

Destiny International Care Limited

Destiny International Care Limited

Inspection report

Simple Storage Solutions
177 Foleshill Road
Coventry
West Midlands
CV1 4LF

Tel: 07928946680

Date of inspection visit:
20 September 2018

Date of publication:
22 October 2018

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

Destiny International Care Ltd is a domiciliary care agency registered to provide personal care to people in their own homes. At the time of this inspection the service supported seven people with personal care and employed six care staff.

The office visit of this inspection took place on 20 September 2018 and was announced. This was the first inspection of the service following their registration with us in April 2016.

A requirement of the provider's registration is that they have a registered manager. There was a registered manager in post at the time of our inspection. 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. The registered manager was also an owner of the company, and the providers 'nominated individual' for the service.

People received care which protected them from avoidable harm and abuse. Staff understood people's needs and knew how to protect them from the risk of abuse. Risks to people's safety were identified and assessments were in place to reduce or manage risks. The provider's recruitment procedure made sure staff were suitable to work with people who used the service. People received their prescribed medicines from staff who had completed training to do this safely.

People had an assessment completed at the start of their service to make sure staff could meet their care and support needs. Staff received an induction when they started working for the service and completed training that provided them with the skills and knowledge to support people's needs.

The registered manager understood the principles of the Mental Capacity Act. Staff asked for people's consent before they provided care and respected decisions people made about their care and support. When needed, arrangements were in place to support people to have enough to eat and drink and remain in good health.

People received care from staff who they considered to be kind and caring, and who stayed long enough to provide the care and support people required. Staff knew people well as they visited the same people regularly. Staff promoted people's privacy and dignity and people received care and support which was individual to them.

Care plans were detailed and provided guidance for staff about how to support each person in the way they preferred. People's care and support needs were kept under review and staff responded when there were changes in these needs. People knew how to complain, and information about making a complaint was available for people.

Staff understood their roles and responsibilities and said they had individual meetings and observations of their practice to make sure they carried these out safely. There were processes for assessing and monitoring the quality of the service. This included feedback from people which assisted the provider in making improvements to the service.

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 felt safe with staff, and there were enough staff to provide the support people required. Staff understood their responsibility to report any suspected abuse and how to manage risks associated with people's care. The provider checked the suitability of staff before they worked in people's homes. People received their medicines as prescribed.

Is the service effective?

Good ●

The service was effective.

The registered manager understood the principles of the Mental Capacity Act 2005 and staff respected decisions people made about their care. Staff completed training to ensure they had the knowledge and skills to meet people's assessed needs. Where required, staff made sure people had enough to eat and drink and referred people to healthcare professionals if needed.

Is the service caring?

Good ●

The service was caring.

People received care and support from staff who they considered kind and caring. Staff understood people's care and support needs, and respected people's privacy. People felt involved in their care and were supported, where possible, to maintain their independence.

Is the service responsive?

Good ●

The service was responsive.

Care plans provided staff with the information they needed to meet people's needs. People's preferences had been taken into consideration when planning and delivering their care. People's care and support needs were reviewed regularly and staff were kept up to date about changes in people's care. People knew how to complain if they needed to.

Is the service well-led?

The service was well led.

People were asked for their opinion of the service and were satisfied with the service they received. Care staff received the support and supervision they needed to carry out their roles and felt confident to raise any concerns with the registered manager. There were processes to regularly review the service and to implement improvements.

Good 

Destiny International Care Limited

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 comprehensive inspection was carried out by one inspector.

Inspection activity started on 15 August 2018 and ended on 20 September 2018. This included telephoning people and their relatives to get their views on the care they received. We visited the office location on 20 September 2018 to see the registered manager and office staff; and to review care records and policies and procedures. We told the provider we were coming so they could arrange to be there and arrange for care staff to be available to talk with us about the service.

The provider had completed a Provider Information Collection (PIC) before this inspection. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information in the PIC during our inspection visit. The information reflected how the service operated.

Prior to the office visit we reviewed the information we held about the service. This included statutory notifications the service had sent us. A statutory notification is information about important events which the provider is required to send to us by law. There had been no notifiable incidents the provider needed to inform us about.

We reviewed the 'share your experience' information we had received. This is information that people who use the service/ relatives/members of the public or social care professionals want to tell us about. These can be concerns or compliments. We also contacted the local authority who arranged placements with the

service. Information received was considered as part of our inspection planning.

The provider sent a list of people who used the service to us; this was so we could contact people by phone to ask them their views of the service. We spoke with two people, and two relatives of people who used the service. We used this information to help us make a judgement about the service.

During our inspection visit we spoke with the registered manager about their management of the service. We spoke with the administrator, and two care staff about their roles, and what it was like to work for Destiny International Care Ltd.

