Destiny Intergrated Care Limited

Destiny Intergrated Care Cambridge Branch

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 Intergrated Care Cambridge Branch is a domiciliary care agency. At the time of our inspection 46 people were being supported in their own home, 36 of whom were supported with personal care. The service provides support to older people, some of whom were living with dementia, people with a learning disability or autistic spectrum disorder, people with a physical disability and people with a mental health condition.

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

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

Based on our review of is the service safe, effective, caring, responsive and well-led questions, the service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.

Right support
Medicines administration records did not always reflect safe medicines administration. Some risk assessment and care plans lacked detail how staff should manage risk. No person had been harmed but this put people at risk of harm. The nominated individual who was also the registered manager addressed these matters promptly, but until we highlighted these, actions had not been taken. Staff however were clear on exactly how to administer these medicines in a specific way and supported people with their medicines in a way that respected their independence.

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.

Staff supported people to be cared for as safely as practical and risks to people were being managed. Staff complied with measures designed to reduce the risk of infections spreading.

Staff focused on people's strengths and promoted what they could do, enabling the opportunity for people

to lead fulfilling and meaningful lives. One relative told us how proud they were at what their family member had achieved.

Staff supported people to achieve their goals and go on to further achievements. A staff member said, "Seeing [person] making good progress at their own pace, growing in skills and independence, is so rewarding for them and me too."

Staff received effective training in the use of restraint and were confident in their ability to deploy this training should it ever be needed. At the time of our inspection no person required restraint. Any restraint would be in an emergency situation as a last resort and for the shortest time possible. Staff supported people to make decisions following best practice in decision-making.

Right Care
Staff focused on and promoted people's equality and diversity, supporting, and responding well to their individual needs. This changed people's lives for the better. One person told us how well staff had adapted their care to ensure they were treated equally well.

People or their legal representative helped create and review their care plans when they chose to, and as such were a reflection of the support they needed and what people could do independently. Staff had training on how to recognise and report abuse, and had the skills to help protect people from poor care and abuse, or the risk of this happening. The service worked with other agencies to do so.

The service had enough appropriately skilled staff to meet people's needs and keep them safe. All those we spoke with felt people were safe and had enough support to do this.

Staff's diligence and persistence enabled people to achieve their aspirations. People lived a meaningful life and staff supported people to gain independent skills. People were supported to communicate in their preferred way including the use of computer tablets and visual prompts. People received care that supported their needs and aspirations, was focused on their quality of life, and followed best practice.

Right Culture
People were supported by staff who understood best practice in relation to people's strengths, impairments, or sensitivities for people with a learning disability and/or autistic people may have. Staff knew people well and responded to their needs and wishes.

Staff put people's wishes, needs and rights at the heart of everything they did. Staff ensured risks of a closed culture were minimised so that people received support based on transparency, respect and inclusivity. People, relatives, staff and health professionals had a say in how the service was run.

The ethos, values, attitudes and behaviours of leaders and care staff ensured people using the service led confident, inclusive and empowered lives.

For more information, please read the detailed findings section of this report. If you are reading this as a separate summary, the full report can be found on the Care Quality Commission (CQC) website at www.cqc.org.uk

Rating at last inspection
This service was registered with us on 2 July 2021 and this is the first inspection.

Why we inspected
This inspection was prompted by a review of the information we held about this service.

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 was safe. Details are in our safe findings below	Good
Is the service effective? The service was effective. Details are in our effective findings below	Good
Is the service caring? The service was caring. Details are in our caring findings below	Good
Is the service responsive? The service was responsive. Details are in our responsive findings below	Good
Is the service well-led? The service was well-led. Details are in our well-led findings below	Good

Destiny Intergrated Care Cambridge Branch

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 Health and Social Care Act 2008.

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 houses and flats.

Inspection activity started on 23 June 2023 and ended on 3 July 2023. We visited the location's office on 26 June 2023. We provided initial feedback about our inspection findings on 4 July 2023.

