

DT Careplus Ltd

DT Careplus

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

We carried out this announced inspection by visiting the office on 14 May 2015. Between this date and 19 May 2015, we spoke with the relatives of the two young people who used the service and a relative of a young person who had recently been supported by the service.

At the time of the inspection, the service provided care and support to two young people under the age of 18 in their own homes. They were living with a variety of needs

including learning disabilities, physical disabilities and autistic spectrum conditions. Shortly after our visit, the provider changed the conditions of their registration so that they could also provide care to adults in the future.

The service has a registered manager, who is also the provider of the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are

Summary of findings

‘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.

There were risk assessments in place that gave guidance to staff on how risks to people could be minimised. There were systems in place to safeguard people from the risk of possible harm.

The provider had effective recruitment processes in place and there were sufficient staff to support people safely. Staff understood their roles and responsibilities to seek people’s consent prior to care being provided.

Staff received supervision and support, and had been trained to meet people’s individual needs.

People were supported by caring and respectful staff. They were supported to pursue their hobbies and interests.

People’s needs had been assessed, and care plans took account of their individual needs, preferences, and choices.

The provider had a formal process for handling complaints and concerns. They encouraged feedback from people and acted on the comments received to improve the quality of the service.

The provider had effective quality monitoring processes in place.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

There was sufficient staff to meet people's individual needs safely.

There were systems in place to safeguard people from the risk of harm.

There were robust recruitment systems in place.

Good



Is the service effective?

The service was effective.

People's consent was sought before any care or support was provided.

People were supported by staff who had been trained to meet their individual needs.

The provider worked closely with other professionals in order to meet people's individual needs.

Good



Is the service caring?

The service was caring.

People were supported by staff that were kind, caring and friendly.

Staff understood people's individual needs and they respected their choices.

Staff respected and protected people's privacy and dignity.

Good



Is the service responsive?

The service was responsive.

People's needs had been assessed and appropriate care plans were in place to meet their individual needs.

People were supported to pursue their hobbies and interests.

The provider had an effective system to handle complaints.

Good



Is the service well-led?

The service was well-led.

The provider was involved in the day to day management of the service.

Quality monitoring audits were completed regularly and these were used effectively to drive improvements.

People who used the service and their relatives were enabled to routinely share their experiences of the service and their comments were acted on.

Good



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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 14 May 2015 and it was conducted by one inspector. We gave 48 hours' notice of the inspection because we needed to be sure that there would be someone in the office.

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

make. We also reviewed information we held about the service, including the notifications they had sent us. A notification is information about important events which the provider is required to send to us.

During the office visit, we spoke with the provider and two care staff. We were unable to speak with both people who used the service because they were under the age of 18. Also, their complex needs meant that they were not able to tell us their experiences of the care provided to them. However, we spoke with their relatives by telephone on 19 May 2015. We also spoke with the relative of a young person who had recently used the service and a social worker who was involved in one of the young people's care.

We looked at the care records for both people who used the service, the recruitment records for three staff and supervision records for two staff. We also looked at the training records for all the staff employed by the service and information on how the provider assessed and monitored the quality of the service.

Is the service safe?

Our findings

The relatives of the young people supported by the service said that they had no concerns about the conduct of the staff and their ability to provide care safely. One relative said, “[Relative] is safe. We have no concerns at all about the agency.” A member of staff said, “I know the young people are safe. Their care and safety are our priority.”

The provider had up to date safeguarding children policy and guidance for the staff. Information about safeguarding was displayed in the office and included contact details for the relevant agencies. Staff told us that they had received training in safeguarding. They demonstrated good understanding of these processes and were able to tell us about other authorities they would report concerns to. Staff said that they were confident that the manager would deal appropriately with any concerns raised by people.

The care records showed that care and support was planned and delivered in a way that ensured people’s safety and welfare. As part of the service’s initial assessment process, an environmental safety risk assessment had been completed. This helped the staff to identify and minimise any potential risks in the person’s home. A record was also kept of all accidents and incidents, with evidence that appropriate action had been taken to reduce the risk of reoccurrence.

There were also personalised assessments for each person to monitor and give guidance to staff on any specific areas where people were more at risk. For, example for one person, there were risk assessments in place for the use of equipment such as a hoist and wheelchair so that they would be protected from harm, whilst promoting their independence. The risk assessments had been reviewed and updated regularly to reflect any changes in people’s needs.

There was enough staff to support people safely. A relative of one person told us that their relative was always supported at the times of their choosing. They also said, “Staff are always punctual and efficient. [Relative] can prepare for their day ahead without being rushed and this makes them have a good day.” There was an effective system to manage the staff rotas so that staff supported people when they required it. One member of staff said, “We are always there to support people at their preferred times. We are never late because we know how important it is for the young people to be ready in time for school and other activities.” The manager said, “Consistency is really important because one of our young people has autism. It is important for them to be supported by the same staff at all times.” Another member of staff said that having regular members of staff to support people helped to ‘maintain stability and continuity’.

