

Destiny Health Care Services Limited

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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

This inspection took place on 3 April 2017 and was announced.

Destiny Health Care Services Limited is registered to provide personal care and support for people living within their own homes. At the time of our inspection there were three people using the service, whose care was provided by the registered manager, business manager and three members of care staff. People's packages of care varied dependent upon their needs.

This was the first inspection of the service since it was registered in April 2016.

Destiny Health Care Services Limited had a registered manager. 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.

People's safety and welfare was promoted by staff that understood and had received training on their role in protecting people from risk. Safety and welfare was further promoted through the assessment and on-going review of potential risks to people. Where risks had been identified measures had been put into place, which included the use of equipment to reduce the likelihood of risk and were recorded within people's records and understood and implemented by staff.

Staff upon their recruitment had their application and references checked to ensure their suitability to work with people. Staff underwent a period of induction and training, which included their being introduced to people whose care and support they would provide. Training provided to staff and staff understanding of their role and responsibilities meant people were supported appropriately with all aspects of their care, which included support with their medicines.

People's needs were effectively communicated and recorded and understood by staff, to ensure people's needs were met. People's care and support needs were recorded by staff which provided a clear record as to the support and care people received.

Staff understood the importance of seeking people's consent prior to providing care and support. Staff liaised with health care professionals and kept in contact with people's family members where they had concerns about people's health.

People's records, including their care plans had been developed with the involvement of themselves or their family members and provided information for staff about the person. People and their family members spoke positively about the attitude and care of staff and received care from a consistent group of staff.

People's views about the service were sought by the registered manager and people told us they had

confidence in the management of the service. An external company provided the registered manager with support with regards to changes to policies and procedures to reflect changes in good practice and legislation.

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.

People were protected from abuse because staff had an understanding of what abuse was and their responsibilities to act on concerns.

Risks to people's health and wellbeing had been assessed and measures were in place to ensure staff supported people safely.

Safe recruitment systems were followed to ensure staff were suitable to work with people who used the service.

People received support with their medicine which was managed safely.

Is the service effective?

Good ●

The service was effective.

People were supported by staff who had the appropriate knowledge and skills and were employed in sufficient numbers to provide their care and who understood the needs of people.

The provider and staff understood their role in promoting people's rights and choices in all aspects of their care and support.

People were supported to access health care appointments within the wider community when requested to do so by those using the service or their family member.

Is the service caring?

Good ●

The service was caring.

People were supported by a consistent member of staff, which included the registered manager, who they had developed positive professional relationships with.

People or their family members were involved in the development and reviewing of care plans.

Is the service responsive?

Good 

The service was responsive.

People and their family members were involved in the assessment of their needs, which was carried out by the registered manager. Staff knew how to support people and took account of people's individual preferences in the delivery of care.

People and their family members knew how to make a complaint, however no complaint had been made.

Is the service well-led?

Good 

The service was well-led.

The registered manager was significantly involved in the delivery of people's care and support. Family members expressed confidence in the management of the service and the registered manager's commitment to providing good quality care.

The registered manager monitored the quality of the care and support provided. The registered manager had received positive comments from those using the service and family representatives.

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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 checked 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 3 April 2017 and was announced.

The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in the office to meet with us.

The inspection was carried out by an inspector. We sought people experiences and views by telephone. We spoke family members of the three people who were using the service.

Before the inspection we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The provider returned the completed PIR.

We looked at the information held about the provider and the service including statutory notifications and enquiries relating to the service. Statutory notifications include information about important events which the provider is required to send us. We used this information to help us plan this inspection.

We spoke with the registered manager, the business manager and three members of staff who provided people's care and support.

As part of the inspection we looked at the care records of the three people who used the service. These records included care plans, risk assessments and daily records. We also looked at recruitment and training

records for three members of staff. We looked at the system for monitoring quality, complaints and concerns, minutes of meetings, and a range of policies and procedures.

Is the service safe?

Our findings

Staff received training on the promotion of people's safety and welfare, which included receiving training in basic first aid, the moving and handling of people using equipment and health and safety. People's safety was maintained and family member comments supported this. We asked people's family members if they felt their relative was safe when receiving care and why. People told us, "I'm confident in (relative's name) safety when with the staff." And, "Very conscientious (staff) and safe care, which is provided well."

Staff were trained in safeguarding adults at risk as part of their induction so they knew how to protect people from avoidable harm and risk. Staff we spoke with were knowledgeable about their role and responsibilities in raising concerns with the registered and the role of external agencies. Staff told us, "If I had any concerns about a person I would speak with the manager." The safeguarding and whistleblowing policies advised staff what to do if they had concerns about the welfare of any of the people who used the service. Staff told us they could access those policies and procedures at any time via the provider's on-line portal.