Registered Manager
This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection
This inspection was announced. We gave the provider 48 hours' notice as the registered manager also

managed another service. We wanted to be sure they would be in.

What we did before the inspection
We reviewed information we had received about the service since the service was first registered. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection
We spoke with 7 people who used the service, 4 of their relatives and 4 other people's relatives by telephone. We received feedback from a social worker, the local authority contract monitoring team and the local safeguarding authority. We also spoke with 11 members of staff including the nominated individual who was also the registered manager, the quality manager, the service manager, senior care staff and care staff. 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 6 people's care records. We looked at their medicines' records and 5 staff files in relation to recruitment. A variety of records relating to the management of the service were also reviewed, including incident records, compliments, complaints, quality assurance processes, audits, policies and procedures.

Good

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 of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Using medicines safely

● Staff had been trained to safely administer medicines and staff's competency to do this had been regularly assessed. Records showed the medicines people had been administered and what the medicine was for.

● People were supported to independently administer their own medicines as much as practical. One person said, "[Staff] prompt me, but I do all the rest. They also ask if I am alright after taking them."

● However, not all people's medicines administration records (MARs) were complete or accurate. Where people were supported with medicines that had to be administered in a specific way, staff had not recorded when and how they had administered this medicine.

● The provider's medicines administration audits had not identified this omission. However, care plans included information for staff to follow. Staff that had administered these medicines told us exactly when and how they had done this. A relative told us staff only provided other support, such as eating and drinking, when it was safe to do so. For example, after 30 minutes, with a glass of fresh water and staying sat upright.

● The registered manager told us they would add a note on people's care records that staff must record the time they administered this medicine.

Assessing risk, safety monitoring and management

● Staff knew what action to take regarding people's safety and wellbeing. Records showed how people were supported to be as safe as practical. For instance, with checks for skin integrity, ensuring people ate and drank enough and supporting people safely with their mobility. A relative told us they felt their family member was safe as staff were always good at managing emotions and anxieties.

● Some risk assessments were detailed, such as the use of equipment to help reposition people in bed. However, other records including the use of moving and handling equipment lacked detail. Staff, however, were able to describe in detail how they kept people safe, such as ensuring their legs were not caught during hoisting and also how to attach the sling to the hoist. One person told us, "[Staff] are very, very careful moving my legs as I can't. They don't let me get harmed."

● The registered manager addressed these shortfalls by adding further details to care plans and provided us with evidence when they had done this.

Systems and processes to safeguard people from the risk of abuse

● Staff were trained and knowledgeable about safeguarding procedures. One staff member told us how to identify any type of abuse and reporting this to the provider, the CQC or the safeguarding authority if needed.

● A social worker told us there was enough staff to ensure people were safeguarded, and there had been a recent request to increase staff for people's safety. One staff member said, "We have enough time for every

care visit. If it is a double up care visit with 2 staff there are always 2 staff. We have an on-call system to request more staff, such as in an emergency." This helped ensure no person was at risk of neglect.
● Staff ensured as far as practical they attended to people's needs at the right time and for the correct duration, responding quickly and effectively. One person said, "The staff could not be any better. My house is known as the house of fun as [staff] turn up reliably every day. They understand my humour, and me theirs."
● The registered manager told us, "I report safeguarding to the local safeguarding team as it is up to them to decide if it is a safeguarding matter or not. I can then take action where needed."

Staffing and recruitment
● Enough staff were in place and they had been safely recruited. Checks were in place such as for photographic identity, employment references and gaps in staff's employment history had been explored.
● Other checks were undertaken including Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. All staff we spoke with confirmed checks, including police records checks where staff were from overseas and evidence of staff's good character.
● Staff were deployed effectively to reduce travelling time and were able to safely meet people's needs in the time allocated. We found how skilled staff were at interpreting situations to help keep people safe.

Preventing and controlling infection
● Policies and procedures were in place to help ensure infection prevention and control (IPC) and systems were in place to respond effectively to risks and signs of infection.
● Staff were trained to support good IPC practices and they used personal, protective equipment (PPE) correctly and effectively. One person told us how careful staff were in disposing of used PPE.
● The provider's infection prevention and control policy was up to date. Staff adhered to this, such as when to use additional PPE including overshoes and visors if any person had an infection that was contagious.

