

Mr Amarjit Singh Sehmi

# Destiny Care Support

## Inspection report

Crowhurst Care Home  
Old Forewood Lane, Crowhurst  
Battle  
East Sussex  
TN33 9AE

Tel: 01424830754

Date of inspection visit:  
08 February 2017

Date of publication:  
30 March 2017

## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

# Summary of findings

## Overall summary

This inspection took place on the 8 February 2017. This was an announced inspection. This means the provider was given notice due to it being a domiciliary care provider and we needed to ensure someone was available. The inspection involved a visit to the agency's office and conversations with people and their relatives. This was the services first inspection since being registered with the CQC.

Destiny care support is registered as a domiciliary care agency. The service operates from a small office which is adjoined to a residential service which is also owned by the provider. At the time of our inspection two people were using the service, only one of whom required support with personal care.

There was a registered manager in post, a registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

The provider had not taken appropriate actions to assess environmental risks in relation to people using another of the provider's facilities.

Although staff had received training and were clear on their support responsibilities with day to day decisions in regard to the Mental Capacity Act; the provider had not ensured they had collected up-to-date information in regard to people's advocacy status.

The provider could not be assured they were effectively supporting a person in line with professional health care guidance for a specific health care condition due to omissions in collecting relevant information.

The provider had failed to establish robust systems which allowed them to observe care staff whilst they were undertaking care delivery. This impacted on the effectiveness of staff supervision.

Although the provider had systems to determine people and their relative's satisfaction with the service received; we found a response to relative feedback had not been undertaken in a timely manner.

The provider had begun to engage with a range of health care professionals to ensure they were able to support a person's with their complex sensory needs; however they acknowledged they had not fully explored all available referral options.

The providers quality assurance systems had failed to identify the areas of improvement we found during the inspection. For example there had been shortfalls in recording when there had been unforeseen interruptions to when care was not delivered in line with support plans. The provider had not ensured they had clear oversight of the service and provided adequate support to the registered manager.

Friendly and genuine relationships had been developed between people and staff. We heard staff offering

clear explanations to people in ways they understood. Staff were seen to be kind and caring in their approach to people.

People were supported by, sufficient numbers of experienced staff. Robust recruitment and selection procedures were in place and appropriate checks had been undertaken before staff began work for the provider.

People and their relatives spoke positively about the leadership and said they could approach them about any issues they felt required raising.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** 

The service was not always safe.

The provider had not assured all risks had been assessed in regard to people's shared use of another of their services.

Staff were confident about what they should do if they had any concerns or suspected someone was at risk of abuse.

There were sufficient numbers of staff available to support people.

Staff had undergone a robust recruitment procedure before starting employment.

### Is the service effective?

**Requires Improvement** 

The service was not consistently effective.

The provider had not ensured the staff supervision was effective in determining staffs effectiveness in their roles.

The provider had not taken steps to ensure they had clear oversight of people's advocacy status.

Staff understood the requirements of the Mental Capacity Act 2005 (MCA) and obtained consent from people appropriately.

The provider had ensured staff had the appropriate skills and knowledge to support people.

### Is the service caring?

**Good** 

The service was caring.

People and their relatives told us staff were caring and kind.

Good staff continuity meant staff had an in-depth knowledge of people and their support needs.

People were treated with dignity and respect by staff.

People's confidentiality was protected by staff correctly implementing the services policy.

### Is the service responsive?

The service was not always responsive.

The provider had not responded in a timely manner to feedback.

Care plans did not contain all the necessary information to inform staff how to respond to people's care and support needs.

There was a complaints procedure and people felt comfortable raising any concerns or making a complaint.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well led.

The provider had failed to establish effective quality assurance systems which were used to drive improvement and provide clear oversight of the service.

The provider had not ensured all records were up-to-date.

Staff did not consistently have relevant policies and procedures to follow.

Staff told us they enjoyed working for the provider.

**Requires Improvement** ●

# Destiny Care Support

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on the 8 February 2017. This was an announced inspection. Forty eight hours' notice of the inspection was given to ensure that staff we needed to speak to were available. The inspection was undertaken by one inspector.

During the inspection process we spoke with one person who used the service and one person's relative. We asked what it was like to receive care and support from the service. We reviewed two people's care documentation and associated records. We spoke with one person, one relative and one member of care staff, the registered manager and the provider.

We looked at staff's recruitment, supervision and training records, and spoke with the registered manager about the systems in place for monitoring the quality of care people received. We reviewed the service's policies such as those relating to accidents and incidents, medicines, complaints and quality assurance.

Before our inspection we reviewed the information we held about the agency. We reviewed the provider's 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.

We considered the information which had been shared with us by the local authority, looked at safeguarding alerts which had been made and notifications which had been submitted. A notification is information about important events which the provider is required to tell us about by law.

# Is the service safe?

## Our findings

We found there were shortfalls in how environmental risks had been assessed. Both people who used Destiny Care Support services' had access to and used facilities at a residential care home which was also owned by the provider. However the provider had not adequately assessed all potential risks associated with these routine interactions. Areas which lacked detailed assessment included entry and access to the residential care home and shared transportation. The registered manager acknowledged a culture of 'custom and practice' had evolved and these areas required more formal assessment to ensure people's safety. This was an area that requires improvement.

