

Destiney Social Care Provider Ltd

Destiney Social Care Provider

Inspection report

Unit D23
Alison Centre, 39 Alison Crescent
Sheffield
S2 1AS

Date of inspection visit:
24 August 2021
25 August 2021
26 August 2021

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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?	Requires Improvement ●

Summary of findings

Overall summary

About the service

Destiney Social Care Provider is a domiciliary care service. It provides personal care to adults with a range of support needs who are living in their own homes. There were three people using the service at the time of this inspection. Not everyone who uses the service receives the regulated activity of personal care. Two people were receiving support with their personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where people do receive personal care we also consider any wider social care provided.

People's experience of using this service and what we found

People were happy with the care they received and they told us they felt safe when receiving care from the service. People's care visits took place at consistent times, to suit their preferences. There were systems in place to ensure people's medicines were managed safely and people were protected from the risk of infection. Staff knew how to safeguard people from the risk of abuse and other identified risks to people were assessed and mitigated.

Before people started using the service, their needs and preferences were assessed, to ensure the service could provide the level of care each person wanted. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests. The policies and systems in the service supported this practice. People were supported by staff who received training to ensure they had the right knowledge and skills to support people effectively.

People were treated well by staff who were kind and caring. The service had measures in place to support people to feel comfortable with staff. New staff were introduced to people before they started delivering care to them, so they could get to know each other first. Feedback was regularly obtained from people using the service about individual staff, to ensure they were compatible with each other.

People received personalised care that was responsive to their needs. People told us the service was flexible and their preferences were adhered to. People said they felt able to raise any issues or concerns should anything arise. The provider had a suitable system in place to manage and act on any complaints.

The service had an open culture. Staff at all levels displayed a desire to provide good quality, person-centred care to people. The registered manager regularly sought feedback from people to ensure the service was tailored to their needs and preferences. There were systems in place to monitor the quality and the safety of the service provided. However, some of these systems needed to be more structured, embedded and sustained to ensure they remained effective.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with CQC on 23 June 2020 and this was the service's first inspection.

Why we inspected

This was a planned inspection.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

Destiney Social Care Provider

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was completed by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes.

The service had a manager registered with CQC. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 24 August 2021 and ended on 26 August 2021. We visited the office location on 25 August 2021.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the

information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with two people who used the service and one relative about their experience of the care provided. We spoke with six members of staff including the nominated individual, registered manager, team leader, administrator and two care workers. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included two people's care records and medication records. We looked at three staff files in relation to recruitment and training. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Using medicines safely

- The provider had systems in place to support staff to manage medicines safely. They had suitable medicine management policies which staff were required to follow. Staff received training to support them to manage medicines safely.
- The service was providing limited support with people's medicines at the time of this inspection. When staff were required to support a person with their medicines, this was documented in the person's care plan, detailing the specific medicine they needed support with, and the level of support staff needed to provide. People told us they were happy with the support they received with their medicines.
- The provider had not yet established a structured system to periodically check staff remained competent to administer medicines. The registered manager told us they planned to implement a programme of regular competency assessments shortly after this inspection.
- The registered manager had identified improvements were needed to the records staff made of the support they provided people with their medicines. The service used an electronic care planning system which produced electronic medicine administration records, however, some staff did not always complete these records. They recorded the support they had given in the person's daily notes, however this meant people's records were not as clear and well-ordered as they could have been.

Staffing and recruitment

- There were enough staff employed to safely meet people's needs. People told us staff consistently turned up on time. People commented, "They are very good with the times. They have stuck to my preferences as I didn't want them to come too early or too late" and "They always turn up at the right times. That's the really good thing about them."
- Staff told us they were allocated enough time during each care visit to meet people's needs effectively.
- The provider used safe recruitment practices when employing new members of staff, to check they were suitable to work with vulnerable people.

Systems and processes to safeguard people from the risk of abuse

- The provider had appropriate systems in place to safeguard people from abuse. Staff received training about their responsibility to protect people from abuse. All staff were aware of the need to raise any concerns immediately with the registered manager so action could be taken. All staff were confident the registered manager would act on any concerns they raised, to ensure people were safe.
- People and their relatives told us they felt safe when receiving care from the service. A person commented, "I feel safe and I can trust them."

Assessing risk, safety monitoring and management;

- Systems were in place to identify and reduce the risks involved in the delivery of care to people. People using the service were involved in the care planning and risk assessment process, so they could decide what level of support they wanted from the service. People's care records included assessments of specific risks posed to them, such as risks arising from their home environment, skin integrity and the risk of malnutrition and dehydration.
- People's care records contained enough guidance for staff about how to support people safely, to reduce the risk of avoidable harm.

Learning lessons when things go wrong

- Accidents and incidents were managed appropriately. Staff knew when to report any accidents or incidents so action could be taken to address any concerns and learn lessons. The registered manager understood the importance of investigating accidents and incidents, reporting them to the relevant agencies and acting to reduce the risk of them happening again.

Preventing and controlling infection

- There were systems in place to support staff to control the spread of infection. Staff completed training in respect of infection prevention and control, and they had access to adequate supplies of personal protective equipment (PPE). People told us staff always wore PPE appropriately.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed before the service started to provide any care and support. The registered manager visited people at home to assess whether they could provide an appropriate service. A care plan was created following the assessment process, so staff knew what care people needed and when. A person told us, "I've got a care plan. I created this with them [the service] when I first started receiving care. Then they came out and did a review to make sure I was getting what I wanted."
- People were happy with the care they received. People commented, "We're lucky to get them" and "It's all brilliant to be honest."

