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Destiny Care Support

Inspection report

Crowhurst Care Home
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Battle
East Sussex
TN33 9AE

Tel: 01424830754

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

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.

Not everyone using Destiny Care Support received the regulated activity. CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. At the time of our inspection two people were using the service, however only one was provided support with personal care.

The service 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.

At our last inspection, we rated the service as requires improvement with one breach to the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. During this inspection, we found significant improvements had been made and the provider is now meeting the regulations.

The person was supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. However, the provider did not always understand who could legally give consent on the person's behalf. We have made a recommendation.

Staff had a good knowledge of how to keep the person safe and how to recognise signs of abuse. There were individual in-depth risk assessments completed, which were person and task specific. Where risks had been identified, actions had been taken to manage the risks and promote the person's choices. Staff were aware of the person's needs and followed guidance to keep them safe. There were sufficient numbers of staff to ensure their safety.

Staff had the skills and knowledge to support the person's needs. This was achieved through induction, training, regular supervision and team meetings. Nutritional needs were met. The person was given choice and control over what they wanted to eat and drink while still encouraged to make healthy choices. They were also encouraged to be independent when preparing food. The person's health and social well-being was promoted through regular input from professionals.

The care plan was detailed and tailored to their individual needs. Staff knew the person they cared for well and understood their specific communication and behavioural support needs. Staff had supported and encouraged the person to engage with a variety of social activities of their choice and this had improved with time and patience. Staff treated them with kindness, compassion and respect and promoted their independence and right to privacy.

From our observations and views from professionals and staff, it was clear the registered manager was thought highly of. They sought feedback from professionals and relatives to improve the service and responded quickly to any issues or concerns. The management team promoted a strong team work ethos which made staff feel appreciated in their role.

Further information is in the detailed findings below.

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.

The person had risk assessments that were task specific and reviewed regularly.

Recruitment practises were safe.

The person received their medicines safely.

Staff demonstrated good understanding of safeguarding processes and knew the procedure to follow for suspected abuse.

Is the service effective?

Requires Improvement ●

The service was not consistently effective.

The provider did not always demonstrate full understanding of who could legally give consent on behalf of people without capacity.

Staff had suitable induction, training and supervision to ensure they had the skills and knowledge required to support the person.

The person's nutritional needs were met.

The service supported the person to maintain close links to health professionals.

Is the service caring?

Good ●

The service was caring.

Staff knew the person and their support needs well and encouraged them to be as independent as possible.

Staff were kind and considerate in their interactions with the person.

The person had their privacy and dignity respected.

Is the service responsive?

Good ●

The service was responsive.

The person was provided with a range of activities to ensure their social stimulation and well-being.

The person had a care plan tailored to their individual needs, wishes and preferences.

Staff were confident with how the person communicated and used a variety of tools to support this.

There was a clear complaints policy and issues were dealt with in a timely and professional manner.

Is the service well-led?

Good ●

The service was well-led.

Staff and professionals spoke highly of the registered manager and felt the service was well-led.

There was a strong emphasis on team working and developing the service to continually improve.

Feedback was sought regularly to improve the service.

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.

This inspection took place on 12 July 2018 and was announced. We gave the service 48 hours' notice of the inspection visit because the location provides a domiciliary care service and office staff are often out during the day. We needed to be sure that they would be in.

Before the inspection, we checked the information we held about the service and provider. This included previous inspection reports and any statutory notifications sent to us by the registered manager. A notification is information about important events, which the service is required to send to us by law. We also reviewed the Provider Information report. This is a form that asks the provider to give some key information about the service, what they do well and improvements they plan to make.

Two inspectors completed the inspection. Due to the nature of the person's complex needs, they were not able to tell us about their experiences, so we observed the care and support that they received while having day support. We spoke with two staff and the registered manager. We spent time reviewing records, which included one care plan, two staff files, staff rotas and training records. Other documentation that related to the management of the service such as policies and procedures, complaints, compliments, accidents and incidents were viewed. We also 'pathway tracked' the care for the person using the service. This is where we check that the care detailed in individual plans matches the experience of the person receiving care.

Following the inspection, we spoke with two professionals about their experiences for the person supported by Destiny Care Support.

Is the service safe?

Our findings

At their previous inspection, Destiny Care Support were rated Requires Improvement in Safe. There was a lack of risk assessment for people who had access to the facilities at the residential care home that was also owned by the provider. At this inspection, we found that the registered manager had addressed these concerns through risk assessments and through discussions with people from both services.

Although the person was unable to tell us they felt safe, we observed they were comfortable and relaxed around staff that knew them very well. Professionals also told us they felt the person was safe.

