

Destiny Health Care Services Limited

# Destiny Health Care Services Limited

## 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 ●

# Summary of findings

## Overall summary

### About the service

Destiny Health Care Services Limited is a domiciliary care service providing personal care to people living in their own homes. At the time of the inspection there were 17 people using the service.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

People's safety was promoted through effective systems and processes to protect people from abuse. Potential risks to people had been assessed and care was planned to keep them safe. Staff knew how to report concerns when people's safety and wellbeing was at risk.

People were supported by kind and caring staff who they trusted. Staff had undergone a robust recruitment process and were trained and had the skills and knowledge needed to meet people's care and support needs. There were enough staff to care for people. Staff were reliable and knew how people wished to be supported which promoted continuity of care.

People were supported with their medicines and accessed health care services when needed. People were supported to eat and drink enough to maintain good health.

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 made day to day decisions about all aspects of their care which included their wishes in relation to end of life care.

Staff protected people's privacy, dignity and promoted their independence. People had developed positive relations with staff who were committed to non-discriminatory practices. People's communication needs were met and understood by staff. Information was produced in formats, so people could understand.

People received person centred care that met their needs. Care plans reflected individual preferences, diverse cultural needs and how they wished to be supported. Staff worked flexibly to enable people to attend appointments and family gatherings.

Everyone we spoke with felt the registered manager was approachable and responsive. People were confident complaints would be listened to and acted on. People's views about the service were sought individually and through surveys.

The registered manager understood their legal responsibilities and had developed a culture which put

people's needs at the heart of the service. Partnership with health care professionals and community services ensured people received joined up care. There were effective systems in place to monitor the quality of care provided and to drive improvements in care. Learning was shared with the staff team when things went wrong. Staff were supported and their training was kept up to date.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was requires improvement (published 5 May 2017).

#### Why we inspected

This was a planned inspection based on the previous rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Destiny Health Care Services Limited on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### 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?**

The service remained safe.

Details are in our safe findings below.

**Good** ●

### **Is the service effective?**

The service remained effective.

Details are in our effective findings below.

**Good** ●

### **Is the service caring?**

The service remained caring.

Details are in our caring findings below.

**Good** ●

### **Is the service responsive?**

The service remained responsive.

Details are in our responsive findings below.

**Good** ●

### **Is the service well-led?**

The service remained well-led.

Details are in our well-Led findings below.

**Good** ●

# Destiny Health Care Services Limited

## **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 carried out 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 the Care Quality Commission. 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

This inspection was announced. We gave the service 48 hours' notice of the inspection. This was because we needed to be sure the registered manager would be at the office to support the inspection. The inspection started on 19 December 2019 and ended on 20 December 2019, after we visited the registered office.

#### What we did before inspection

We reviewed information we had received about the service. We sought feedback from the local authority who work with the service 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. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service

and made the judgements in this report.

#### During the inspection

We spoke with six people who used the service and three relatives about their experience of the care provided. We spoke with the nominated individual, registered manager, senior care worker and three 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 four people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, policies and procedures were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe with the staff who cared for them. One person said, "I felt safe and knew it was the right agency for me [during the assessment of needs process]." Relatives were confident staff were able to care for their family member safely. They said, "There's a key safe in place and if there's a problem staff with call me" and "I feel [family member] is safe. The agency booklet has the contact details for office and the Care Quality Commission. I don't worry about [family member's] safety, [name] would tell me if [they] wasn't happy."
- Staff had received training in how to keep people safe from abuse and recognised the signs that might indicate a person was being abused. Staff knew how to report concerns both to the registered manager and the external agencies.
- The service had safeguarding and whistleblowing policies in place. This information was included in the information pack given to people when they first start to use the service, in the staff handbook and was accessible on the provider's website.

Assessing risk, safety monitoring and management

- People told us they trusted the staff to keep them safe. One person said, "[Staff] check I've got my lifeline [personal alarm system] and will ask if there's anything else that needs to be done before they leave." A relative said, "I've watched [staff] when they move [family member]. It's all done safely at [their] pace and they make sure [family member] is comfortable."
- Risks associated with people's physical health, care needs, and the home environment had been assessed. Care plans were detailed and set out how staff should care for and support the person. For example, one care plan stated two staff were needed to move a person and described the sequence and the equipment to be used. Staff we spoke with knew how to reduce risks to keep people safe and the action to take in the event of a fall or injury.
- Risks were regularly reviewed, and any changes were shared with staff to ensure they had up to date information before any care was given.