The provider had an ongoing recruitment programme so that they covered any vacancies as they occurred. They had effective systems in place to complete all the relevant pre-employment checks including obtaining references from previous employers, previous experience, and Disclosure and Barring Service (DBS) reports for all the staff. DBS helps employers make safer recruitment decisions and prevents unsuitable people from being employed.

The service did not support people with their medicines. The provider told us that this was not required at the moment as the young people’s relatives managed their medicines. They also said that training would be provided to staff if they were required to support people with their medicines in the future.

Is the service effective?

Our findings

A relative we spoke with said, “The carers are experienced and professional. They provide very good care for [relative].” Another relative told us, “We are more than happy with the care they provide. They do everything that [relative] needs very well.” One member of staff said, “We do our very best to support people well.” Another member of staff said, “We provide very good care.”

The provider’s training programme included an induction for all new staff and staff told us that this had been effective in helping them acquire the right skills and knowledge necessary to support people well. The provider kept a computerised record of all staff training which made it easier to monitor any shortfalls in essential training or when updates were due. This enabled the staff to update their skills and knowledge in a timely manner. All the staff said that the training they had received was sufficient to enable them to carry out their roles. One member of staff said, “The training we get is really good. We do a combination of computerised (e-learning) or face to face training.” Another member of staff said, “We can discuss with the manager if we feel that we need additional training and they will make an effort to provide this so that we are able to meet everyone’s needs.” They gave us an example of when they had received training and guidance from a professional in order to consistently support a person in a manner that enabled them to develop less challenging ways of communicating their needs.

Staff told us that they had regular support through staff meetings and they could speak with the manager whenever they needed support. They said that they worked well as a team so that they met people’s needs appropriately. One member of staff said, “There is good communication within the team and we have always worked well together.” There was evidence of regular supervision in the staff records we looked at. These meetings were used as an opportunity to evaluate the staff member’s performance and to identify any areas they

needed additional support in. One staff member said, “Supervision happens more frequently because the manager regularly works alongside us to provide care. She is continually supporting us to develop our skills.”

Care records showed that written consent had been provided by the relatives as people being supported were under the age of 18 years. The relatives we spoke with said that staff explained to the young people how they were going to support them and ensured that they were happy with this before any care or support was provided. Staff understood their roles and responsibilities in ensuring that people consented to their care and support. One member of staff said, “We have to always make sure that the young people are happy with the care we provide. We can’t force them to accept support if they don’t want to.”

Staff told us that they rarely supported people with their meals because their families did that. However at times, they took people out for a meal at local restaurants of their choice. One member of staff said, “As the young people are not always able to tell us what they can or can’t eat, we have been guided by their families so that we knew what food they could not eat for health, cultural or religious reasons.” They also said that they occasionally supported one person to eat while at home, but only if they agreed for them to do so because they preferred to be supported by their family members.

People were mainly supported to access additional health and social care services, such as GPs, dentists, and others by their families so that they received the care necessary for them to maintain their wellbeing. Records for one person indicated that the service was involved in multi-agency meetings with the parents of the young person, a social worker and school staff so that the person received more coordinated and consistent support. A member of staff said, “These meetings help us learn skills to adapt to the young person’s needs so that they get the right care for them. We also work closely with the young people’s families because they provide a lot of information and guidance.”

Is the service caring?

Our findings

The relatives of the young people who used the service told us that staff were friendly, caring and kind. One relative said, “Staff are really nice and kind.” Another relative said, “They are all wonderful people.” Comments from a professional we spoke with also indicated that staff were pleasant and caring towards the young people.

People’s relatives said that they were involved in making decisions about their relative’s care and support. They told us that they had been involved in developing the care plans and staff supported people in line with their individual choices and preferences. The care records contained information about people’s needs and preferences, so the staff had clear guidance about what was important to people and how to support them appropriately. We noted that staff understood people’s needs well and the relatives’ comments indicated that they provided the support people required. In our conversations with staff, they also demonstrated good knowledge of the people they supported, their care needs and their wishes. One member of staff said, “We always work closely with people’s families so that we have the information we need to provide very good care to the young people.”

People’s relatives told us that staff respected their relatives’ dignity and privacy. The staff also demonstrated that they understood the importance of respecting people’s dignity, privacy and independence. They gave clear examples of how they would preserve people’s dignity. One member of staff said, “Although we might need to give guidance to the young people at times, we always do so respectfully.” Staff were also able to tell us how they maintained confidentiality by not discussing about people who used the service outside of work or with agencies who were not directly involved in the persons care. We also saw that the copies of people’s care records were held securely within the provider’s office.

