we have introduced to reviewing and assessing the performance at some care at home providers. Instead of visiting the office location we use technology such as electronic file sharing and video or phone calls to engage with people using the service and staff.

Inspection team

The inspection team consisted of 1 inspector and 1 Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

The service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

Registered Manager

The provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

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.

The inspection activity started on 20 April 2023 and ended on 05 May 2023.

What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

During the inspection

This performance review and assessment was carried out without a visit to the location's office. We used technology such as video calls to enable us to engage with people using the service and staff, and electronic file sharing to enable us to review documentation.

We reviewed a range of records related to 10 people's care and support. This included care plans and risk assessments. We reviewed 4 staff files which included recruitment and training. We reviewed records in relation to the management of the service which included quality assurance, minutes of staff meetings and a range of policies and procedures.

We spoke to the registered manager and gathered feedback from 8 care workers. We spoke to 5 relatives.

We continued to seek clarification from the provider to validate evidence found after the inspection. We looked at further quality assurance records and correspondence with a range of professionals related to people's care.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The registered manager had ensured systems were in place to safeguard people from the risk of abuse. Care workers had completed training in safeguarding children and vulnerable adults.
- The registered manager ensured care workers were trained to at least First Aiders Award (FAA) Level 3, which is a qualification in the principles of Safeguarding and Protecting Children, Young People or Vulnerable Adults.
- Care workers had a good understanding of how to safeguard people and said they would contact the office and follow the provider's guidelines in relation to any safeguard incident.

Assessing risk, safety monitoring and management

- Risk assessments were completed prior to delivering care to people. Care plans and risk assessments were reviewed regularly, and discussions took place with relatives and health care professionals if the care needs of people changed. This was to ensure the continuous provision of appropriate and safe support.
- Risk assessments were completed to ensure people's home environments were safe for care to be provided, this included any fire risks.
- Care workers received training in Managing Challenging Behaviour. The training covered topics including the importance of positive behaviour, aspects of communication and the importance of family support to working together as a team.
- People's care plans included information about risks to people's physical and mental health, including mobility support and any allergies.

Staffing and recruitment

- Safe recruitment procedures ensured staff were suitable to work with people who used the service.
- Pre-employment checks included gathering evidence to support care workers had satisfactory conduct in previous employments, relevant experience to provide support and care or showed an ability or understanding to do so.
- The provider ensured Disclosure and Barring Service (DBS) checks were completed. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment systems. As the service provided support to children, Enhanced Disclosure and Barring Service checks were completed, enhanced checks provide a higher level of assurance that suitable people were hired.
- People gave positive responses in relation to staffing, one relative said, "We like the person who comes, the timekeeping is good, and it is reliable."

Using medicines safely

- At the time of the inspection the registered manager told us that they were not supporting people with their medicines, parents were responsible for administering medication to people.
- The provider had a medicines policy in place. Care workers had received training in medication handling and administration. One care worker said, "I do not care for anyone who requires medication support, but I had to do administering medication training, I have a refresher training planned for the next month."
- Care workers had training in first aid, and training in Epilepsy to care for people with this support need.

Preventing and controlling infection

- The provider had an infection control policy in place and ensured care workers completed training in infection prevention and control and food hygiene as part of their induction.
- Care workers said that they had no problems with access to personal protective equipment. One relative said, "[Care worker's] wash their hands, 1 of them wears the lot, aprons, masks and gloves, but the other 1 just wears an apron." We mentioned this to the registered manager who said that this would be put on the agenda of the next staff meeting.

Learning lessons when things go wrong

- There had been no accidents or incidents of concern since our last inspection.
- The provider had processes in place for the recording, investigating and monitoring of accidents, incidents and safeguarding allegations. We saw records supporting the providers policy for complaints was being followed.
- Staff understood their responsibility to report any concerns to the registered manager or care co-ordinators. Care workers had a good understanding of reporting accidents and incidents. One care worker said, "If an emergency arises, I would ensure safety of my client and myself. I would contact the office and write all details on my communication sheet."

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 our last inspection we rated this key question good. The rating for this key question has remained good. This means people's outcomes were consistently good, and people's feedback confirmed this.

