

The Qalb Short Break Services Ltd

Discovery Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Discovery Home is a domiciliary care agency. It provides personal care to people living in their own homes. It provides a service to children and younger disabled adults. 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.

At the time of the inspection the provider was supporting 79 people in the London Boroughs of Tower Hamlets and Newham, however only 17 people were receiving personal care. The remaining people were supported with befriending and outreach support.

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

Although there were monitoring processes in place, there was not an effective system in place to ensure accurate records about the care and support people received were being completed or audited to ensure their needs were being met.

Minor improvements were needed to ensure safer recruitment processes were followed and evidence of satisfactory conduct in previous employment within the health and social care industry had been obtained.

Relatives were positive about the kind and compassionate attitude of the staff team. One relative said, "I am very happy and would definitely recommend them."

Relatives told us how important it was that staff could communicate with them and their family members in their own language and understood their cultural requirements.

Relatives were reassured with the skills and experience of their regular care workers when managing complex health conditions and behaviours that challenged the service.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice.

Relatives spoke positively about the management of the service and felt any issues would be dealt with appropriately by the registered manager. Relatives told us they felt comfortable approaching the management team if they had any concerns.

People were supported by a staff team that felt motivated working for the provider and praised the support they received.

We have made two recommendations that the provider ensures guidelines for staff to follow to minimise

assessed risks are updated in people's care records and safer recruitment processes are followed.

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

Rating at last inspection

The last rating for this service was Good (published 5 April 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have identified one breach in relation to good governance. Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality. 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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

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 not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Discovery Home

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 consisted of two inspectors, an Expert by Experience and a Bengali interpreter. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of service. A Bengali interpreter was required because approximately half of the people using the service and their relatives could communicate more effectively in their native language.

Service and service type

Discovery Home 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

We gave the provider 48 hours' notice because we needed to ensure somebody would be available to assist us with the inspection.

Inspection activity started on 3 September and ended on 17 September 2019. We visited the office location on 3 and 4 September 2019 to see the registered manager, office staff and to review care records and policies and procedures. An Expert by Experience made calls to people and their relatives on 5 September. A Bengali interpreter made calls to people and their relatives on 9 September 2019.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. This included any significant incidents that occurred at the service. 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. We also contacted the local authority commissioning team and reviewed the last inspection report. We used all of this information to plan our inspection.

During the inspection

We reviewed a range of records. This included five people's care records and six staff files in relation to recruitment, training and supervision. We also reviewed records related to the management of the service, which included daily record logs, incidents and accidents and minutes of team meetings.

We spoke with 10 members of staff. This included the registered manager, the area manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We also spoke with a care coordinator and six care workers.

We called 17 people and spoke with one person and 13 relatives. This is because the majority of people were children or young adults who were unable to communicate with us.

After the inspection

We continued to seek clarification from the provider to validate evidence found in relation to people's care and support and information related to an incident that we were told about whilst we were making calls to people. The provider sent us further information between 5 September and 17 September 2019. We contacted another two care workers for further feedback. We also spoke with four health and social care professionals who had experience of working with the service.

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 deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

- The provider did not always follow safer recruitment procedures to ensure staff were suitable to work with people who used the service. Where one care worker had previously worked for two homecare agencies, the registered manager acknowledged that they had not requested a reference from their previous employers in health and social care to ensure they were suitable to work with people and of good character, which is a requirement.
- However, the registered manager explained they had received a reference from a person who the staff member was working with on a private basis within the health and social care sector, which was satisfactory. They acknowledged for future applicants they would seek further references if they had worked in health and social care.

We recommend the provider follows safer recruitment processes and ensures they request further references to evidence satisfactory conduct in previous employment within the health and social care industry.