Assessments had been undertaken to assess risks to people who used the service. For example, if people had difficulty with mobilising around their home and required equipment, then risk assessments looked at whether there was sufficient space for those using the service and staff to use the equipment safely. In some instances a key safe was installed where people were unable to answer their door. A key safe is a secure method of externally storing the keys to a person's property. This helped to ensure people's safety within their homes whilst enabling staff access to the person's home.

There was an emergency business continuity plan in place; that would be introduced to ensure the service was able to continue to meet people's needs in the event of an unplanned event, such as an interruption to gas or electricity supply or adverse weather. The plan detailed the commitment by the registered manager to liaise with other services, including other domiciliary care agencies that would work collectively to ensure staff were available to provide people's care and support.

We looked at staff records and found people's safety was supported by the recruitment processes. Staff records contained a completed application form, a record of their interview and two written references. A criminal record check had been carried out by the Disclosure and Barring Service (DBS). The DBS checks help employers to make safer recruitment decisions by providing information about a person's criminal record. This meant people could be confident that staff had undergone a robust recruitment process to ensure staff were suitable to work with them.

The registered manager told us staff prompted people to take their medicine. People's care plans detailed the medicine the person was taking. People or their family members had signed an agreement, which clearly detailed the role of staff and their responsibility in medicine management. This included information that staff would only administer medicine that was prescribed by a health care professional and had been dispensed by a pharmacist into a monitored dosage system; this was to ensure staff could be confident that their involvement in medicine management was in the person's best interest and safe.

Is the service effective?

Our findings

A family member of someone using the service shared their views about the staff and their knowledge and competence in meeting their relative's needs. "I have confidence in [staff's name], they know what they're doing and my husband speaks highly of them. They know what they're doing and they do it well."

Staff induction included being introduced by the registered manager to people they would be providing care and support for. Staff induction included undertaking training in a range of topics. Staff said the training they received enabled them to provide the care and support people required. Staff told us that they were supervised by the registered manager, which included one to one meetings to reflect on their work and discuss training. Staff also spoke of the 'spot checks' carried out by the registered manager, where there delivery of care and support was observed, to ensure the care was reflective of the person's care plan and met the standards expected by the registered manager. Staff told us, "Spot checks and supervisions ensure we deliver good care. Our appearance and communication with people is assessed."

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 and applications must be made to the Court of Protection. We found there to be no such orders in place.

The registered manager and staff were aware of the MCA and informed us that people who received support were able to make decisions about their care or had family members who represented them. A member of staff told us, "I always ask [person's name] if they're alright with all aspects of care, and ask them about the support they need. It's important to communicate well with people, so as we can meet their needs." People's records reflected the decisions they had made about their care and support. For example; where they had made decisions as to how they wished to spend their day.

Where people's assessments had identified they required support with meals and drinks their records showed staff had provided the assistance required. Care plans provided information for staff as to the person's preferences in eating and drinking, for example how much sugar they wished to have in their hot drinks.

People's records contained the contact details for health care professionals who were involved in their care, which included their doctor. Staff supported people to attend health care appointments when they were requested to do so. This was confirmed by a family member we spoke with and was also documented within people's records.

Is the service caring?

Our findings

People were supported by a consistent group or individual member of staff which included the registered manager. This meant caring relationships, had developed with people using the service and their family members. This was supported by the comments we received.

Family members we spoke with were positive about the service provided to their relatives. "They're (staff member) very caring. My father has a good relationship with [staff member's name]. We have no concerns, we're really impressed." "We're very fortunate to have [staff member's name], we can't fault them one little bit." The family member went onto say about another member of staff, "Very conscientious, the care is provided very well and we're very pleased."

Staff we spoke with told us they had been introduced to people using the service and their family members by the registered manager. The registered manager worked alongside staff before they provided people's care independently. Staff told us this had enabled them to get to know the person and how they liked their care, whilst giving the person using the service an opportunity to get to know them and be comfortable with them.

A family member told us that they and their relative had been very much involved in the assessment and care planning process. The family member told us that the registered manager had visited them at their home and asked questions of them both as to what support and care was required. The family member told us, "We were very much involved in the care plan; there are no 'grey areas'." The family member told us that the registered manager at all times respected their relative by including and encouraging them to share their views. People's family member's told us that they had a copy of the care plan along with other written information about the services provided. They spoke of the daily records which staff completed about the care provided. The daily records we viewed provided clear information about the care and support provided, which included any observations as to the person's well-being. This meant people could be assured their needs were provided in line with their care plan.

Staff we spoke with were knowledgeable about the people they cared for and were able to tell us about the care they provided. Staff spoke passionately about the people they cared for and were aware of their role in maintaining and promoting people's independence. Staff members told us how they ensured people were involved in their care, by always asking them what it was they required. A member of staff told us, that giving a person time was key to promoting their independence. "It's in [person's name] best interests to give them time and encourage them to be independent."