Learning lessons when things go wrong
● The staff team were kept up-to-date about incidents, such as medicines administration errors, falls and skin integrity. This was through staff handover records, team meetings, e-mails, and more general information by a staff social media group.
● One staff member told us how learning was shared across the staff team at individual supervisions, team meetings and when handing over people's care between different staff. The staff said, "I have reported issues which have been acted on. Changes made by the [registered] manager meant the issue has not reoccurred."

Good

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

- The provider or a member of the management team undertook an individual assessment of people's needs. This enabled each person's needs to be determined to help inform people's care plans.
- One person told us staff knew their preferred means of communication well and how alternative approaches to their support were in place to promote choice, such as pointing to items and using body language. Staff said, "It is essential we use the correct approach and ensure people understand us. Equally, how we understand them. We get guidance from the speech and language therapist (SALT) and use this to improve people's communication skills by using words or phrases they understand."
- People at an increased risk of malnutrition, being anxious or distressed, had details in their care plan how this risk was minimised. One staff member told us how a dietician's guidance was followed for supporting people to eat and drink enough and with thickeners in drinks to reduce the risk of choking.
- Professionals involved in people's care and relatives were positive about the way people were supported to eat well and healthily. One social worker told us, "Staff encourage [person] to drink enough. It is essential to help prevent infections. It has been a while since [person] has needed to see a GP."

Staff support: induction, training, skills and experience

- Staff were provided with training and support based on people's needs. This included the Care Certificate. This is an agreed set of a minimum of 15 standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. This formed part of staff's induction.
- Staff also had additional face to face learning, such as for medicines administration and the use of non-physical interventions. One staff member told us they had undertaken shadow shifts with experienced staff until they felt confident to work on their own.
- One relative said, "Staff know me ever so well and I feel this is down to their training. We have lots of fun but they are always professional. I remind newer staff but after a few [care call] visits they are up to speed."
- In addition, specialist training for autism, learning disabilities, how to communicate effectively with people and diabetes care was provided.
- One staff member said they could always ask for support from any member of the management team including the registered manager to discuss what was going well and what extra support they might need.

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

- Staff supported people to see or be seen by health professionals including dietician, SALTs and GPs. This support and guidance had been effective in helping people live healthier lives.

● Records showed actions had been taken in relation to people's health and how this was shared with people's care staff. For example, a low sugar diet and avoiding food or other items that could cause allergic reactions.
● People were enabled to see other professionals as well as social workers. Staff ensured they complied with guidance, suggestions, and advice. One person said, "I am due to get my new [equipment] soon. The [provider] has been very proactive. It will transform my mobility, staff have worked together with me."
● People had an 'about me' document that was designed to help autistic people and other people with disabilities to communicate their needs to healthcare professionals.

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 MCA 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 (CoP) for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

● We found the service was working within the principles of the MCA and if needed, appropriate applications had been made to ensure decisions were only made for people where this was lawfully authorised through the CoP. For example, decisions about health and welfare.
● Best interest decisions had been made for each aspect of peoples' daily living and for any restrictions needed to keep people safe. For instance, supervision and support to access the community and staying safe in the person's home. One staff member told us how they could offer choices by showing people into the kitchen and using sensory options. If the person initially refused food, staff would offer an option in a way which was usually accepted.
● A relative told us they had a lasting power of attorney to make financial decisions for their family member. Records showed these had been made in the person's best interest.

Good

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 of 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
- The registered manager and staff team put people first and foremost by being equally consistent in their approach to people's preferences, such as the time of a care call visit, and male or female care staff.
- Staff ensured people received care that implemented any adjustments needed, such as any disability or different ways of communicating. This helped support people to be heard and understood. One person said, "All the staff treat me equally well. Yes, we have a laugh but they never mention my [health condition]."
- Another person told us, "I would rather have 3 days with Destiny's care staff than more days with any other [provider]. Everything could simply not be any better than it is, perfect. Staff are very compassionate and caring. They enable me to live at home. I have different staff but they are all good to talk with."

