

Destiny Intergrated Care Limited

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Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

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 7 and 8 September 2016 and was announced.

Destiny Integrated Care provides personal care to people who live in their own homes.

At the time of our inspection the provider confirmed they were providing personal care to 12 people. Prior to this inspection we had received concerns in relation to the care people were receiving and the management of the service. We therefore needed to ensure that people's care was being delivered in line with the fundamental standards.

There was a registered manager in post. 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.

Medication administration was not always recorded accurately. Medication Administration Records (MAR) were not being used for the application of topical medicines. Topical medication was being administered as prescribed, but this information was being recorded by staff within a person's daily notes, and not on a MAR. This meant that the correct recording procedures were not being followed. People told us they were happy with the way in which they were supported with medicines, and we saw that MARS were in use for all other medication being administered.

Staff had a good understanding of abuse and the safeguarding procedures that should be followed to report abuse and were confident in using them. There were risk assessments in place to guide staff to support people safely within their homes, and enable people to be as independent as possible.

We saw that there was a sufficient amount of staff employed within the service which meant that staffing levels were adequate to meet people's current needs.

The staff recruitment procedures ensured that appropriate pre-employment checks were carried out to ensure only suitable staff worked at the service.

Staff all confirmed that they had a thorough induction into the service and that on-going training was provided to ensure they had the skills, knowledge and support they needed to perform their roles.

Staff told us they were well supported by the registered manager and senior team, and had regular one to one time and the opportunity to discuss anything of concern with their manager.

People's consent was gained before any care was provided and the requirements of the Mental Capacity Act 2005 were met.

People were able to choose the food and drink they wanted and staff supported people with this when required.

People were able to have support to access health appointments if required.

Staff treated people with kindness, dignity and respect and spent time getting to know them and their specific needs and wishes.

People were involved in their own care planning and were able to contribute to the way in which they were supported.

The service had a complaints procedure in place to ensure that people and their families were able to provide feedback about their care and to help the service make improvements where required. The people we spoke with knew how to use it.

Quality monitoring systems and processes were used effectively to drive future improvement and identify where action was needed

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 systems in place for the safe management of medicines were not always being used accurately.

Staff were knowledgeable about protecting people from harm and abuse.

There were enough trained staff to support people with their needs.

Staff had been safely recruited within the service.

Is the service effective?

Good 

The service was effective.

Staff had suitable training to keep their skills up to date and were supported with supervisions.

People could make choices about their food and drink and were provided with support if required.

People had access to health care professionals to ensure they received effective care or treatment.

Is the service caring?

Good 

The service was caring.

People were supported make decisions about their daily care.

Staff treated people with kindness and compassion.

People were treated with dignity and respect, and had the privacy they required.

Is the service responsive?

Good 

The service was responsive.

Care and support plans were personalised and reflected people's individual requirements.

People and their relatives were involved in decisions regarding their care and support needs.

There was a complaints system in place and people were aware of this.

Is the service well-led?

Good ●

The service was well led.

People knew the registered manager and were able to see her when required.

People were asked for, and gave, feedback which was acted on.

Quality monitoring systems were in place and were effective

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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 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 7 and 8 September 2016 and was announced. The registered manager was given 48 hours' notice of the inspection. We did this because we needed to be sure that the registered manager or someone senior would be available on the day of the inspection to help respond to our questions and to provide us with evidence.

The inspection was carried out by one inspector.

Prior to this inspection we had received some information of concern. We therefore reviewed all the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law.

We spoke with three people who used the service, three relatives of people that use the service, four support workers, the registered manager and the director. We reviewed five people's care records to ensure they were reflective of their needs, five staff files, and other documents relating to the management of the service, including quality audits.

Is the service safe?

Our findings

The administration of medication was not always accurately recorded. We saw that topical medication was being administered to a person. The staff supporting the person were recording the administration of this medication within the person's daily notes amongst the other care tasks. The service had medication administration records (MAR) in use for other medications, but they were not being used for topical medication. This meant that the full and proper information about the medication including dosage, route, and type of medication were not being recorded accurately. Other MAR charts being used were accurate and filled out correctly, and people told us that they were happy with the way in which they received support with medication, and that they took the correct medicines at the correct times.

People told us that they felt safe when receiving care. One person said, "I am very happy and feel very safe. They are much better than the last service I used." All the people and relatives of people that we spoke with made similar positive comments.

The staff we spoke with had a good knowledge and understanding about the signs of abuse and how to report it. One staff member said, "We have received safeguarding training so we know what to do. I would report to management and record everything as soon as possible." Another staff member said, "We can use whistleblowing procedures and speak with the Care Quality Commission (CQC) or the police." The registered manager was aware of the requirement to notify CQC about incidents as required and we saw evidence that they had notified us when needed.

People had risk management plans in place to support them with risk present in their lives. One relative told us, "I am happy that all the risks have been covered and the paperwork is good. I can see that the staff work in a safe way, they aren't silly." The risk assessments we saw described the risk and activity, potential hazards, and the risk control measures. They were written in a clear and concise manner, and all the staff we spoke with felt that they were understandable and useful. Areas covered included moving and handling, environmental and medication. We saw that measures were in place to regularly monitor and review all the risk assessments to keep them relevant and up to date.

