

# Holsworthy Health Care Limited

## Deer Park Homecare

### 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

This announced inspection took place on 12 and 15 September 2017. The provider was given short notice because the location provides a domiciliary care service and we needed to be sure that someone would be in.

Deer Park Homecare provides personal care and support to people living in their own homes in Holsworthy and the surrounding areas. At the time of our inspection there were 35 people receiving a service.

At the last inspection in June 2015 the service was rated Good.

At this inspection we found the service remained Good.

Why the service is rated good:

The service continued to provide safe care to people. One person commented: "The staff keep me safe. I feel safe and secure." Measures to manage risk were as least restrictive as possible to protect people's freedom. People's rights were protected because the service followed the appropriate legal processes. Medicines were safely managed on people's behalf.

Care files were personalised to reflect people's personal preferences. Their views and suggestions were taken into account to improve the service. People were supported to maintain a balanced diet. Health and social care professionals were regularly involved in people's care to ensure they received the care and treatment which was right for them.

Staff relationships with people were caring and supportive. Staff were motivated and inspired to offer care that was kind and compassionate.

There were effective staff recruitment and selection processes in place. People received effective care and support from staff who were well trained and competent.

The service remained well-led, despite having no registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. However, the manager had applied to register and was awaiting their 'fit person' interview.

Staff spoke positively about communication and how the manager worked well with them and encouraged their professional development.

A number of methods were used to assess the quality and safety of the service people received and made

continuous improvements in response to their findings.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service remains Good.

### Is the service effective?

Good ●

The service remains Good.

### Is the service caring?

Good ●

The service remains Good.

### Is the service responsive?

Good ●

The service remains Good.

### Is the service well-led?

Good ●

The service remains Good.

# Deer Park Homecare

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This was a comprehensive inspection: It took place on 12 and 15 September 2017 and was announced. The provider was given short notice because the location provides a domiciliary care service and we needed to be sure that someone would be in.

The inspection team consisted of one adult social care inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

Prior to the inspection we reviewed the Provider Information Record (PIR) and previous inspection reports. The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed the information we held about the service and notifications we had received. A notification is information about important events which the service is required to send us by law.

We visited three people in their own homes and telephoned 12 to ask their views of the service they received. We also spoke with four members of staff, which included the manager.

We reviewed seven people's care files, two staff files, staff training records and a selection of policies, procedures and records relating to the management of the service. After our visit we sought feedback from health and social care professionals to obtain their views of the service provided to people. Unfortunately we did not receive any feedback.

## Is the service safe?

### Our findings

The service continued to provide safe care to people. People commented: "The staff keep me safe. I feel safe and secure"; "Yes, no problems at all"; "I can do a lot for myself but I'm better off having them (staff) I think to make sure I'm alright"; "I have Parkinson's so I'm not terribly safe bathing on my own. The carers come in three times a week to help me shower" and "We have three regular girls and they are very good with him. They need to be here in case he is unwell, someone has to be here just in case."

To minimise the risk of abuse to people, all staff undertook training in how to recognise and report abuse. Staff told us they would immediately report any concerns to the manager and were confident that action would be taken to protect people. A staff member commented: "I would go straight to (manager) and report. I would also document all the details."

People's individual risks were identified and risk assessment reviews were carried out to keep people safe. For example, risk assessments for skin care, allergies to certain foods, access to premises and moving and handling. Risk management considered people's physical and mental health needs and showed that measures to manage risk were as least restrictive as possible. This included ensuring necessary equipment was available from other services to increase a person's independence and ability to take informed risks.

There were sufficient staff to meet people's needs. People confirmed that staffing arrangements met their needs. They were generally happy with staff timekeeping and confirmed they always stayed the allotted time. People commented: "Mostly they are punctual. It depends on the traffic and whether people before me take longer"; "Perfect, never have a problem"; "More or less keep to time"; "On occasions they've been a little late, 10 minutes at the most"; "If they (staff) are going to be late they let me know, but it's not very often"; "Yes, they've been late at times, where the traffic held them up, but they still stayed for their time and did what they had to do" and "They are rarely late. I've had worse with other agencies."

Staff confirmed that people's needs were met and felt there were sufficient staffing numbers. The manager explained staffing arrangements always matched the support commissioned and staff skills were integral to this to suit people's needs. They added that people received support from a consistent staff team. This ensured people were able to build up trusting relationships with staff who knew their needs. Where a person's needs increased or decreased, staffing was adjusted accordingly. We asked how unforeseen shortfalls in staffing arrangements due to sickness were managed. The manager explained that regular staff undertook extra duties in order to meet people's needs. In addition, the service had on-call arrangements for staff to contact if concerns were evident during their shift.

There were effective recruitment and selection processes in place. Staff had completed application forms and interviews had been undertaken. In addition, pre-employment checks, which included references from previous employers and Disclosure and Barring Service (DBS) checks, were completed. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

People received varying levels of staff support when taking their medicines. For example, from prompting through to administration. One person commented: "I take my own tablets but sometimes they (staff) unscrew the top of my medicines that I can't turn. They also put cream on my legs. We laugh together and call it my lotions and potions." Staff had received medicine training and competency assessments to ensure they were competent to carry out this task. Staff confirmed they were confident supporting people with their medicines. The manager checked medicine records whilst out in the community to ensure staff were administering them correctly. We checked medicine records and found them to be completed appropriately by staff.