- Disclosure and Barring Service (DBS) checks for staff had been completed at the time of recruitment along with appropriate identity documents. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.
- Where one care worker's Right to Work in the UK documents were not in their file, the registered manager provided correspondence this was in place and updated the staff file during the inspection.
- At the time of the inspection, the provider was not using an electronic call monitoring (ECM) system where care workers logged in and out of their calls. However, relatives spoke positively about timekeeping and confirmed they had regular care workers. One relative said, "They are very good with their time, sometimes arriving earlier. They always stay the full visit."

Assessing risk, safety monitoring and management

- There were some inconsistencies as risks to people's health and wellbeing were not always updated if there had been any changes. For one person who displayed behaviour that challenged the service, there was not sufficient guidance in place for care workers to follow to support them safely when in the community.
- There was a challenging behaviour support plan in place, dated December 2014. When we discussed this with the provider, they found another plan dated March 2017 that was not located in their file, so we could not be assured that care staff had access to this.
- The registered manager acknowledged they did not have a more up to date behavioural support plan and

would look to get it reviewed immediately. They sent us correspondence after the inspection to confirm a healthcare professional from the Community Learning Disability Team (CLDT) was scheduled to carry out a review and provide further training for staff on 9 October 2019.

- Another person had risks related to epilepsy and choking but this was not recorded in their care plan. The registered manager and area manager explained this person also used the provider's short breaks service, where they had another care plan which had identified these risks with guidelines in place. We spoke with a care worker who supported this person and they were knowledgeable about their support needs.

Although we received positive feedback from relatives and health and social care professionals about how care workers managed behaviours that challenged the service, we recommend the provider makes sure risks to people are recorded accurately and updated where necessary.

Learning lessons when things go wrong

- There were procedures in place for the reporting of incidents and accidents and care workers were aware of their reporting responsibilities. However, we saw that incidents were not always recorded.
- The registered manager had sent examples of correspondence after the inspection they had had with a health and social care professional back in February 2019. There were examples of incidents of behaviour that challenged the service, but these had not been recorded in the incidents book. They acknowledged this was an oversight and that all incidents reported would be logged immediately.

Systems and processes to safeguard people from the risk of abuse

- Safeguarding systems were in place and staff completed both adult safeguarding and child protection training to ensure people were protected from avoidable harm. Where training was due to be refreshed, the registered manager confirmed it had been scheduled for 24 September 2019.
- Staff had a good understanding of their safeguarding responsibilities and were confident any concerns raised would be dealt with immediately. We saw supervisions regularly discussed examples of types of abuse and safeguarding scenarios.
- Relatives told us they felt reassured with the support their family members received, especially when supporting them in the community. Health and social care professionals were confident in the provider's ability to alert them to any issues or concerns.
- We saw the registered manager take appropriate action related to a safeguarding referral after we received some information of concern when making calls to people and their relatives.

Using medicines safely

- At the time of the inspection the provider told us they were not supporting people with their medicines, as this was the responsibility of people's parents.
- There was a medicines policy in place and we saw care workers had completed training in medicines administration in case this support was to be added to people's care.
- There was a minor inconsistency in one person's records as their care plan stated they did not take any medicines, however an epilepsy care plan had information about emergency medicines and instruction to follow. We spoke with this person's relative who confirmed care workers were not responsible for managing medicines.

Preventing and controlling infection

- There was an infection control policy in place and staff completed infection control and food hygiene training. Spot checks recorded if care workers were wearing personal protective equipment (PPE) and following safe practices.
- Relatives confirmed when staff were involved with certain care tasks they wore PPE, such as gloves and

aprons and helped to keep their home clean. Only one relative felt care workers lacked experience in this area and we shared this with the registered manager, who agreed to follow it up.

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.

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

- People had been assessed before they used the service and there was information in place about people's health conditions, with information provided by relevant health and social care professionals.
- A number of people had been known to the provider through their involvement with the provider's short breaks respite service. This is a residential service where children can stay for a period of time to give their parents a break. A health and social care professional told us the provider had lots of experience around people's disabilities and had known them for a long time. When people moved between services or were allocated extra homecare support, their knowledge helped to form their own assessments of people's support needs.
- The provider had guidance from an NHS Trust and a paediatric epilepsy network for one person's health condition. The registered manager acknowledged that it had not been updated in the correct file but would address it immediately.