Staffing and recruitment

- The provider continued to follow safe staff recruitment practices. Staff records contained evidence of a Disclosure and Barring Service (DBS) check and references obtained. Existing staff's DBS status was checked periodically to ensure they remained suitable to work with adults and children.
- People were supported by regular reliable staff. A person said, "Carers are usually on time, maybe a few minutes either way due to traffic. If they're going to be late they will call me." A relative said, "Staff had good time-keeping."
- Staff told us the rotas were planned so they visited the same people, and they had enough time to deliver

the care and support people needed and to travel between calls. This promoted continuity of care for people.

#### Using medicines safely

- People were assessed for their abilities to manage their own medicines and were supported in a safe way. A relative said, "[Staff] will give [family member] the dosset box and they watch [name] take the tablets with a glass of water."
- People's care plans detailed the medicines prescribed and described the level of support required and how they took their medicines for example, with water or juice.
- Staff received medicines training and knew what action to take if someone declined to take their medicines. The registered manager as part of their quality assurance system checked people were supported with their medicines in a safe way and documented to confirm this.

#### Preventing and controlling infection

- People and relatives all confirmed staff washed their hands, used personal protective equipment (PPE) and disposed them safely.
- Staff had received training in how to minimise the risk of infection for people and had a good supply of PPE. A staff member said, "We all follow good hand hygiene practices. We have to wash our hands and use gloves, aprons, hand-gels for each task." The staff handbook had information on infection control which staff could refer to. Staff practices were checked by the registered manager to ensure infection control procedures were followed.

#### Learning lessons when things go wrong

- Staff knew how to report incidents and accidents. Incident forms were kept in the folder in people's homes which staff completed and returned to the office.
- The registered manager monitored and analysed all incidents and accidents to identify any trends, so action could be taken to reduce risks. Any learning from incidents was shared with staff, so they were aware of any changes they needed to make in how they delivered safe care.

# 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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- People's needs were met by trained staff. A relative told us staff used equipment correctly to support their family member and their practice had been checked by the registered manager.
- A staff member said, "First class training and [registered manager] is always testing my knowledge. The training was face to face and practical to show how to help people to dress, use moving and handling equipment, how to prepare food and manage risks." Training completed related to health and safety, promoting person-centred care and when required training was specific to an individual person's needs.
- Staff were supported through regular supervision meetings with the registered manager which helped to identify any training and development needs. The registered manager worked alongside staff to support people and completed frequent checks to monitor staff practices.

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

- People's needs had been assessed by the registered manager. This ensured staff had the skills needed to provide care and further training was provided to meet specific needs.
- Assessments were completed in line with best practice guidance and reflected the Equality Act. People and their relatives, where appropriate were involved in this process to ensure their individual needs, culture, age and disability were recognised and met.
- Staff knew how to support people to meet their needs and how their health condition could affect how staff supported them. For example, a care plan described the person would normally use walking aids but may need to use the wheelchair if they did not feel well.

Supporting people to eat and drink enough to maintain a balanced diet

- People's dietary needs were met. People who had their meals or snacks prepared by staff were involved in discussions about what they wanted to eat and drink. A relative said, "It's made a big difference to [person's] eating regularly a meal and has a drink and a snack between meals." Another relative told us the written food and drink logs assured them their family member had enough to eat and drink.
- People's care plans described people's dietary requirements and the level of support required.
- Staff were knowledgeable of people's individual dietary needs and preferences. Staff told us they always made sure a drink and snack was left within reach so there was something to eat between visits. The food and drink log enabled staff to monitor people had enough to eat and drink and identify potential risk to health, so action could be taken.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported to access health care services when needed. One person said, "The main carer is very good. [They] pick things up like a dry patch on my [body] and suggested I speak with my GP." Another person said, "[Staff] are definitely trained to spot things. [They] noticed my urine was a bit cloudy and I wasn't feeling ok. [Staff] was worried and said I should see my GP. Thankfully, I did because I had a water infection and was given antibiotics."
- Care plans included clear guidance for staff to follow. For example, guidance provided by the community nurse to manage a person's a skin condition. Staff were aware of people's health conditions and knew what action to take when someone was unwell.
- Records showed people's relative, their GP and the community nurse had been contacted for advice and support when people's health was of concern.