# Is the service effective?

## Our findings

The service continued to provide people with effective care and support. Staff were competent in their roles and had a good knowledge of the individuals they supported which meant they could effectively meet their needs.

People were supported to see appropriate health and social care professionals to ensure their healthcare needs were met. One person commented; "The staff are very good at contacting other professionals if I need them." We saw evidence of health and social care professionals involvement in people's individual care on an on-going and timely basis. For example, GP and district nurse. These records demonstrated how staff recognised changes in people's needs and ensured other health and social care professionals were involved to encourage health promotion.

Care continued to be taken to ensure staff were trained and supported to a level to meet people's current and changing needs. People commented: "They (staff) seem to be trained" and "As far as I know there always seems to be training on for the carers." Staff received a range of training and supervision, which enabled them to feel confident in meeting people's needs and recognising changes in people's health. They recognised that in order to support people appropriately, it was important for them to keep their skills up to date. Staff received training on subjects including, safeguarding vulnerable adults, the Mental Capacity Act (2005), dementia awareness, first aid and equality and diversity. Staff had also completed nationally recognised qualifications in health and social care. A staff member commented: "The training is excellent."

People's legal rights were protected because staff knew how to support people if they did not have the mental capacity to make decisions for themselves. People's capacity to make decisions about their care and support were assessed on an on-going basis in line with the Mental Capacity Act (MCA) (2005). For example, where staff were concerned about a person's behaviour and their lack of capacity to make decisions and manage their emotions, they had worked closely with other health and social care professionals. People's capacity to consent had been assessed and best interest discussions and meetings had taken place. Care records demonstrated consideration of the MCA and how the service had worked alongside family and health and social care professionals when there were changes in a person's capacity to consent to care. For example, a best interest meeting had taken place to discuss the appropriateness of a person's care package.

People were supported to maintain a balanced diet. Staff helped people by preparing main meals and snacks. People commented: "They help me by preparing meals"; "The carers always ensure I have a drink with me when they leave"; "On some days we have a lunchtime visit which is nice because I don't have to cook myself then. Some of them cook very well and we enjoy it" and "They make my breakfast and leave me with a lovely cup of tea when they go." Care plans and staff guidance emphasised the importance of people having a balanced and nutritious diet to maintain their general well-being. Staff recognised changes in people's eating habits and in consultation with them contacted health professionals involved in their care where concerns had been identified.

## Is the service caring?

### Our findings

Deer Park Homecare continued to provide a caring service to people. People commented: "The carers really look after me"; "The carers are kind and caring people"; "They're nice and polite, we have a little joke together"; "The carers are marvellous"; "I was thinking about writing a letter to say how kind they are"; "I can only praise what they do"; "The girls who come out are very pleasant"; "I don't think they could do any better"; "I've got a good relationship with the girls"; "The carers who come to see me, well, I couldn't wish for better, they can't do enough for me" and "There's one young girl who was a little shy at first but now she's perfect. I call her a little angel."

Staff treated people with dignity and respect when helping them with daily living tasks. One person commented: "I am treated with dignity and respect." Staff told us how they maintained people's privacy and dignity when assisting with personal care. For example, asking what support they required before providing care and explaining what needed to be done so that the person knew what was happening.

Staff adopted a positive approach in the way they involved people and respected their independence. For example, encouraging people to do as much as possible in relation to their personal care. People commented: "They help me rather than do it for me, which is what I like to happen" and "Having the carers here help me to stay at home. I don't want to go into a nursing home." Staff demonstrated empathy in their discussions with us about people. One staff member commented: "I love my job. I feel what we do is worthwhile. If someone is feeling down we have a laugh and a joke. It is lovely when you leave with them smiling."

Staff relationships with people were caring and supportive. People commented: "The relationship we have built up has been great" and "They sit and chat." Staff spoke confidently about people's specific needs and how they liked to be supported. Through our conversations with staff it was clear they were very committed and kind and compassionate towards people they supported. They described how they observed people's moods and responded appropriately.

Staff adopted a strong and visible personalised approach in how they worked with people. There was evidence of commitment to working in partnership with people in imaginative ways, which meant that people felt consulted, empowered, listened to and valued. Staff spoke of the importance of empowering people to be involved in their day to day lives. They explained it was important people were at the heart of planning their care and support needs. People confirmed they had a care plan, which was discussed with them and no care was given without their consent. People commented: "I have been very involved with my care plan. They have just updated my care plan; they went through it with me"; "I am in control of the care and support I receive" and "Yes, I know about my care plan. It's been changed a couple of times this year."

The service had received several written compliments. These included: 'I can't find the right words that express how grateful I am for the care that (relative) and I received from you all. All of you cared for (relative) with the utmost care and compassion. We shared giggles and tears even when he deteriorated, the level of care never changed'; 'Thank you. You make a huge difference to people. Keep on with all the smiles and the

kindness' and 'You are the best. Thank you all.'