Staff support: induction, training, skills and experience

- Staff completed an induction and had shadowing opportunities with the main care workers and family members before they first started. Although there were no formal records, relatives and care workers confirmed this. One care worker said, "I was introduced to the family and had three visits with the old carer. It helped me to understand their needs."
- There was an induction and training programme in place when staff started with the provider, which lasted approximately six weeks. This covered a range of policies and procedures and focused on the skills and knowledge expected from staff providing care and support to people. Mandatory training also covered moving and handling, fire safety, first aid and child protection.
- Staff confirmed there was both practical and video-based training at the office and were positive about the training they received. Relatives also complimented the experience of the staff team in managing behaviours that challenged. One health and social care professional said, "I have been on some of the training with the staff and feel they have a good understanding and are aware of people's needs."
- Staff received regular supervision, including group supervisions and home visits to support them in their role. Records showed staff had opportunities to discuss any issues about people or their work, including strengths and areas of improvement. Care workers appreciated the advice and guidance and felt they benefitted from these meetings.

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

- People were supported to eat and drink enough if this was part of their agreed care. People's records included what support was required, any preferred foods, nutritional risks and cultural requirements.

- Relatives told us they were responsible for shopping and preparing meals, with care workers mainly supporting people at mealtimes. One relative said, "They know my children well so there are no problems. They like getting help from the carers and really enjoy mealtimes."
- The registered manager acknowledged that one person's care plan needed to be updated to highlight their nutritional needs. We spoke with this person's main care worker who was able to explain in detail the support they provided.

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

- The provider worked closely with a range of health and social care professionals and followed up any concerns to ensure people received effective care and support.
- We saw correspondence where the provider had requested either extra hours or rescheduled allocated support hours so care workers could support people to medical appointments. One relative said, "[Care worker] is great as they understand I need help and has attended medical appointments outside of their work hours."
- Relatives spoke positively about the support provided and even though many of them were present during the call visits, they were confident care workers would notify them of any changes or concerns with their family members health and wellbeing.

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.

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.

- The provider followed best practice in how they recorded people's consent to the care and treatment they received. Due to their age the majority of people that were supported, care records had been signed by their parents to show their agreement with the information recorded.
- Appropriate consent forms were in place regarding sharing medical information, contacting health and social care professionals and the use of photos. There were consultation forms which explained why people were unable to sign and evidence of best interests' meetings to show who had been involved.
- Staff completed training on the MCA and told us despite many people having complex communication needs, they always tried to explain what they were going to do. One relative said, "The carers are good with this. Whatever I tell them, they check and take it as a matter of priority."

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

- Relatives spoke positively about the kind and caring nature of the staff that supported them. Comments included, "We are very happy. The best part is that when [family member] sees the carers, they get really happy" and "The staff are amazing. They go out of their way to support and care for my [family member]."
- Relatives told us they had regular care workers and where possible, were introduced to new staff before they started working. One relative said, "We have had regular carers for both our children and they have a beautiful relationship. They miss the carers when they aren't here." Some care staff had supported people for many years through the provider's respite service.
- Relatives were also positive about the support they were offered themselves and how emotional support had been really helpful during difficult periods. One relative told us that staff went above and beyond with supporting their own wellbeing and provided further support if they were struggling in managing their child's behaviours.
- A health and social care professional told us they were impressed with how the provider supported families during any stressful life events.

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

- Records confirmed people using the service and their relatives were involved in making decisions about their care and support. One relative told us they were happy with how they were listened to when the care plan was being reviewed.
- Relatives also confirmed how important it was that they and their family members were able to communicate with office and their regular care staff in their own language. This ensured people were supported to be fully involved and understand decisions made about their care.
- One relative told us the staff team had also helped them deal with other matters, including any issues with the funding authority or personal matters.