In-depth risk assessments had been completed for the person, staff and the building, that were person and task specific. They detailed any risks and how the person could be supported to manage these. There were detailed plans to support the person with managing anxiety. There was information on early warning signs, situations to avoid and how to support the person during and following any incidents. The registered manager had a pro-active approach to risk taking. An example of this was for a risk assessment that enabled the person to do an activity of their choice. The registered manager discussed potential risks with the staff team, the person's relative, a care manager and other professionals that organised the activity. Together they planned how it could be achieved and put additional measures in place to ensure the person could enjoy the activity and remain safe.

Medicines were managed so that the person received them safely. Staff were very knowledgeable of the medicine that the person required and talked about this in depth. Some medicines were needed on an 'as and when required' basis (PRN). There were detailed PRN protocols for each medicine. These records detailed why the medicine was prescribed and the dose to be given, as well as how the person would indicate they were in pain, side effects and when the GP would need to be consulted. They also included the procedure to follow if the person refused their medicines. Staff told us that any PRN medicines prescribed to manage anxiety were used as a last resort, because they could support the person by following positive behaviour support guidelines.

The provider had completed thorough background checks as part of the recruitment process. This included applications to the Disclosure and Barring Service, which checked staff were suitable to work at the service. References from previous employers were also sought regarding their work conduct and character and these were evidenced in staff files.

The person was supported by the same two staff each day. This ensured that the person could receive continuity with their care and feel secure with familiar staff. The registered manager was available as a third staff member to cover any absences. The person also regularly used facilities at another care service owned by the same provider. This meant that they were familiar with staff that worked there. The registered manager explained that this was part of their contingency plan for emergency situations. An example of this could be in severe weather conditions where carers are unable to travel. In an emergency, staff from the other service could also provide support to the person and be aware of their support needs.

In the last year, there had been no accidents or safeguarding incidents at the service. However, the registered manager demonstrated a good knowledge of how to recognise and report signs of abuse. They were aware of the process to follow if they believed a person was at risk of harm and phone numbers for the local safeguarding team and CQC were displayed on the wall. Staff also had good understanding of the Whistleblowing policy and when they may need to use it.

Staff had a good understanding of infection control and how to prevent the spread of infection. Staff explained that there were gloves and aprons readily available for cooking or for personal care and we observed these being used throughout the inspection. Staff also told us they kept personal protective equipment in their work bags so that they could be used, if required, when out on trips or activities.

Is the service effective?

Our findings

At their previous inspection, Destiny Care Support was rated Requires Improvement in Effective. This was due to limited information about a person's on-going healthcare treatment being available to staff. There were also concerns raised about the registered manager not completing spot checks or observations on staff to ensure they were providing effective support. During this inspection we found that significant improvements had been made. However, we found other concerns which meant the service was not always effective.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 make decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

The registered manager had been advised by a health and social care professional to obtain consent from the relative because the person was unable to do so. However, staff were unsure whether the relative had the legal authority to consent on behalf of the person and had not confirmed this with the health and social care professional. During inspection, the registered manager began the process of speaking to relevant professionals to identify who had legal authority. They understood how to ensure supported decision documentation met the regulations. If the relative did not have legal consent, they knew these documents would need to be implemented immediately.

We recommend that the provider review guidance regarding lasting powers of attorney to ensure they are always meeting best practise guidance.

We did see some positive practise regarding MCA. We observed that the person was offered choice in all aspects of their care. For example, they were asked what they wanted to do, eat or drink, using pictures to communicate their decisions. Staff had a good knowledge of mental capacity and how it related to the person they supported. One staff member said, "MCA and people's choice should be our first thought in everything we do." Another said, "It is all about choice and people come first always."

Staff had the appropriate skills and knowledge to support the person. They told us they received training in MCA, DoLS, Equality and diversity, food hygiene, health and safety and first aid. They also attended more specialised training in positive behaviour support and administering emergency medication. We viewed the training plan for the service and found all training was up to date and reviewed regularly. There were opportunities for staff to complete a National Vocational Qualification (NVQ) in Social Care for those who wished to develop their skills and knowledge. An NVQ is a work based award that is achieved through assessment and training. To achieve an NVQ, candidates had to prove that they had the ability (competence) to carry out their job to the required standard.

Staff told us that their induction was good and provided them with all the information they needed to be able to support the person. This included online training, reading of policies, procedures and people's care

plans. Staff were also given the opportunity to shadow more experienced members of staff and told us this was essential in developing their knowledge of the person, their preferences and routines. It also gave the person opportunities to get to know staff that would be supporting them. Records showed that new staff completed the Care Certificate as part of their induction. This qualification sets out the standards expected of staff and guides them in providing safe and guaranteed care. All staff received regular supervisions and told us they found them helpful. Appraisals were completed annually and considered staff's individual goals, positive work practise and areas for improvement.