The service used safe recruiting procedures when hiring all staff members. The staff we spoke with told us that they had undergone a full Disclosure and Barring Service (DBS) check. The registered manager told us that staff were not able to complete any lone working until security checks had been completed. A record of all DBS checks was maintained by the service. We looked at staff recruitment files and found application forms, a record of a formal interview, two valid references and several personal identity checks.

There were enough staff working within the service to cover all the shifts required. The registered manager said, "We are a small company. We currently only have 12 service users and all of our staff work in twos. We have enough staff to cover all the calls, plus myself and the director are trained and experienced carers as well, so we still go out on calls too." All the staff we spoke with confirmed that the calls were covered and that the staffing felt appropriate. We saw rotas which showed us that all the previous and upcoming calls could be comfortably covered by the staff available.

Is the service effective?

Our findings

The staff were able to provide effective support to people using the knowledge and skill that they had developed through training and practice. One person told us, "They do really well. The company is relatively new, and the management have been out supporting and advising the staff, who are doing a good job." All the people we spoke with made similar positive comments. One staff member said, "I feel completely equipped to do the job as the training and support is very good."

All staff members confirmed that they had gone through an induction programme when starting work with the service. The registered manager told us, "As we are a small company, myself and the director have been able to go out with each of the staff members when they joined us. We train people up by letting them shadow us and learn the practical side of the job out in the community. All the mandatory training courses are completed, then we go out with people and help them get to know the clients and learn the practical aspects of the job. When they feel confident, and when we are confident that they are doing a good job, their induction is complete." The staff that we spoke with all confirmed that they had gone through this process. We saw documentation to support the induction process as well as completion of mandatory training courses in areas such as moving and handling, safeguarding, dementia and more. The on-going training of staff was monitored, kept up to date, and maintained by management.

Staff told us that they received supervision from the management within the service. All the staff we spoke with confirmed that they had regular contact with management and were able to get support from them as and when they needed. We saw that the service had a format devised for on-going and regular one to one session with staff where various topics of discussion could be discussed. The staff were also regularly monitored and given spot checks by the registered manager and director who would both work alongside staff as and when required.

We checked whether the service was working within the principles of the Mental Capacity Act (MCA). 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. The staff we spoke with all had an understanding of Mental Capacity Act (MCA). The management knew when capacity assessments and best interest decisions were required.

Consent was gained by staff before carrying out any care tasks with people. One relative of a person said, "I see that the staff always gain consent, they are very good." All the staff we spoke with understood the importance of asking and checking with people or their relatives before carrying out any care. We saw that people or their relatives had signed care plans to give consent when necessary.

People were supported and encouraged to maintain a healthy and balanced diet. People and their relatives told us that they were mostly able to prepare food themselves, but get support from staff if required. The staff confirmed that they could help people with food and drink as required, but people mostly did this for

themselves or had family members help them.

People could have support to access healthcare services if they required it. All of the people we spoke with told us that family members usually supported them to health appointments, but they knew that staff could help them if they needed to. The staff we spoke with confirmed that most people had family members to support them to attend appointments. We saw that where required, information about medical and general healthcare was monitored and kept within people's files.

Is the service caring?

Our findings

People and their relatives told us that they had good relationships with the staff members and were happy and comfortable being supported by them. One person said, "The staff are lovely." A relative of a person said, "The staff have settled in really well with supporting [person's name], this is the best company we have ever used." One staff member told us, "We get to support the same people and build a good relationship with them. We become friends."

People's preferences, likes and dislikes were respected by the staff members that were supporting them. One relative of a person receiving a service said, "We work together. They listen to me and learn what [person's name] wants. Another relative of a person said, "I am very happy that the staff understand us. The care plans are all good and reflect our choices. I have had bad experiences in the past with care companies, but I have no complaints about this one." The staff we spoke with all felt that they had been able to get to know each individual that they work with and start to understand their likes, dislikes and personal preferences. We saw that each person's care plan gave a detailed account of the care tasks required and reflected the specific way in which care should be provided according to a person's preferences. People or their family members were involved in their own care planning. One person said, "I am involved as much as I want to be." All the people we spoke with confirmed that they had been involved with the care planning from when they first started using the service. People told us they had met with the registered manager or director and discussed their involvement and preferences. We looked at people's records and saw evidence to show they were involved in decision making processes, had signed to agree their care. The service had only been open for a few months, but we saw that people had been contacted to review their care and make sure that everything was working well for them. Formal review of care packages were planned and would take place as and when required.

The privacy and dignity of the people receiving a service was respected by staff. One relative of a person told us, "The staff are very respectful of [person's name]. They support her with personal care and always make sure she is covered appropriately. I'm very happy with the way they support [person's name] All the people we spoke with felt that the staff respected their privacy and dignity. All the staff we spoke with were able to explain the importance of respecting a person's privacy within their own home. One staff member said, "I always consider how a person must be feeling. We must always respect privacy."