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

- The registered manager ensured that robust assessments and risks assessments were completed before agreeing to begin supporting people. The registered manager said that care packages would not be rushed to ensure that they were able to provide safe and appropriate care to people.
- Family members were involved in assessments and reviews. One relative said, "[Family member] has had care plan, we receive a consultation each year and we give our views, the carer knows what [family member] likes and dislikes really well."
- Care plans had information of people's equality and diversity requirements. This included preferences in relation to religion and language needs. Information about people's life history, family history and daily routines was included. Information about transportation support and support required in the community was also included.

Staff support: induction, training, skills and experience

- People were supported by care workers who had the experience and training required to provide care.
- One relative said, "[Family member] eats really well but needs assistance as he will throw food. The carers know what he likes and they don't rush him, they know how to look after him."
- Care workers completed an induction when they began their employment. The induction included completing a range of training activities to a standard expected of specific roles in health and social care. The training covered positive behaviour support, safeguarding adults, safeguarding children, mental health, dementia, learning disability and moving and handling.
- There was a training process in place which ensured staff received refresher training regularly. The registered manager ensured training was completed in the office to ensure full attendance and understanding of information being delivered.
- Relatives said they thought care workers had relevant skills. One relative said, "Yes staff are definitely well trained, they know what food [family member] likes, [family member] needs a lot of support when eating and they never make [family member] feel rushed."

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

- People's needs around eating and drinking were assessed and documented in their care plans and risk assessments if required. Information included cultural preferences and any allergies.
- Relatives were responsible for providing meals but people required support from care workers to eat and drink. One relative said, "The carer gives [family member] breakfast in the morning. [Family member] cooperates because he feels at ease with the carer."

- Care workers received training in fluids and nutrition covering food safety.

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

- The provider worked with health and social care professionals to ensure people's needs in relation to living healthy lives and gaining access to health care support were met.
 - Care workers assisted people travelling to schools, day centres and medical appointments in accordance with their support requirements.
 - We saw evidence of correspondence with a range of health and social care professionals. The registered manager attended meetings with the local council to get updates on concerns, issues or initiatives happening within the community, and this would be fed back to care workers or people as required.

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

The Mental Capacity Act 2005 (MCA) provided a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- When we inspected, the service was supporting adults as well as children under the age of 16. For children under the age of 16 the provisions of the MCA do not apply. However, information about the capacity to make decisions about their support was included in people's care files.
 - Parents had signed forms to consent with the agreed support to be provided.
 - The care plans documented people's consent to their care and treatment. Care records had been signed by parents or relatives due to care being delivered to young adults without capacity, or the young age of people receiving care. If people were not able to sign, the reason was documented.
 - Care workers had received training on the MCA and Deprivation of Liberties. One care worker said, "I understand people who lack capacity may need support and assistance to make important day to day decisions and they should be supported to do so."

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 our last inspection we rated this key question good. The rating for this key question has remained 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; respected equality and diversity

- People were treated well and their equality and diversity respected with audits and spot checks of the care being delivered.
- People said that they thought the staff were caring. One relative said, "The carers are lovely with [family member] and [family member] really likes them, they are great with [family member] even when [family member] is difficult ." (Difficult, for example, when a person refuses care.)
- Care plans included people's preferences or requirements in relation to equality and diversity. Cultural backgrounds and requirements to adhere to religious, cultural and language needs on a day-to-day basis were documented.
- The registered manager told us that they would match carers to people to support specific language needs where possible.

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

- We saw evidence on how the registered manager gathered views of people through phone calls and feedback surveys in relation to decisions about their care and support.
- The registered manager ensured people continued to be involved in decision making about their care by involving relatives in reviews of care plans or risk assessments. One relative said, "Every six months they call me for an assessment, and I go into the office now and again for a talk."

Respecting and promoting people's privacy, dignity and independence

- Relatives gave positive feedback about how care workers treated people's privacy, dignity and promoted them to be independent.
- Care workers understood how to treat people with dignity and respect. One care worker said "When my client has a shower, I make sure she is covered with a towel and the door is closed to protect her dignity. I encourage her to maintain her own personal hygiene to promote independence with supervision when needed."