Respecting and promoting people's privacy, dignity and independence

- Relatives told us staff respected them and their family members when they were in their home. One relative said, "With personal care, they know how to support them and I am confident in how they understand their needs." Records showed if people had preferences for male or female staff for support with personal care.
- People's care plans highlighted the importance of staff respecting people's privacy and dignity and encouraging people to be as independent as possible. For example, one person's records reminded staff to wait outside the bathroom and stated which parts of support they should be encouraged to do themselves.

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

- Relatives spoke positively about how the provider worked closely with them to accommodate their family member's needs. One relative said, "I have to say they deal with my [family member] amazingly, even when it is very challenging. They are fully aware of their needs."
- Another relative told us how important it was the provider was flexible with the support they provided. They added, "They can change times and days, which are more suitable or when I need them. I feel I have control, which is the best thing about the service,"
- Two health and social care professionals praised the provider and staff team in how they worked closely with them and the families to try and meet people's needs. One said, "They always try and help us out with unique requests, especially when we are really desperate and they are very accommodating. If they can't help us out they are clear with us and let us know."
- We did notice that for some daily records where people were provided with outreach support in the community, information was not always personalised or detailed, with one entry recorded as 'outreach activities', with no further information. The registered manager acknowledged this and said they would speak with the care staff about this.

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

- Some people received befriending and outreach services as part of their care and support. We saw people were supported to day centres, areas of interest in the local community and walks in the park. Relatives told us their children enjoyed this. One relative added, "They take them out and do lots of activities that I would struggle to manage on my own."
- Some people also had access to the provider's short break respite service, where they could stay over the weekend or agreed periods of time when extra support was needed. Relatives spoke positively about this support and the opportunities made available to them whilst they were there. One relative added, "They are happy there and it has a positive impact on their life."
- The provider supported people's religious and cultural needs. One person's care plan had information about support with the Quran and prayer times. One relative told us their family member was supported to the mosque. The provider also invited people and their relatives to cultural events, such as an Eid party.

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 had been assessed and there was information for staff to explain effective way of communicating with them. One person's records had easy read documents to explain some of their likes and interests.
- Staff could also explain how they communicated with people, including the use of facial expressions, vocal sounds, body language and the Picture Exchange Communication System (PECS). This technique allows people with limited or no communication abilities to communicate using pictures.

Improving care quality in response to complaints or concerns

- Relatives were confident any concerns they raised would be addressed and dealt with promptly, with the staff team being helpful and supportive. One relative said, "I have never raised any issues and a carer has never done anything bad. If there were issues, I'd be happy to contact them as we have the number and who to call."
- A complaints policy was in place and highlighted every effort would be taken to resolve problems informally as soon as possible. Where complaints had been received, there was evidence appropriate action had been taken. We did note that the final outcome of two complaints had not been documented in the complaints log.
- Health and social care professionals were confident in the abilities of the provider when dealing with any complaints or concerns. One added, "They are very reactive and want to get on the top of anything and rectify the situation and resolve the issue."
- Where one relative raised some issues with us, the registered manager was proactive and followed them up immediately. They included us in correspondence with two health and social care professionals and had arranged for a joint meeting to discuss their concerns.

End of life care and support

- People were not being supported with end of life care at the time of the inspection. This was mainly due to the age and health conditions of the people they supported.
- The area manager told us about their understanding in this area if the need arose, including the importance of discussing people's and their relatives wishes and choices, whilst also liaising with the relevant health and social care professionals.