The person's nutritional needs were met. They did not have any specific support needs regarding eating and drinking, however the registered manager told us that due to a specific health concern, this was continually being monitored. The person was encouraged to choose what they wanted to eat and to prepare it as independently as possible.

The service supported people to maintain good health and well-being with input from health and social care professionals on a regular basis. This included extensive work with a care manager and behavioural professional in supporting the person with managing their anxiety. This partnership working meant that there had been a significant reduction in incidents. We saw in care documentation that the person had also been supported to access the learning disability team, their GP, dentist and other therapists when required. A professional we spoke to said, "The registered manager always responds to changes in people's needs and all the staff seem to know the person very well."

Is the service caring?

Our findings

Staff told us that they were passionate about working with the person and they loved coming to work each day. They said, "I love it here and learn so much" and, "It's fun, challenging and a pleasure. You go home knowing you've done something worthwhile."

It was clear that staff had a very good understanding of the person's likes, dislikes and preferences. They had a book which staff told us they read every day. The person started reading the book and although staff knew the story off by heart, they still spoke enthusiastically about it, because they knew how much the person enjoyed it. During this interaction, the person was smiling and engaged with staff.

We spent time observing interactions between the person and staff. There was a calm and positive atmosphere. Staff were smiling and chatting with the person continuously. They responded instantly to any changes in mood. For example, during the day, the person became distressed with the amount of people in a small room and so staff moved the activity to a different area. The person initiated lots of physical contact with staff that supported them, such as touching their face, holding their hands or pressing their forehead to theirs. This was all identified as signs that the person was feeling relaxed and happy in their care plan.

Staff told us they genuinely cared for the person and were proud of their achievements or when they reached personal goals. One staff member talked to us about the increase of activities and said, "(Person) has come such a long way, particularly surrounding challenging behaviour. I'm very proud of the work our team has done."

We saw lots of examples of staff promoting independence and supporting the person to do as much on their own as possible. During the inspection, the person was making a cake with staff. They were encouraged to pour out ingredients, measure and stir the mixture. When the person indicated the TV was too loud, staff handed them the remote control and showed them how to lower the volume themselves. When preparing food, staff only offered support when it was needed. Staff also gave us examples of encouraging the person to be as independent as possible when supporting with personal care. Praise was given each time the person did an activity independently. However, if the person declined, staff respected this and tried something else instead.

Equality and diversity was respected and professionals felt that the person was treated well. Staff gave examples of maintaining the person's dignity when supporting with personal care and always asking their views and consent. Staff knew how to maintain confidentiality and that information was shared on a "Need to know basis" only. Any concerns about the person and their support needs were discussed in a secure, private location. Staff gave examples of having to call professionals and ensuring information could not be overheard. The person's care plan was locked away in the office and systems password were protected to maintain their privacy.

The caring principles of the service included the well-being of their staff. One staff member said, "It really feels like we look after each other as a team here. The registered manager is always making sure we are

alright and offering us support." Staff told us this support made them feel listened to and valued.

Is the service responsive?

Our findings

At their previous inspection, Destiny Care Support were rated Requires Improvement in Responsive. This was due to some feedback not being responded to within a timely manner, further strategies being required to support a person to manage their anxiety and a lack of detail on positive behaviour support plans. During this inspection we found that significant improvements had been made.

Professionals told us that they felt the service was responsive to people and their support needs. One professional said, "The registered manager and staff work hard to ensure everything is just right with the care provided."

Although no formal complaints had been received recently, there was a clear complaints protocol and easy read documentation available to support the person to raise any issues. The registered manager explained that they felt they had reduced the formal complaints procedure being used through consistent and open communication with relatives. They said, "Even smaller issues are dealt with immediately before they escalate into larger complaints." They gave an example of where they had received concerns of a person's vehicle not being maintained properly. The registered manager introduced daily and weekly vehicle checks and ensured it was cleaned once a month to ensure these issues didn't occur again. Staff also had a good understanding of how to manage complaints. One staff member said, "The important thing is to apologise, find out what happened and discuss with the team where we went wrong."

From August 2016, all organisations that provide NHS care or adult social care are legally required to follow the Accessible Information Standard. The standard aims to make sure that people who have a disability, impairment or sensory loss are provided with information that they can easily read or understand so that they can communicate effectively.