Care staff had completed safeguarding training and had a good understanding of safeguarding issues and different types of abuse. One care staff told us, "If I had any worries I would speak to the manager straight away." Staff told us if they were not satisfied with the response from the registered manager they would refer concerns to the local authority to ensure people's safety. The registered manager was aware of their responsibilities to report concerns to the local authority if a person was at risk of abuse and had policies to respect people's rights and keep them safe from harm and abuse.

Staff told us there were sufficient numbers of staff to support people and meet their assessed needs. The registered manager said, "There are regular reviews and we would raise our concerns if we felt these (staffing numbers) weren't right."

At the time of our inspection people required limited support with their medicines. One person was supported by a family member with their regular prescribed medicines and care staff were only required to support with 'as required' PRN medicine. The provider used appropriate medicines administration records (MAR) to document when these medicines had been offered and administered. Staff had clear guidance to follow as to when it was appropriate to offer the PRN medicine.

Accident/ incident forms were completed appropriately and consistently. When an incident occurred whilst staff were supporting people in the community staff recorded key information and a more detailed report was completed and given to the registered manager to ensure they had clear oversight.

Records confirmed staff were recruited in line with safe practice. Employment histories had been checked and suitable references obtained. Care staff had completed Disclosure and Barring Service checks (DBS) when they started their employment with the provider. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who used care and support services.

Care records contained various assessments which identified how risks associated with care and support could be mitigated to keep people safe. Assessments including clear guidance for staff on the risks associated with behaviours that challenged and how to mitigate these. These documents were routinely reviewed and were designed to capture information which could minimise risks whilst supporting people.

## Is the service effective?

### Our findings

We found the effectiveness of the support provided in some areas requires improvement. It is good practice for providers to be assured of the advocacy status for people they support. Where a person lacks capacity to make decisions in areas such as their finances, daily living and support needs, having information related to advocacy arrangements ensures the provider works within the framework of the Mental Capacity Act 2005 (MCA). The provider did not hold information and was unable to clarify the arrangements in place should a decision regarding welfare and health be required. The registered manager committed to ensure care documentation held this information where relevant.

There was limited information available for staff in regard to one person's ongoing health care treatment for a specific concern. The registered manager was able to offer a high level summary of the care they had received however did not have detail on their past and current treatment plan they were under from a health care professional. This meant when the person was being supported; staff could not be certain of indicators which may require a healthcare intervention. This aspect of healthcare impacted on this person's daily routine and moods and as such the provider should have a clear understanding of how to support this person more effectively with this aspect of their health care.

Staff completed supervision with the registered manager on a two monthly basis. Meeting minutes identified a range of issues were discussed including updates on individual people, attendance, training and career progression. Although staff supervision was completed regularly the registered manager had not established systems to complete 'spot checks' and observe care staff whilst supporting people. One person's support needs were currently being met by staff predominately in the community. The registered manager had not undertaken observations of staff practice and would be unable to provide meaningful feedback on their performance and identify development areas to these staff. The above areas require improvement.

Records indicated staff completed a range of training to ensure they had the skills and knowledge to support people. A staff member told us about a recent training course they had attended and how they felt more confident supporting a person with behaviours that challenge as a result. The staff member added, "The training has been good, we do a mix of classroom and online." Training includes areas such as, epilepsy, positive behaviour, depression, and first aid.

Staff had completed training in the Mental Capacity Act 2005 (MCA) and understood that when people were unable to make decisions regarding their daily living they would work in the person's best interest. The registered manager had ensured staff discussed the MCA principles in supervision and staff meetings. The registered manager said, "If a person can't consent to care then staff will work in their best interest for however if issues arise where for more complex decisions I would involve care professionals such as people's social workers and GP."

People received limited support with meal preparation however one person routinely used day care facilities owned by the provider. A person's family member told us they were, "always pleased" with the



food their family member received whilst using this service.

## Is the service caring?

### Our findings

We received positive feedback from people and their relatives as to the caring nature of staff. One relative told us, "They have been very good; always patient and caring." Care staff showed a caring attitude towards people. One staff member said, "I will always try my best to do a good job, I enjoy my work, it can be challenging but very rewarding." A person told us staff were friendly and they could chat with staff.

Staff had encouraged friendships between people that used the service and other people who lived at a residential service operated by the same provider. The registered manager said, "It has been really positive, really good friendships have been formed which have been beneficial to all involved." On the day of our inspection one person was looking forward to their trip to an evening club with another person from the residential service.

People had been involved in the planning of their care. A person's relative told us they felt involved in the care that was provided to their family member. The registered manager told us, "We held a recent care planning meeting where we involved family and social care professionals and the client also attended the meeting."

The provider told us a key strength of the service was the high level of continuity they were able to offer. Two staff members worked exclusively with one person which meant they had in-depth knowledge of the person and their support needs. A staff member spoke with genuine kindness and knowledge about recent challenges one person had undergone as a result of changes in their health.

People were offered choices in relation to their daily routines. We observed staff offering a person choices on food and activities and used approximately communication strategies which were in line with the person's care plan.