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 deteriorated to requires improvement. This meant for this service, there was an aspect of the service management that was inconsistent. However, 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

- Monitoring systems were not always in place to ensure the provider had full oversight of the care and support people received. People's communication records were not regularly completed or returned to be checked to see if people were receiving the correct levels of support.
- We were unable to see records for three people as communication logs had not been returned to the office since May 2019. Visits for one of these people were also not being completed. For another person, we found a care worker had photocopied one daily log entry and changed the time and date of visits for a period of nearly three months.
- This person had behaviour that challenged the service, so we could not be assured what care and support this person had received or if any issues had been followed up. This log book had been returned to the office and checked, however the fraudulent recording had not been picked up. When we showed this to the registered manager she acknowledged this practice was not acceptable.

We found no evidence that people had been harmed however, quality assurance systems were not robust enough to demonstrate the service was effectively managed. There was a lack of accurate and complete records related to the care and support of people. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Although we could see the registered manager regularly reminded staff to complete daily records and return them to the office, this was not happening and no further action was taken by the provider. For example, one member of staff had four supervisions between November 2018 and July 2019 and each discussion highlighted records needed to be completed and returned to the office.
- We did receive positive feedback from relatives related to the provider's home visits and they would contact them over the telephone on a regular basis. Staff also confirmed they received regular spot checks to monitor their performance, including when they were supporting people in the community.

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

- Relatives spoke positively about the service and felt valued regarding the care their children received. Comments included, "They are extremely accommodating and nothing is ever a problem" and "I couldn't live without this service." Relatives told us they had recommended this service to other families in the local

community.

- Staff were complimentary about the support they received and the team environment of the service. Comments included, "Not only would I recommend this service to people, I'd recommend them as an employer" and "Management are great, the communication is great and I'm very happy working here."
- The provider was also dedicated to making sure the staff team felt valued and appreciated. Minutes from a team meeting discussed the importance of the care staff and the need to be respectful and passionate when dealing with them as they were a vital part of the organisation.

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

- The provider had regular contact with people's and their relatives to seek feedback about the care and support they received, which relatives confirmed. Comments included, "[Registered manager] came to do a check after sending a new carer" and "When a new carer was assigned, we had an introduction and they called up to check if it was working well."
- The provider told us they had a quarterly parents forum, where relatives could meet each other as support network and to discuss any issues. However, two relatives told us they were not aware of this forum, but had been invited to other events, including the Christmas party.
- Staff spoke positively about the support they received and felt a valued part of the company. Comments included, "When I pop into the office, they always make time to chat about the job, which I really appreciate" and "They always listen to us, always message us, keep us updated and involved. I'm proud to work for them."

Working in partnership with others

- The provider worked in partnership with a range of health and social care professionals to ensure people's complex needs could be met. One health and social care professional said, "With young people already accessing their respite services, when requests are made for homecare, we work closely together with this."
- The provider had been involved in recent events with the London Borough of Tower Hamlets. One was to raise the awareness of people living with disabilities and what types of support were available, with the other being a job fair to help build stronger community relations.

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

- There was a registered manager in post who knew of their responsibility to work within the principles of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014. However, the registered manager failed to notify CQC of incidents involving the police when people were being supported in the community, of which they were required by law to inform CQC.
- We raised this issue with the registered manager who acknowledged it was an oversight and that they notified health and social care professionals at the time of the incidents. We saw correspondence that confirmed these incidents had been followed up and shared with the relevant health and social care professionals. We could see the service took appropriate action to ensure people remained safe.
- The registered manager and the area manager told us they were aware of their responsibilities of making sure they were open and honest with people and their relatives. Relatives were confident with the management team.
- Health and social care professionals felt the provider was open and honest and worked closely with people's relatives if there were ever any concerns. One added, "When issues have occurred or been raised, they deal with it and make a plan that the family are happy with."

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider did not ensure systems or processes were in place to assess, monitor and mitigate risks relating to the health, safety and welfare of service users.</p> <p>The provider did not maintain securely an accurate, complete and contemporaneous record in respect of each service user, including a record of the care and treatment provided.</p> <p>Regulation 17(2)(b)(c)</p>