#### 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.

- The service continued to work within the principles of the MCA. Staff understood the principles of MCA and encouraged people to make decisions about their day to day care.
- People told us staff sought their consent before providing support. A person said, "Staff always ask me and will offer to help. I'm not demanding and [staff] listen to me." Relatives we spoke with confirmed staff respected their family member's decisions and wishes.
- People's ability to make informed decisions had been assessed. There was evidence of mental capacity assessments when needed and their outcomes.

# 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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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 told us they valued the service they received and the relationships they had with the registered manager and staff. One person said, "I have a good relationship with my main carer, we're always chatting about things and [person's] lovely." A relative said, "I'm happy with our carers and I trust them [with my family member]" and "Kind and perfect in every way."
- People were cared for by staff who enjoyed their work. They said, "I love my job, it's so rewarding knowing that I make a difference to people's lives." And "I know what good care looks like and that's what our clients receive." Staff had developed caring relationships with people. Staff knew them well and described individual preferences, likes and dislikes.

Supporting people to express their views and be involved in making decisions about their care

- People were involved in all aspects of their care from the assessment process to writing the care plan and making decisions about how they wanted to be supported. This enabled people to express their needs and how they wished to be supported. One person said, "They know my routine and how I like everything to be done as I can't do one or two things for myself."
- Information in people's care plans was recorded in a respectful way. People's views were documented, such as their daily routines and preferences such as the gender of staff to support them. One person said, "My carers know me well, we chat about lots of different things, usually football when it's [male staff member]."
- People were regularly asked about the support provided. One person said, "[Registered manager] also cares for me. It's a good chance for me to tell her if there's a problem." Any changes to people's care was shared with the relevant staff and the person's care plan was updated. This ensured staff knew how people needs should be met.

Respecting and promoting people's privacy, dignity and independence

- Everyone we spoke with said staff were respectful and their privacy and dignity was maintained. One person said, "They will close the door and draw the curtains." They let me wash myself and help with washing my back and where I can't reach." A relative said, "They never rush her and allow [them] to do as much as [they] can for herself."
- Staff understood the importance of promoting equality and diversity. Care plans contained information about people's religious beliefs and their personal relationships.
- Staff encouraged people's independence by supporting them to do as much for themselves as possible. A staff member said, "I will give [person] the flannel and encourage them to wash their face. Encouragement

and assurance is important. They know I will help if they are not feeling well."

## Is the service responsive?

### Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- People continued to receive person centred care from reliable and consistent staff. People received personalised care that met their needs by staff who they trusted. One person told us, "I was introduced to the new carer. They came with one of my regular carer, so they could see how to help me, so they were prepared. I think that's very good practice." This showed people were at the centre of their care.
- Care plans were personalised and provided clear guidance for staff to follow. They included information about people's likes, dislikes, lifestyle and interests. Staff gave examples that showed they ensured people were protected from the risk of discrimination.
- Staff demonstrated a good understanding of what was important to people, how they liked to be supported and how staff recognised changes such as confusion and forgetfulness. Daily logs completed by staff showed people's needs were met and when changes were identified, their needs and risks were reviewed, and their care plan was updated. For example, when staff raised concerns about the equipment used to move a person, the registered manager contacted an occupational therapist. The person was assessed and provided with suitable equipment which improved their safety and wellbeing.

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 considered as part of their assessment and their care plans described the level of support required. For example, the best way for staff to offer choices and support.
- Staff understood how people expressed their needs and wishes. For example, a person's care plan described the gestures a person used to express when they experienced low mood and instructed staff to face the person and use short sentences. A relative told us staff recognised and responded appropriately to the family member's body language which they used to express their wishes.
- Information about the service and people's care plan was available in other formats for example, easy read, large print and electronic, which people could understand.

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 required minimal support with social needs. Staff had good insight about people's hobbies and interests, for example the television programme and sporting events they enjoyed. A staff member told us they supported a person to follow their interests and take part in activities that were socially and culturally

appropriate to them.