## Is the service responsive?

### Our findings

The service continued to be responsive. Staff knew people very well and provided care and support which was person centred and took account of their needs and wishes.

Care files included personal information and identified the relevant people involved in people's care, such as their GP. The care files were presented in an orderly and easy to follow format, which staff could refer to when providing care and support to ensure it was appropriate. Relevant assessments were completed and up-to-date, from initial planning through to on-going reviews of care. Staff commented that the information contained in people's care files enabled them to support them appropriately in line with their likes, dislikes and preferences. Care files included information about people's history, which provided a timeline of significant events which had impacted on them, such as, their physical and mental health. People's likes and dislikes were taken into account in care plans. For example, one care plan stated, 'The cheese should be thinly sliced and should cover each cracker.' Another stated, '(Person) uses moisturiser from the Body Shop on her legs. Staff should dry (person's) legs and feet, paying particular attention to ensure that (person) is thoroughly dry between her toes.' This demonstrated that when staff were assisting people they would know what kinds of things they liked and disliked in order to provide appropriate care and support.

Care plans were up-to-date and were clearly laid out. They were broken down into separate sections, making it easier to find relevant information, for example, physical health needs, personal care and eating and drinking. Care plans were very detailed and included the little things which matter to people, such as how they liked their nightdress folded and placed under their pillow and how they liked hot water bottles at night. Staff told us they found the care plans helpful and were able to refer to them at times when they recognised changes in a person's physical or mental health. Daily notes showed care plans were followed. One staff member commented: "The care plans contain the little things which matter to people."

There were regular opportunities for people and people that matter to them to raise issues, concerns and compliments. This was through on-going discussions with them by staff and the manager. People were made aware of the complaints system on admission to the service. The complaints procedure set out the process which would be followed by the provider and included contact details of the provider and the Care Quality Commission. This ensured people were given enough information if they felt they needed to raise a concern or complaint. The service had not received any complaints. However, the manager recognised that if they received one, they would attend to it in line with the organisation's procedure.

## Is the service well-led?

### Our findings

The service remained well-led, despite having no registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. However, the manager had applied to register and was awaiting their 'fit person' interview.

People felt the service was well managed. Comments included: "It's 100% efficient"; "I think Deer Park are absolutely fabulous" and "I have rung the office. They are always polite to me." Staff spoke positively about communication and how the manager worked well with them and encouraged an open culture. Staff felt able to raise concerns and would be listened to. Staff commented: "The support is fantastic" and "(Manager) is so supportive. Always follows things up. A great manager who will 'muck in'."

Staff confirmed they had attended staff meetings and felt their views were taken into account. Meeting minutes showed that meetings took place on a formal basis and were an opportunity for staff to air any concerns as well as keep up to date with working practices and issues affecting the service. Staff were also provided with a weekly communication sheet to keep them informed of any key issues about people and any policies and procedures needing to be read.

People's views and suggestions were taken into account to improve the service. Satisfaction surveys had been completed by people using the service, relatives and staff in 2017. The surveys asked specific questions about the standard of the service and the support it gave people. Where actions were required these had been followed up. For example, a small core team of carers had been put in place for one person to develop a therapeutic, trusting and consistent relationship. Another person's support hours were increased to allow for social visits to combat loneliness. Further surveys had just been sent out to staff and health and social care professionals. The manager was awaiting responses. This showed the organisation recognised the importance of continually improving the service to meet people's individual needs. This included the gathering of people's views to improve the quality and safety of the service and the care being provided.

The service's vision and values centred around the people they supported. The organisation's statement of purpose documented a philosophy of encouraging independence, choice, privacy and dignity and people having a sense of worth and value. Our inspection showed that the organisation's philosophy was embedded in Deer Park Homecare through talking to people using the service and staff and looking at records.

The service worked with other health and social care professionals in line with people's specific needs. People and staff commented that communication between other agencies was good and enabled people's needs to be met. Care files showed evidence of professionals working together. For example, GP and community nurse. Regular medical reviews took place to ensure people's current and changing needs were being met. The service also attended monthly core meetings with health and social care professionals. This

enabled people's care to be discussed and if needed follow ups arranged.

There was evidence that learning from incidents and investigations took place and appropriate changes were implemented. For example, changes to a person's care plan and risk assessment to reflect current circumstances and additional staff training. Actions had been taken in line with the service's policies and procedures. Where incidents had taken place, involvement of other health and social care professionals was requested to review people's plans of care and treatment. This demonstrated that the service was both responsive and proactive in dealing with incidents which affected people.

Audits were completed on a regular basis. For example, the audits reviewed people's care plans and risk assessments and incidents and accidents. This enabled any trends to be spotted to ensure the service was meeting the requirements and needs of people being supported. Where actions were needed, these had been followed up. For example, care plans reviewed. Spot checks were also conducted on a random but regular basis. These enabled the manager to ensure staff were arriving on time and supporting people appropriately in a kind and caring way.