Staff were very knowledgeable of the person's communication needs and used a variety of tools to support. This included the use of pictures and photos on a daily planner. We observed staff offering a person choice by using this system. The person chose what they wanted for lunch and what activities they wanted to do by selecting the relevant picture. The person had an individual communication plan that detailed how they communicate and what different actions or facial expressions may mean. There were pictures of Makaton signs, a form of sign language, that the person uses. We saw the person communicating with one word and staff knew what this meant and responded appropriately. Some care plan documentation was also in an easy read format. For example, the section on "All about my health" was pictorial.

The person received care that was tailored to them as an individual. A pre-admissions assessment was completed with the person before they received support from the service which identified their support needs, preferences and wishes. These were used to formulate the person's overall care plan and included a detailed sensory support assessment. This identified the person's sensory needs. Staff told us they were involved with writing and updating people's care plans so they always contained up to date and relevant information. Staff praised the person's care plan, one telling us, "There is so much information in care plans. Absolutely everything you need to support them."

The person had a key-worker; this was a named member of staff who had a central role in their life and would oversee their support needs and care plan. We viewed monthly key worker reports where support needs and care plans were reviewed. Staff also had daily contact with the person's relative. A staff member told us, "When we take the person home, we have a handover about how they have been and what they have done. We have a good relationship and because we are always communicating, support needs are always up to date."

The person took part in activities that encouraged social interaction and wellbeing and had complete choice and control over what they wanted to do each day. The staff team now had clear guidelines on how to support the person. Relationships had been built between staff and the person which resulted in less behaviours and the person was gradually doing more activities. They were now going swimming and to the supermarket, activities they had not done for a long time. Other activities included cooking sessions, going out to the seaside or to Raysteade, an animal sanctuary. The person also accessed a day room at another service owned by the provider. This had been adapted to meet their sensory needs and included sensory lights and objects, musical instruments, soft furnishings and bean bags for the person to relax on. There was also a TV and computer so they could watch their favourite TV programmes. The registered manager told us they wanted to plan more activities that would include relatives and members of the public. An example of this was a planned Macmillan coffee morning, where other local clubs and neighbours had been invited to attend.

The person was not receiving end of life care at the time of inspection, nor was this an issue that had been identified for the near future. The registered manager told us, "If needs were to change unexpectedly, we would do everything we could to support the person. This would include working with care managers and relative's."

Is the service well-led?

Our findings

At their previous inspection, Destiny Care support were rated Requires Improvement in Well-led, with a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was due to a lack of quality assurance systems that didn't always provide clear oversight of inconsistencies and lack of information in people's care plans. There were also concerns raised that the policies and procedures were not reflective of the service and that the provider had not completed their own checks on the service provided. We found that significant improvements had been made and the provider is now meeting the Regulation.

There were a number of quality audit tools, which looked at staff and people's care records, complaints, accidents and incidents. These audits were completed and analysed by the registered manager and ensured that documentation remained up to date and relevant. Information we received from staff, relatives and professionals was reflective of what we read in the person's care plan and what we observed. Audit records showed that any issues identified, were actioned immediately. Policies and procedures had been amended so that they were reflective of the service. The provider of the service also completed regular audits, using CQC's Key Lines of Enquiry (KLoE's) to ensure that regulations were being met. The registered manager told us that they felt "Well supported" by the provider and they spoke with them most days either by phone or email.

We received positive feedback about the registered manager and how the service was run. Although the person was unable to tell us their thoughts about the registered manager, we could see that a strong relationship had been built between them, based on mutual trust. When the person saw the registered manager, they smiled and hugged them, resting their forehead on theirs. Professionals described them as, "Very good and knowledgeable of people and processes" and, "Very responsive and very caring." Staff also spoke highly of the registered manager. They told us, "We have a great team and they (the registered manager) are so supportive" and "They are very approachable and answer any questions, even when I think they must sound silly."

The registered manager was passionate about their role and talked to us about plans to develop the service. The most important thing, they told us, was "Getting staff to share in visions for the person, service and future." There was a strong emphasis on team work and achieving mutual goals together. One staff member told us, "We are all very open, discuss issues and resolve them together." Another said, "I think that the team getting on works well for the people. It helps to create a natural, friendly environment for them to be in." Staff told us they attended regular staff meetings where they could discuss any concerns they had, as well as training, risk assessments, health and social care updates. One staff member said, "Although meetings are often, we talk to the registered manager every day so we always feel supported."

Spot checks were carried out on staff regularly. They were completed to ensure all staff were providing safe and effective care. These assessments monitored whether the staff member met all care needs and how they interacted with the person. Feedback was then given about positive work practice or areas for improvement.

Questionnaires were given to people, staff, relatives and professionals to gain their views on the service. Views were generally positive from all questionnaires received and any issues raised, addressed by the registered manager.