People's care documentation was held securely in the service's dedicated office. Only staff who worked for the provider had access and when not occupied the office was locked. The provider told us, "Staff are regularly reminded about the importance of privacy concerning client's records." Care staff told us they returned care records back to the office regularly to minimise the amount left in people's homes.

## Is the service responsive?

### Our findings

The provider had systems to canvass people and their relatives for feedback on the service provided. However we found an example where feedback received had not been responded to in a timely manner. The registered manager acknowledged that although the feedback was part of an on-going issue the information should have been formally responded to.

A person's care plan identified car journeys could be used as a strategy to reduce anxiety; arrangements had been made to have a suitable vehicle available to provide this opportunity. The registered manager told us this person could spend large parts of the day being driven around by staff. They said, "The travelling and motion can reduce anxiety and provide sensory stimulus." The registered manager identified recent referrals had been made, in conjunction with the person's assigned care manager, to health care professionals to investigate alternative strategies and to lessen this person's reliance on car journeys. The registered manager acknowledged that the involvement of additional health care professionals would be beneficial and committed to explore further options such as a sensory assessment and occupational therapy.

People's needs had been assessed before they used the service. However care plans did not always clearly reflect this assessment or identify how staff could provide effective support. For example one person's care documentation failed to capture detail to provide clear care delivery guidance for staff. This person's behaviour support plan indicated if the person became 'upset' over a specific issue then staff were to 'offer support'. It did not provide clear strategies as to how they should do this.

One person routinely accessed a day care facility within a residential service the provider also operates. Whilst the person attended the day care facilities the staff who supported them were able to use the kitchen to prepare food. On the first day of our inspection the person undertook some arts and crafts in one of the lounges. The registered manager said, "It is really helpful to have access to the day care; it provides an opportunity for them to be involved with more structured activities."

People were provided with a good level of continuity of care in relation to staff that supported them. Staff told us they felt they had enough time to spend with people. One relative told us, "The same staff are used which is helpful to keep things the same."

People and their relatives told us they were always able to contact the service when they had queries or concerns. During our inspection we saw a person approach staff to request additional support and staff accommodated their requests in a friendly and professional manner. The provider had a complaints policy and people received information in a suitable format when they began using the service. At the time of our inspection there had been no complaints.

## Is the service well-led?

### Our findings

Although the provider had established some quality assurance systems, these had not provided them with clear oversight of all aspects of care delivery. For example there had been limited tracking of a complex care package where routine support had been interrupted due to factors outside of the providers control. The registered manager was able to provide clear verbal explanations as to why these interruptions occurred; however they were unable to evidence how often these interruptions had happened and the reason behind each individual occurrence. The registered manager acknowledged having this historic data would be helpful when attempting to illustrate the complexities of the care package with external stakeholders.

We identified specific issues the registered manager had experienced in regard to a package of care. The issues were complex and involved multiple stakeholders. However a matter involving transport had not been clearly addressed by the registered manager. This issue had the potential to negatively impact on a person's anxiety levels. The registered manager acknowledged they could have managed and formalised this more effectively to remove any uncertainty as to the parameters of their responsibility.

One person receiving support from the provider had an individual housing tenancy agreement which was separate from their care arrangements. However as the provider was also the landlord they had failed to ensure the documentation made it expressly clear that they could choose, if they wished, a different care provider. The person had capacity and was happy with the current arrangements however it is good practice to ensure there is clear separation and choice offered in these circumstances. The provider committed to arrange for new documentation to be put in place that made it clear that an alternative care provider could be chosen if they wished.

We found the some aspects of record keeping required improvement. The shortfalls were in part due to the provider's failure to ensure there was clear separation between the two services they operated from the same site. For example some staff training records including the registered managers were not available. In addition a care plan did not contain complete information on a person's communication preferences. Although this had not had an impact due to the high levels of staff continuity. The registered manager acknowledged this continuity could not be assured indefinitely and this information would be required to provide guidance for any new staff.

The registered manager told us they were able to contact the provider if they had issues they wanted to discuss; however they also said they had not always felt effectively supported by the provider. The provider had not completed their own quality assurance checks on the service provided. It is good practice for the provider to ensure there is another tier of management oversight of a service.

We found the providers policies and procedures did not always accurately reflect the type of service undertaken. The registered manager told us they had been instructed by the provider to adapt polices to fit the activities and scope of the agency. However the policies being used were designed for use by residential services. For example the provider had a policy in place for Deprivation of Liberty safeguards (DoLS) which is not relevant when people received care in their own homes.

The above issues and the shortfalls in governance and leadership not having clear oversight of the service are a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager told us they as the agency was small they had benefited from links they had established with other care agencies in the area. They said, "Having the contacts has been really helpful as I can pick up the phone and chat through best practice and discuss how other agencies approach issues." Staff told us they enjoyed their work and felt they could approach the registered manager if they required support or clarification on work related matters.

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 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had not established effective systems to assess monitor and improve the quality of the service.</p> <p>Care records were not consistently accurate or complete.</p> <p>Regulation 17(1)(2)(a)(b)(c)</p>