Supporting people to express their views and be involved in making decisions about their care
- People were offered choices in their day to day support. For instance, if they preferred to access the electronic care records system or have a care plan in accessible format.
- Staff involved people as much as practical in decisions about their care including, when appropriate, making situations fun and engaging. Staff used strategies to encourage safe decision making and also improving the person's communication skills. This meant staff could better respond to people's choices and needs. A relative told us, "[Family member] does need staff to use a few key words and always wait for a reply. I can't fault staff's patience."
- People's relatives said care was being provided as agreed and changes had been made when needed. For instance, changes to care staff where a better rapport had been enabled as a result. A relative told us, "We had a staff member who was just not a chatty person which [family member] likes most. Staff were changed after we requested this and everything is working well now."

Respecting and promoting people's privacy, dignity and independence
- Staff knew people very well and respected their independence wherever possible; only intervening to promote dignity or if people needed assistance. The lack of detail in some people's care plans about how independence would be promoted created a risk that opportunities to improve independence could be missed. The registered manager told us they would add greater details. This would help inexperienced staff to understand people's independent skills, and help other staff to increase people's independence.
- Staff were polite and respectful when speaking with people and gave them time to be in private where they preferred this. One person had learned several words of some staff's first language. There was a shared benefit in improving dignity and gaining further independence. The person said, "[Staff] are absolutely wonderful and can't believe the difference they make. I enjoy having my mind taken off the personal care."
- Staff supported people to people live more independently in a polite and respectful way. People, staff and

relatives we spoke with told us how people's independence was promoted with the use of verbal means, and if needed picture communication cards and electronic devices.

● Staff prompted people and enabled them to remain independent; doing this by encouraging people to do those tasks they could do, such as assistance to apply toothpaste or passing a brush for brushing their hair, but allowing as much independence as possible.

Good

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 of 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

- People's care plans included information so staff could understand and focus on people's preferences, choices and physical support needs. This enabled people to achieve their potential. Various examples of this included placing items in a particular place in a person's home and using pictures of people's favourite foods.
- We found the difference this had made to people being able to do tasks such as dressing themselves and also undertake oral healthcare. A relative told us how staff had adapted their approach to respond to their family member's needs, "My [family member] has some small tablets in their medicines. The staff use an egg cup so none are dropped. I haven't found any tablets on the floor since this change was introduced. It means so much knowing they have had all their medicines."
- People received support, such as from male or female staff, or a consistent staff team who knew and understood people well. As a result of this we found how accepting people were of staff's care and support.

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 were supported to communicate in various ways, such as using pictures, objects of reference and the use of verbal skills. One person told us staff gave them as long as needed to answer questions saying, "It is [staff's] job to learn what we are telling them. They have learned how to understand me."
- Staff understood people's communications, such as through facial expressions or using specific words. A staff member told us, "It can be an expressions of pain or the person pointing to a part of their body."
- People were then able to communicate effectively and live a more fulfilling life, as well as being able to access important information about their care and support needs. One relative told us that despite their family member living with dementia, staff understood them well and communicated better with the person.

Improving care quality in response to complaints or concerns

- The provider had an accessible complaints' process. Staff knew when to respond to people's concerns. This helped concerns to be responded to effectively before a complaint might be needed.
- Compliments received by the provider showed what they did well including, staff knowing people well, staff working well together, and responding well to emergency situations. One relative told us, "I have never had to complain as such. There were a few teething problems to start with, but these were all ironed out by

the [office] manager."
● The provider analysed themes and trends across all its services. This helped inform improvement opportunities where there were similar circumstances for those people using the service.