People were supported to be as independent in areas of their life if they still could be. All the staff we spoke with said that they would encourage people to remain independent by continuing to do tasks or help with tasks if they still could. We saw that information within their care plans clearly outlined the care tasks that staff should undertake, whilst including people in tasks where possible.

We were told that advocacy services could be made available should people require them. At the time of our inspection, no one was using the services of an advocate.

Is the service responsive?

Our findings

People received needs assessments before starting packages of care with the service. One person told us, "The manager came out when I first started. We did the paperwork and then started." The registered manager confirmed that they aimed to contact each person or family of the person within 48 hours of a referral being made. They would then arrange to meet and carry out a pre assessment which looks at all the needs the person has and uses a scoring system to work out the level of care required. Once the service and the person had made a decision to commence care, then the visits would begin. The registered manager and the director told us that they would support people themselves for the first few care visits. This is so that they can continue to assess the care required, get to know the individual, and make a decision on which of the staff team would be best to work with the person in the long run. They would then introduce new staff members that had been selected. People we spoke with confirmed that this process took place.

People received care that was personalised to their specific needs. One person said, "We have settled in really well with these staff and we get on." All the people we spoke with made similarly positive comments. People told us that they usually saw the same staff members which meant they were able to get to know staff and develop a good rapport. One person said, "I see the same staff members, and if it has to change then I get a good explanation why."

We saw that the service had put care plans together that described the care people needed in a way that was personalised to them, and clearly stated personal preference and choice. The service also had person centred plans for people which documented personal history, hobbies and interests, likes and dislikes. We saw that systems were in place to regularly review and monitor care plans to keep them up to date and relevant to people's needs.

People were encouraged and supported to develop and maintain relationships with people that matter to them. One relative of a person said, "I feel very comfortable with the staff coming in to our home. They include me in what's going on and respect my input." The staff we spoke with understood the importance of building a good relationship and rapport with a person's family, as well as respecting a person's right to privacy.

People were given the time they needed to receive care in a person-centred way. All the people we spoke with told us that the staff arrived on time and spent the time required to complete all the care tasks that were necessary and not have to rush. One person said, "They are on time. I know the job can be very busy for them, but I don't feel rushed." We spoke with staff who all told us that they felt they had enough time to care for people properly, develop good relationships, and to travel between one person's house and the next.

The service had a complaints procedure in place and the people we spoke with were aware of it and knew how to use it. One person said, "I have made a complaint. I spoke with the manager about it and it was sorted out very quickly. I have had no problems since and I am happy with the way it was dealt with. We looked at the complaints folder and found a complaints policy which outlined the expectations of the service in dealing with complaints. We saw that complaints had been recorded and a timeline of actions had

been created in response to each complaint. The responses to each complaint that we saw were detailed and resolved each issue to the satisfaction of the person making the complaint.

Is the service well-led?

Our findings

The service had a registered manager in post. People we spoke with told us that they found the registered manager and director of the service to be friendly and helpful. One person said, "I met the manager and can contact her if I need to. It's a very friendly company that appears to be run well." Another person said, "They are a new and small service, but I'm very impressed. It's the best service I have ever had, I can't fault them at all." All the staff we spoke with were very positive about working for the service. One staff member said, "It's very good. I feel very supported and it's nice to work for the service." Another staff member said, "The managers work alongside us and are very good." We observed that the registered manager and the director were both very knowledgeable about the people and staff within the service. We saw that the registered manager and director were both directly involved with people's care which enabled them to fully understand the people using their service and the tasks required of the staff members.

All the staff that we spoke with said they felt valued and supported in their roles. Information was regularly communicated to staff via emails, text messages and phone calls discussing such topics as care planning, general procedures and updates on the service. The service was new and had not yet held a formal staff meeting, but meetings were being planned. The management of the service had met to discuss progress and development, as well as health and safety matters. We saw minutes of these meeting which confirmed they took place. The management often worked alongside staff members or conducted spot checks on their work. This enabled the service to feedback to the staff on any areas for improvement, as well as celebrating good practice

We saw that the service had a staff structure that included the registered manager, the director and care staff. The registered manager told us, "We are a small service at the moment but we hope to grow. If we expand the service we will do it slowly to make sure we manage things appropriately. We want to make sure the quality is there." All the staff we spoke with were aware of their responsibilities as well as the visions and values of the service which were clearly set out.

There was an incidents and accidents recording procedure in place. As the service was new, no incidents or accidents had yet occurred, but we saw the format for recording such events allowed for the appropriate detail to be added. All the staff we spoke with were aware of the procedure and confident about recording and reporting incidents. The registered manager was aware of the responsibility to report certain incidents, such as alleged abuse or serious injuries, to the Care Quality Commission (CQC). We saw records of notifications that had been made where necessary.

We saw that quality control systems had been implemented. Each person had a quality audit form used by management to keep track of their care and all the documentation within it. We also saw that the service had given out questionnaires that asked people their opinion on the care provided, and to comment if desired. Questions around the management of the service, documentation, communication and quality of staff were included.