We reviewed three people's care records to see how their care and support was planned and delivered. We looked at three staff recruitment files, records of complaints and the records of the checks the registered manager made to assure themselves people received a good quality, safe service

Is the service safe?

Our findings

Staff knew how to keep people safe and protect them from avoidable harm and abuse. All staff had completed safeguarding training and knew how to recognise signs of abuse. Staff told us they would report any suspicions or concerns to the management team. A staff member told us "I would speak to the client and report it to the manager. I would explain I have a duty of care to report it and to keep them safe." The registered manager understood their role and responsibilities in reporting and dealing with safeguarding concerns to make sure people remained safe.

People we spoke with said they, or their relative felt safe with care staff. For example, when we asked one person if they felt safe using the service they responded, "Good lord yes, I have never had a reason not to feel safe."

The registered manager completed an assessment of people's care needs at the start of the service. This identified any potential risks to providing their care and support. Staff knew about risks associated with people's care, such as helping people to move and administering medicines.

Where required people had checks on their skin to make sure this remained in good condition. Care plans reminded staff to check people's skin during personal care routines and to report any changes in skin condition to the office, the GP or district nurse. A staff member told us about one person who was at high risk of skin breakdown. They explained, "We check every day. We have a body map that we record anything of concern and record that skin has been checked."

The registered manager and staff told us there were sufficient care staff to provide all the visits people required and meet their needs safely. People said they were usually visited by a small team of care staff who they knew and who stayed the time allocated to provide the care and support they required.

The provider had an out of hour's on-call system to support staff when the office was closed. Staff said the registered manager was always available if they had any concerns or worries.

The provider's recruitment process included checks to ensure staff who worked for the service were of a suitable character. The registered manager told us, they made sure staff had Disclosure and Barring Service (DBS) checks and references obtained before they started work. The DBS helps employers to recruit suitable staff by checking people's backgrounds and police records to prevent unsuitable people from working with people who use care services. Records confirmed background checks were completed before staff worked with people in their homes.

We looked at how medicines were managed. Three of the people we spoke with either managed their own medicines or had a relative to support them with this. Where people required staff support with prescribed medicines or creams, this was recorded in their care plan. Staff completed a medication administration record (MAR) and also recorded in people's care records to show this had been given. One person told us, "We have an arrangement where they check to make sure I have taken my tablets, as I sometimes forget."

Another said, "They give me the right tablets, at the right time." Care plans included a record of people's prescribed medicines and described the level of assistance people required.

Staff had received training to administer medicines safely and had been assessed as competent to support people with their medicines. MAR's were checked during 'spot checks' to people's homes and when they were returned to the office. Completed MARs viewed in the office confirmed records had been checked to make sure medicines had been given as prescribed and any discrepancies identified in a timely way.

People we spoke with confirmed care staff wore protective gloves and aprons when providing personal care and carrying out other tasks. One person told us, "Yes they do wear gloves and they leave everywhere clean and tidy." Staff understood their responsibilities in relation to infection control and hygiene and had completed training in relation to this. Staff told us they kept a supply of protective clothing in people's homes and an emergency supply in their car.

The provider had a procedure in place to record and review any accidents or incidents. Incident forms were available in the folders in people's homes for staff to complete when needed. The registered manager told us they kept accidents and incidents under review and there had been no trends or patterns identified.

Is the service effective?

Our findings

An assessment was completed at the start of the service so the registered manager knew what care people required and the skills staff needed to meet people's needs. People told us care staff knew what care and support they needed. One person told us, "Yes they know what my needs are, they seem to know what they are doing. No concerns so far."

Care staff told us they had completed training to enable them to carry out their roles. They said they completed an induction when they started to work for the service, which included training and working alongside (shadowing) more experienced staff so they knew how to provide the care people required.

The registered manager told us the induction training was linked to the 'Care Certificate'. The Care Certificate sets the standard for the key skills, knowledge, values and behaviours expected from staff within a care environment. The registered manager observed staff to make sure they were confident putting their training into practice before they worked on their own.

Staff completed training in areas the provider considered essential for care staff. This included moving and handling people, safeguarding adults and health and safety training. We asked staff about their training, they told us the training supported them to carry out their roles safely. Some staff had worked in care prior to working for Destiny International and had completed training with other providers. One told us, "I had training with my last agency and comparing it I think the training here is as good." Another said, "It is very good training. Face to face and e-learning. They check your knowledge and learning. You can ask as many questions as you want."

We asked the registered manager how they assured themselves staff had understood and learnt from training they completed. They told us, "I do a lot of spot checks and give staff scenarios in supervisions about MCA, medicines and safeguarding to test their knowledge and understanding."