End of life care and support
● At the time of our inspection, nobody was in receipt of end of life care. However, policies, procedures and trained staff were in place should this be needed.
● Best interest decisions were used to inform people's end of life care if the person lacked mental capacity to do this for themselves, such as for resuscitation should there be a sudden change in health condition. One compliment sent to the provider had praised staff for making such a great difference to the person and cheering them up and always showing an interest in the person's life.
● Staff understood the importance of good end of life care. One staff member said they would ask people through accessible formats, or their next of kin, what people's end of life decisions were, and then act on these. For example, religious needs, pain relief or being supported to always maintain dignity.

Good

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 of this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The provider used their monitoring and quality assurance systems, policies and processes to drive improvement, such as the introduction of an electronic care records system.
- In the main, audit processes were effective in identifying and enabling improvements. For example, staff were reminded to include a detailed account of their care call visits. This was so the provider could review what worked well and if any improvements were needed.
- Records, such as daily care notes and incident records evidenced to us how improvements were identified and acted on, such as reminding staff to always keep accurate and detailed documentation.
- Although the provider acted swiftly on the issues we fed back to them, these areas should have had better oversight. The provider had recently identified that some staff had not always completed medicines records accurately and changed the way this was recorded. One staff member showed us evidence of how they had reminded staff to address this matter.
- The staff team, however, knew people well, upholding good standards of care, medicines were administered as prescribed and care plans were kept up to date.
- The provider reviewed a variety of records including incidents to help monitor the quality of care provided. Unannounced spot checks were also in place, such as to observe staff care visits and checking to ensure staff followed all the correct procedures that they were expected to, such as acting swiftly on any health issues.
- People, relatives and staff told us the provider always acted promptly to any concerns raised and then checked everything was working well after changes were made.

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 registered manager had developed a strong and positive culture within the staff team. They told us, "Staff are very good at being open and reporting issues so I, or others, can act on them. They know what they tell us will be treated in confidence."
- Staff were aware of the service's values to uphold and maintain high quality care. One staff member told us, "The [registered] manager always listens to what I have to say. They are very understanding and have taught me many new skills. They give you the time to explain and ask firstly, what would I do?"
- The provider and staff understood the need to be open and honest when things went wrong, and were knowledgeable about the incidents they needed to report to us. They also implemented changes that

prevented incidents reoccurring or lessening the frequency of these.
● Various compliments sent to the provider included, thanks for the staff team for 'commitment and perseverance' to change people's lives for the better, all the staff do a wonderful job and I feel very lucky to have Destiny and I tell all my friends what a great job they do' and '[Staff] are so lovely, very thorough and very gentle, the best care [staff] I have ever had.'
● Staff were clear about their roles and explained these to us in detail. For example, a detailed knowledge about people's anxieties, health conditions, communication skills and care needs.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
● People were involved as much as practicable in how the service was run. People contributed, or with agreement, their relative in the person's best interests to the overall quality of care and support. Analysis of care records helped identify if there were opportunities to improve or change aspects of people's care.
● Relatives and people's views were regularly sought. One person said, "I have had visits from the [management team] and they ask every time if anything could be improved upon. [Staff] could not be any better. They know how I like my tea with sweeteners. Perfect every time." One relative told us, "I just leave notes for the [staff] and they act on them. I can access records through the electronic care records system."
● All staff told us they felt well supported and listened to, and that their feedback was taken on board and acted on. The registered manager told us their key achievements had been recruiting enough staff and working towards having another registered manager to share the workload across 2 services. They said they had learned from inspections of their other services and made decisions to hand back some care packages, and only take on more people to support when the correct systems and skilled staff were in post.

Working in partnership with others
● The registered manager and staff team worked well with various organisations, such as GPs, social workers and dieticians. This helped support better outcomes for people by enabling joined up care.
● Health professionals and social workers were involved when needed, and guidance from them to improve people's care was implemented and adhered to. The provider was recognised by health professionals as being specialists in supporting some people with a specific health condition. One person as a result of 6 months' work to reduce anxieties was able to return to college studying their favourite subject having been supported to make more healthy lifestyle choices. This meant the person lived a more fulfilling and better life.
● The provider fully understood their duty to cooperate with those involved in people's care, such as care commissioners and occupational therapists.