Other comments showed that people’s relatives were happy that their relatives were being supported by a consistent group of staff. A relative of a person who had been supported by the service recently said, “The staff are brilliant and [relative] was very happy to see them. They were always looking forward to the staff coming.” The manager told us that as a small team of care staff, they got to know each person they supported very well. This enabled people who used the service and staff to build better relationships.

Is the service responsive?

Our findings

People who used the service had a wide range of support needs. These had been assessed and appropriate care plans were in place so that they were supported effectively. People's preferences, wishes and choices had been taken into account in the planning of their care and had been recorded in their care plans. A relative of one person said, "Staff provide all the relevant care."

There was evidence that care plans were reviewed regularly or when people's needs changed. A relative of one person told us that their relative's care was reviewed regularly to ensure that they continued to receive the care they required, adding, "In conjunction with the local authority, we are currently reviewing if two care staff are now needed to support [relative] safely. Staff told us that as a small service, they had got to know everyone's needs very well so that they provided the care they required. One member of staff said, "We know people's needs and how to look after them to meet those needs."

People were supported to pursue their hobbies and interest. Staff supported the young people to go out particularly at weekends and during school holidays.

Evidence we saw in the care records showed that the young people were supported to access a range of recreational activities including swimming, walking, playing on swings and going to the gym. At times, the young people occupied their days using computers to play virtual games and drawing. Staff told us that they really enjoyed helping the young people to spend their spare time doing what they enjoyed. One member of staff said, "It's nice taking young people out where they like to go. We try and find out what is available locally for them. We are working closely with a young person's family so that they could access other activities available in the community."

People's relatives told us that they would feel comfortable raising any concerns they might have about the care provided. They said that they would in the first instance, speak with the care staff and then the manager if necessary. The provider had a complaints procedure which was included in the information pack given to people at the start of their care package. Everyone we spoke with told us that they had never had any reason to raise a complaint about the care provided by the service. One relative said, "I have had no concerns. The manager and staff are more than wonderful."

Is the service well-led?

Our findings

The service has a registered manager who is also the provider. Staff told us that the manager provided stable leadership, guidance and the support they needed to provide good care to people using the service. She also regularly worked alongside them to provide care and they found her to be knowledgeable and professional. A member of staff told us that the manager was very passionate about providing good care to the young people and this was evident during our meeting with her. Another member of staff said, “The manager cares about the service users and staff. She nurtures, guides and develops us. We get all the support we need and she is friendly.”

The manager promoted an ‘open culture’, where staff, people or their relatives could speak to her at any time without a need to make an appointment. Staff told us that they were encouraged to make suggestions on any actions that they could collectively take to ensure that they provided good quality care, that met people’s needs and expectations. We saw that regular staff meetings were held for them to discuss issues relevant to their roles. They said that the discussions during these meetings were essential to ensure that they had up to date information that enabled them to provide care that met people’s needs safely and effectively. One member of staff said, “We work really well as a team and we have good communication within the team.” Staff told us that they put people who used the service at the centre of everything they did. One member of staff added, “Personalised care is the foundation of this service. Although the manager would like the service to grow, she would never want it to do so at the expense of people getting a service that truly meets their needs.”

There was evidence that the provider worked in partnership with people and their relatives, as well as,

health and social care professionals so that they had the necessary information to enable them to provide the care that people required. They also encouraged others to provide feedback about the service by sending annual surveys. The results of the survey completed in 2014 showed that people and their relatives were happy with the quality of the service provided and staff that supported them. A person’s relative told us, “This is the best service we have been involved with. They are more than wonderful.” A relative of a person who recently left the service said, “We never wanted to leave the service because the manager and care staff are brilliant. We are not happy that this was changed at very short notice by the commissioners from the local authority without much explanation.” The relatives’ positive comments were supported by those from the professional we spoke with who said that the care was very good. Also, comments from the two staff who had recently left were very positive about the quality of the care provided by the service.

A number of quality audits had been completed on a regular basis to assess the quality of the service provided. These included checking people’s care records and staff files to ensure that they contained the necessary information. Where issues had been identified from these audits, the manager took prompt action to rectify these. There was evidence of learning from incidents and appropriate actions had been taken to reduce the risk of reoccurrence. For example, staff told us that following an incident where a person became angry or aggressive towards a member of staff, this was reviewed and a decision made about whether that member of staff was still the appropriate person to provide the care. In that case, a change of staff was not necessary and they continued to support the person with no further incidents. Robust records were kept in relation to people who used the service, the staff employed by the service and to evidence how the quality of the service was assessed and monitored.