Care staff confirmed they had meetings with the registered manager to discuss their work and had observations of their practice. One told us, "I have one to one meetings and regular observations of my practice. [Registered manager] checks to see if I have done everything I should, and speaks to the client to see if they are happy with my care."

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 specific decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

We checked whether the provider was working within the principles of the MCA. The registered manager told us everyone they visited could make everyday decisions for themselves or had someone who could support them to do this. They understood their responsibilities under the Act and knew to contact the local authority

if they had concerns about a person's capacity. People's consent to care was obtained and people's rights with regards to consent and making their own decisions was respected by staff. People confirmed staff asked for their consent before carrying out any care and support.

Most people we spoke with made their own meals or had family that supported them with this. Where people required support with their meals, staff supported people to have sufficient to eat and drink. People who were supported with meal preparation told us they were always offered a choice from the food available. They said staff made sure they were left with a drink before leaving to maintain their hydration. There was no one who used the service at the time of our inspection that had any specific dietary requirements.

People who used the service managed their own health care appointments or were supported by family to arrange these. Staff said they would phone a GP or district nurse if they needed to, but said the family would usually do this. People confirmed staff responded if they were unwell. One person told us, "Oh yes they will phone the doctor if I am not feeling well."

Is the service caring?

Our findings

People told us care staff were caring and respectful. Comments included, "They [staff] are very kind and considerate. Nothing is too much trouble." Another said, "Very respectful I couldn't ask for anything better." The registered manager told us to make sure people were treated with dignity and respect they asked people on 'spot checks' and on telephone calls, "How are staff treating you."

Care staff told us how they ensured people were treated with respect. One care worker told us, "I always try to treat people like I would want to be treated myself." Another said, "Be respectful of the person and their home, I always ask if it is alright before I go into another room, like the kitchen to make them a drink." People confirmed their privacy and dignity was maintained. Staff described how they made sure that people were comfortable and covered during personal care, and that they ensured curtains were closed when required. One person told us, "They [staff] always make sure I am covered and I never feel embarrassed."

Care staff explained how they got to know people by visiting the same people, chatting to them and by reading people's care plans. People we spoke with said staff knew their preferred routines or asked them, or their relative, how they liked their care to be given. Care staff had a good knowledge of the people they visited and told us this helped them recognise any changes.

Care staff told us they were allocated sufficient time to carry out the care and support required without having to rush. One told us, "We never have to rush, you do have to watch the time as it goes really quickly, but we have enough time allocated to do everything we need to." Care staff told us they supported people to maintain their independence by encouraging them to do as much for themselves as possible.

People told us and records confirmed people were involved in their care. One person said, "Yes I do feel involved, they involve me in everything." People were involved in the initial assessment process and devising their care plans. The registered manager told us, "We make sure we involve people in planning their care so we can do exactly what they want us to do."

Care records confirmed people were asked for their preference of gender of care worker, however, at the time of our inspection no male care staff were employed. No one using the service at the time of our inspection had any specific cultural or religious needs that care staff supported.

Staff told us they felt valued and supported by the registered manager. One told us, "[Registered manager] makes time for you if you need to speak to her. She is a very caring person."

Is the service responsive?

Our findings

The initial assessment carried out by the registered manager at the start of people's service was used to devise a care plan informing staff how to provide the care people required. People knew they had a care plan, which they said was accurate and up to date. One person told us, "Yes I have a care plan and a folder where staff sign each time. I do look at it occasionally." Staff told us all the people had care plans in their home for them to follow.

People told us the care and support provided by Destiny International Care met their needs and wishes. One person told us, "They have been an absolute godsend. They go above and beyond what they are supposed to do." People said they either had a regular care worker or a small team of care staff that visited them.

One relative whose family member had used the service for a period of respite, said it would have been better if their family member had the same care worker allocated to their calls. They told us as their family member had dementia it was difficult for them to adjust to 'different faces'. We spoke with the registered manager about this. They advised, were possible they do allocate the same staff, but due to the short-term nature of the service, and staff working arrangements it had not been possible to allocate the same staff member to all the persons calls.

We reviewed three people's care records. Plans were individual and included people's preferences in how they liked their care provided. There were clear instructions for staff about what they needed to do on each visit. For example, in one plan it stated the person would like staff, 'To talk through everything they are going to do before commencing any care'. Staff spoken with knew this was how the person liked to receive their care.

Care staff told us they referred any changes in people's care to the registered manager who would arrange for a reassessment to be completed. The registered manager told us staff were kept updated about people's care needs through phone calls, text messages, emails and memo's.

People had a 'hospital passport' completed that contained all the information required should the person be admitted to hospital. Such as medication, mental capacity, mobility and care needs. This information would support medical staff to understand the care people required.