The registered manager had in place an agreement which provided information as to how data held about people was stored and used, to assure people that information was held in accordance with the data protection act. People's records we looked at contained a signed copy of the agreement. This showed the commitment of the registered manager in being open and transparent with people so they knew how information held about them was used.

Is the service responsive?

Our findings

Family members spoke to us about the reliability of the service. "They're very nearly always on time, and if they are running late they ring us to let us know." And, "The reliability of the service means I am reassured that my father will receive the care he needs." We found that family members liaised with the registered manager with their specific requirements to ensure the support and care provided reflected their specific circumstances and met their needs on a day to day basis. This showed the registered manager's commitment to respond to people's needs.

Assessments of people needs were carried out by the registered manager and used to develop care plans, which were person centred, 'Person centred' is a way of working which focuses the actions of staff on the outcomes and well-being of the person receiving the service. Care plans detailed how staff made sure people were appropriately cared for and we looked at how this was documented. For example, a person's package of care had been increased to include additional visits during the day; this was to meet the person's change in needs for a specific period of time and showed how the service responded to people.

Family members we spoke with told us they had not made an official complaint but all stated that they would be happy to do so if necessary. People told us that the registered manager had emphasised to them that if they had any concerns to contact them as they wanted to provide a good quality service and the development of the service was dependent upon providing the care and support people wished to receive.

There was a complaints policy and procedure and family members told us they had been made aware of how to make a complaint. We found the registered manager had not received any complaints; this was consistent with the information detailed within the PIR.

The PIR advised the service had received seven compliments within the last 12 months. We looked at the compliments received, which included two that had been submitted via the homecare website and were available for people to read. One family member had written. 'Always on time and we have the same person attending as not to cause confusion with my husband's dementia. You can tell they want to attain the same care plan with very good training. This has been instilled in the staff with an aim to reduce the stress with myself and the carer. Also very polite to myself and husband. Their training is very clear to see in their abilities covering all aspects.'

Is the service well-led?

Our findings

Family members spoke positively about the registered manager and their commitment to provide a good quality service, which included the provision of people's care and support. One family member told us, "The philosophy of the service and told to me was to take the strain away from me, and the welfare and care of the client. They (service and staff) have met that standard. I'm very confident."

The registered manager provided care and support to the people who used the service, which meant they had direct feedback about the quality of care being provided. The registered manager was aware that as the business expanded there would be a need to further develop the system to monitor the quality of the service. The PIR stated this would include the appointment of staff specifically to monitor and supervise staff.

The registered manager spoke of their vision and values of the service. This was to provide a good quality service; with staff being able to improve people's lives and to have staff employed who had a similar vision. They told us working within care was something they enjoyed, which was of paramount importance to them, they spoke of their wish to grow in terms of their business and create employment opportunities.

The PIR reflected improvements they hoped to introduce over the next 12 months as the business expanded, this included employing staff to undertake specific duties to ensure that as the number of people receiving a service grew, and the quality of care and support would be maintained.

Family members told us that they had been provided with information about the service and were consulted about any changes to their relatives care plans, which reflected any change in needs or specific aspects of care and support the person wished to have added to their package of care. Family members told us they knew a week in advance who would be providing their relatives care. This was confirmed by staff who told us they received a copy of their rota in advance which identified the times they were to arrive at a person's home. This showed there were effective systems in place to ensure care provided was planned and co-ordinated.

The registered manager had sent out questionnaires to people using the service and their family members, seeking their views about the service. The completed questionnaires recorded a high level of satisfaction with the service being provided. Additional comments had been included within the questionnaires. For example, 'The manager has always been very effective to requests I have made.' The registered manager told us they would be improving access to information by providing those using the service with an overview as to the comments received through the questionnaires along with other information about the service, such as staff training and development.

The registered manager had involved staff in the delivery of the service. Staff spoke positively about the support they received from the registered manager. Staff had been sent questionnaires seeking their views about the service, which showed a high level of satisfaction amongst staff with their work. Staff received support through on-going training, supervision and were assessed on their competence to perform their

work. The registered manager had accessed training about 'The Care Certificate'. (This is a set of standards for staff that upon completion should provide staff with the necessary skills, knowledge and behaviours to provide good quality care and support), the registered manager told us they hoped to introduce this as new staff were recruited. This was an example of the provider investing in the staff in order to develop the service.

The registered manager had a contract with an external company who provided a quality compliance system, which ensured that policies and procedures were up to date, reflecting any changes in guidance. The system provided a template for questionnaires which had been used by the registered manager to gain people's views. The registered manager informed us the external company in addition provided legal support and along with guidance with regards to employment law. This supported the registered manager to monitor the quality of the service to ensure the service being provided was of a good quality and met their legal obligations.

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