Is the service responsive?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained 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

- People received care and support that was appropriate to their individual needs.
- Care plans contained information of people's likes and needs in relation to food, culture and social activities. Care workers viewed care plans before visits and worked with relatives to ensure people's needs in relation to choices were met.
- Care workers worked with people to help them make choices in day-to-day activities. One care worker said, "When I assist with dressing, I will offer a choice of preferred clothing, this way people will feel involved in making choices about their day."
- Staff completed daily communication sheets which documented care and activities completed on each visit. Additional tasks, incidents or concerns were documented. The registered manager completed regular audits to ensure these were completed regularly and accurately.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were documented in their care plans and risk assessments. We saw easy read information documents to aid with communication where required.
- Staff said they communicated with people with body language, facial expressions and speaking slowly to ensure they were understood.
- We saw examples of the Picture Exchange Communication System to support people with little or no communication ability to communicate using pictures.

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 provider ensured people took part in activities to follow their interests and avoid social isolation.
- Care plans detailed support that might be required in the community such as shopping or going to the park. Alternative indoor activities were also noted in case of bad weather, ill health or people's choice.

Improving care quality in response to complaints or concerns

- The provider had complaints policies and procedures in place. We saw documents showing a process of how complaints were received, concerns addressed, and outcomes and feedback given to people.

- Lessons learned from complaints were shared via email and in staff meetings to prevent repetition and promote good practices.
- People said they were able to raise concerns with the registered manager if required. One relative said, "If I have an issue, I ring the office and they will ring me back." Another relative said, "The manager is great at listening and is really good at sorting things out quickly."

End of life care and support

- At the time of the inspection no one required end of life care. The provider had an end-of-life policy in place. The provider had policies in place in relation to supporting people with life-limiting conditions.
- People could document their preferences in relation to end of life care in care plans if they wished to do so.
- Care staff received training for end-of-life support, and refresher training events were available if required.
- People with life-limiting conditions were being supported, and care workers had sufficient training to provide adequate support to these people.

Is the service well-led?

Our findings

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

At our last inspection we rated this key question requires improvement, the provider was in breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

At this inspection this key question was rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created prompted high-quality, person-centred care.

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

- People spoke positively about the culture of the service and said they had regular contact with the registered manager. The registered manager said she was invited by relatives to attend visits in the community with people and their families and would attend when she can.
- One relative said, "I know [registered manager] I can call her and tell her anything, she is always happy to help."
- Staff spoke about the positive culture they worked in. One care worker said, "The manager and office staff are very helpful. I feel comfortable to communicate with my manager and the coordinators about anything."
- We saw evidence of how the provider showed their appreciation of the hard work care workers provided. Carer of the year awards were presented to the care worker based on individual performances and compliments received from people.

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

- There were a range of quality audits in place to ensure care plans, risk assessments were up to date and relevant. Spot checks were completed on communication logs to ensure they were completed effectively.
- The registered manager had regular staff meetings to ensure important messages were shared with care workers, those not able to attend meetings would have the information communicated to them by email.
- Care workers said that they received regular spot checks while conducting care visits to ensure they were delivering care to people in accordance with their care plans.

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

- Care plans documented people's protected characteristics and regular reviews of care ensured the continuous delivery of appropriate care and support.

- Relatives were positive about the management and engagement of the registered manager. One relative said, "If carer is away, somebody different is sent but is someone who is known to my [family member.]"
- Staff spoke positively about the engagement of the service. One care worker said, "The manager and office staff are very helpful. I feel comfortable communicating with the manager and coordinators about anything. When I visit the office, I see they are all working hard, but they still make time to listen to anything I have to say."

Continuous learning and improving care

- The registered manager had measures in place to ensure continued learning and improvement of care. Mandatory refresher training courses were in place for staff to complete annually.
- Training packages were available for staff who wanted to develop their careers in the care sector.
- Spot checks were completed to ensure the continuous delivery of good care to people.
- The registered manager contacted people through phone calls and surveys to get feedback on the care they received.

Working in partnership with others

- The provider worked in partnership with a variety of agencies such as social care professionals and local authorities to ensure people's needs were met.
- The registered manager attended meetings with local authorities and health care providers so concerns could be discussed and addressed. Relevant information would be shared with staff in meetings or through emails.

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 service was meeting the requirements of the duty of candour. The duty of candour is a legal duty for providers to act openly and honestly, and to provide an apology if something goes wrong.
- The registered manager understood their responsibility to be open and honest with people and their relatives.
- The registered manager understood their responsibilities around reporting to the Care Quality Commission (CQC).