People knew how to make a complaint if they needed to, one person told us, "Yes we have complaints information but I have not had to use it." Another said, "I have no complaints at all." Care staff knew how to support people if they wanted to complain. They knew there was complaints information in folders kept in people's homes. Care staff said they would refer any concerns people raised to the registered manager and were confident concerns would be dealt with effectively.

The registered manager told us there had been no formal complaints about the service. They said they spoke with people regularly to make sure they were satisfied with their service, and any minor concerns were dealt with as they arose. People we spoke with confirmed this happened. One person told us,

"[Registered manager] has been out to see us several times. We have no complaints."

We looked at the complaints folder, this showed concerns had been recorded and resolved. We noted there was no log in the folder which showed the date and nature of the complaint, the action taken and the outcome. This would provide an overview of the complaints received to allow trends or patterns and any learning to be easily monitored. The registered manager advised a complaints log would be implemented.

To comply with the Accessible Information Standard the registered manager told us information provided to people would be made available in large print and different languages if people needed this. The Accessible Information Standard is a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand the information they are given.

Is the service well-led?

Our findings

There was a registered manager in post who understood their responsibilities and the requirements of their registration. For example, they understood what notifications they needed to submit and had completed their Provider Information Collection (PIC) when requested. 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. The registered manager was also an owner of the company and the provider's nominated individual, who had regulatory responsibility for the service.

The service had a contract with a local authority to provide care and support to people. The local authority informed us, (CQC), in February 2018 that following their initial monitoring visit to the service in January 2018 they had initiated a four week stop on any new placements. This was because they had identified some shortfalls in how the provider operated. The registered manager had worked with the local authority to implement improvements. In May 2018 the local authority reviewed the action the provider had taken and found the required improvements had been made.

The registered manager told us there was an outstanding action from the local authority quality visit. This was to provide an up to date training matrix, as the matrix they submitted did not have all the information the local authority required. The administrator told us they were working on the matrix which was almost complete. We requested a copy of the completed training matrix be forwarded to us. This showed training was up to date and when updates were due.

We asked the registered manager how they kept their skills and knowledge up to date, and in line with current good practice. They told us, "I complete regular training, such as medication and moving and handling so I can observe staff are following best practice. I attend local authority provider meetings and they also have a 'WhatsApp' group chat for providers where we can ask for advice."

Staff we spoke with felt supported to carry out their role. The registered manager held monthly staff meetings, carried out observations of staff practice and had individual meetings with staff. Staff said they were 'encouraged to speak up and share any ideas for improvements'. Staff knew about the provider's whistleblowing procedure which supported them to raise any concerns about other staff practice.

Staff enjoyed working for the service. Comments from staff included, "I am very positive about working for Destiny they provide good care." Another told us, "I really enjoy my work and would definitely recommend this agency if you were looking for work or if you needed care."

We asked care staff what the service could improve. Staff said there was nothing they would improve as the service worked very well. For example, "All is fine, I am happy and the clients are happy." One staff member said, "The time to travel between people's calls could be improved so we get to everyone on time." The registered manager was aware of this as they told us most concerns they received from people were about

care staff arriving late for calls. To try and improve this they had reminded staff to let the office know if they were running late so they could phone people and reassure them care staff were on their way. The registered manager said they were trying to recruit staff in the local area where people lived to reduce the amount of time staff had to travel. They also said they were planning to implement an electronic call monitoring system that recorded staff arrival and departure times. This would enable the office staff to monitor that care staff had arrived at people's homes around the time they should and to quickly follow up if care staff had not logged in to a call.

People we spoke with said they had no difficulty contacting the office if they needed to. However, during our inspection process we called the office telephone number on three occasions and this was not answered, but we were able to contact the registered manager on their mobile phone. Information from the local authority also said that people sometimes had difficulty contacting the office telephone number. During our inspection visit the administrator told us they had been a problem with the office telephone line, but this had now been resolved.

There were procedures to monitor the effectiveness and quality of the service. The registered manager undertook regular checks to ensure quality was maintained. This included telephone calls and visits to people to discuss their care. Records from people's homes were returned to the office for checking. For example, daily records staff completed during visits and medicines administration records (MAR). This was to ensure people received their care as recorded in their care plans and supported to have their medicines as prescribed. The registered manager told us, they had recently changed how medicines were recorded on MAR charts. This was to provide more information about each medicine prescribed and so staff could record the times medicines were given.

We looked at the outcome of returned questionnaires and the satisfaction phone calls the registered manager had made to find out people's views of the service. Recent records confirmed people were satisfied with their care. Comments from people included, "I am very pleased with the girls they do their best" and, "I am very happy with the carers they are all very kind."

The registered manager had started to build working relationships with other professionals, such as the local authority quality monitoring officers and social workers in order to improve the care people received.