Staff support: induction, training, skills and experience

- Staff were supported to develop the right skills, knowledge and experience to deliver effective care. They completed training in a range of different subjects. Staff told us they were happy with the training they received.
- New staff completed an induction to ensure they were competent before they started delivering care to people. The induction process included shadowing more experienced staff.
- Staff received effective support from the provider and registered manager. All staff told us they felt very well supported in their roles. The registered manager had planned regular supervision meetings for each staff member, though this system was not yet embedded at the time of this inspection.
- Spot checks of staff's practice were not always recorded. The registered manager told us they would introduce a structured system for completing and recording regular spot checks, to support them to monitor staff's competence on an ongoing basis.

Supporting people to eat and drink enough to maintain a balanced diet; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were happy with the support they received with food and fluids. A person told us, "They give me lots of fruit to keep me healthy." People's care plans contained information about the support they needed in this area, so staff knew what support to offer people and if people had any dietary preferences.
- The service worked alongside other professionals involved in people's care, as and when required.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- There were systems in place to ensure people consented to their care, if they had capacity to do so, and to ensure the principles of the MCA were followed when people lacked capacity to make decisions about their care.
- The registered manager had a good understanding of the MCA and staff received training to support their practice in this area.
- People told us staff asked them what care they wanted at each visit, which helped to ensure people consented to care delivery on an ongoing basis.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were treated well. People told us staff were kind and caring. A person commented, "Staff are all friendly people."
- The service had measures in place to support people to feel comfortable with staff. A person told us, "They've always introduced new staff members to me. New staff shadow the ones who know me so we can get to know each other first." Feedback was regularly obtained from people about individual staff, to ensure they were compatible with each other.
- We were satisfied care and support was delivered in a non-discriminatory way and the rights of people with a protected characteristic were respected. Protected characteristics are a set of nine characteristics that are protected by law to prevent discrimination. For example, discrimination based on age, disability, race, religion or belief and sexuality.

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- There were effective systems in place to support people to make decisions about their care and express their views. The assessment, care planning and review process ensured people remained actively involved in decisions about how and when they were supported by staff.
- People's privacy was respected and there were systems in place to ensure people's personal information was protected.
- Staff displayed a clear desire to treat people in a person-centred, dignified way and they spoke respectfully of the people they supported.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People received person-centred care which met their needs. Each person had a care plan which recorded the outcomes they wanted to achieve and contained information about how they wanted to be supported. People were fully involved in the assessment and care planning process to ensure their care was tailored to their own preferences.
- People told us they received the care they needed, when they needed it. A person commented, "The staff have all been very good and have asked what I want them to do each time they come. They ask what the priorities for the day are."
- People were supported to access the local community. A person told us, "The staff are all friendly and flexible. If I want to go out somewhere, they are happy to take me out."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were assessed and met. Where people needed support with communication, this was recorded in their care plan so staff knew how to communicate effectively with them.

Improving care quality in response to complaints or concerns

- Complaints were appropriately recorded, investigated and responded to by the provider and registered manager. The provider had a suitable complaints procedure in place, which was followed by the registered manager and staff.
- People and their relatives told us they knew how to complain and felt able to raise any issues or concerns with the registered manager and staff.

End of life care and support

- The service was not providing end of life care at the time of this inspection. The provider had plans to deliver this type of care in the future, once additional staff had been recruited and additional training provided in this area.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. The service was consistently managed; however, improvements were needed to the provider's governance system to ensure all regulatory requirements continued to be met.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The service was managed by an experienced registered manager. Staff were clear about their roles and responsibilities and they received support to deliver a good quality service.
- The provider and registered manager understood the types of incidents that need to be reported to CQC and had notified us of most relevant events, although we identified one incident during this inspection which CQC had not been notified of. The provider agreed to review the notification requirements to ensure a similar omission did not occur.

Continuous learning and improving care

- The registered manager had introduced an audit system to assess, monitor and improve the quality of care. When they identified any issues with staff's practice, feedback was given to staff to support them to improve.
- Some quality assurance systems needed to be more structured and others needed to be embedded, to ensure there was a continuous approach to improving care. For example, the system in respect of staff supervisions, staff spot checks and competency assessments regarding medicines management needed to be fully implemented and sustained.
- The provider used an electronic care management system to support close monitoring of care delivery so they could quickly identify any potential issues. However, improvements were needed to staff's use of this system to allow it to operate as an effective monitoring tool. The provider and registered manager had already identified this and had plans in place to address this issue.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The service had an open culture and staff were confident any concerns or issues they raised would be dealt with appropriately by the provider and registered manager. Staff morale was positive, and staff told us they enjoyed their jobs.
- The provider had a suitable policy in place in respect of the duty of candour. At the time of this inspection there had not been any incidents which required the provider to take action under their duty of candour policy.
- The provider promoted staff's knowledge of the duty of candour through training sessions and sharing information about it in the staff newsletter.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The nominated individual and registered manager made themselves easily available to people using the service, their relatives and staff. This gave them the opportunity to share any concerns or feedback about the service. People commented, "They're always checking that it [the service] is what I want. I couldn't fault them at all" and "[The registered manager] keeps phoning to check we're happy with things."
- Although people and their relatives were encouraged to provide verbal feedback about the service, this was not always recorded to ensure it could be used as part of a structured quality assurance system to improve the service. The introduction of other methods of engaging with people, such as via surveys and questionnaires, was being considered by the provider to strengthen this aspect of the service.
- The provider had links with social care professionals and community health services so they could work in partnership with other organisations.