- The care plans included information about people's early life, employment and family, which staff found useful topics of conversation when they supported people.
- People were supported to maintain relationships with family and friends. Staff worked flexibly to enable people to maintain control of their lives and pursue their interests and maintain relationships. One person said, "I will ring the office if I need to change the time of the visit in case I need an earlier call."

Improving care quality in response to complaints or concerns

- People and relatives did not have any complaints and knew how to contact the office or the registered manager. One person said, "I will call [registered manager] if there's a problem but I've not had too." A relative told us the registered manager was responsive and addressed concerns in a professional manner.
- People were given a copy of the provider's complaints procedure which included the contact details for advocacy services and the local government ombudsman. Records showed all complaints were investigated and action was taken to resolve the issue and to ensure a similar issue would not occur.

End of life care and support

- The provider's end of life policy described the way people could expect to be cared for. Staff were also trained in this area.
- People had the opportunity to discuss their end of life care when they felt they were ready to make such decisions. People's spiritual needs and wishes were documented in their care plans, which assured them their wishes would be respected.
- At the time of our inspection, there was no-one who needed end of life support.

## 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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and their relatives had developed good relationships with the registered manager and staff. They said, "It's good to see a manager who cares for people and runs the agency well." And "It's a small agency and you can call [registered manager] anytime."
- People, relatives and staff felt the service was well-led. Staff worked flexibly when required to fit in with people's preferences and planned appointments. Everyone we spoke with knew who the registered manager was by name, knew how to contact them and were confident any concerns would be resolved.

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 registered manager understood their legal responsibilities. They had notified the Care Quality Commission of serious incidents as required and had displayed service's previous inspection rating in line with regulations.
- The registered manager understood the information sharing requirements when concerns were identified and the duty of candour. Since the last inspection the provider had moved to new premises and had updated their registration details with CQC. Accurate records were kept. These included analysis of incidents and accidents to identify any trends, so action could be taken.
- The registered manager was open and honest when things had gone wrong. Any learning was shared with the staff when things went wrong. The registered manager was responsive to issues raised during this inspection.

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

- The registered manager was committed to promoting person centred care. They led by example in providing the care and support that people needed and worked alongside staff. They sought people's views about the service, so any shortfalls could be addressed promptly.
- The registered manager ensured they recruited and retained staff who shared the same values to 'enable people to live in their own homes for as long as they wish'. Staff gave examples of these values and their commitment to providing good quality care. A staff member said, "I love my job, it's so rewarding knowing that I make a difference to people's lives."
- The provider's policies, procedures, and business continuity plan ensured the service delivery would not be interrupted by unforeseen events.

- There were effective audits and checks in place to monitor the service. Regular checks were carried out on people's care and their care records to ensure their needs were met reliably and action taken if any changes were identified. Staff were supervised, trained and their practices were checked regularly. A staff member said, "The training and support is fantastic."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People were regularly asked for their feedback during review meetings and on an informal basis. One person said, "I was given a survey which I'm completing. I've got a review meeting with [registered manager] to discuss how I feel about the care I'm getting." Satisfaction surveys results were all positive.
- Staff were committed to providing quality person centred care where people's individuality and diverse needs were celebrated. For instance, further training to support the needs of children and young people was planned for staff. This showed the registered manager had considered the skills and qualities required by the staff to provide personalised care.
- Staff felt supported and valued by the registered manager. They were confident concerns raised would be resolved. A staff member said, "[Registered manager] is approachable, responsive and wants staff to share ideas, learn and is keen to continue to improve."

Continuous learning and improving care; Working in partnership with others

- The registered manager analysed information gathered from audits and complaints, and shared learning with the staff to improve the quality of care provided.
- The registered manager kept themselves up to date with changes in best practice by reviewing the CQC guidance and changes in legislation. They attended forums and conferences to keep up to date with changes in requirements. This knowledge was shared with the staff to enhance and develop working practices.
- The registered manager and staff team worked in partnership with other professionals and agencies such as the GP, community nurses and the local authority to ensure people received joined up care. They had links with the local community support groups and encouraged people develop new friendships and to socialise.