Mr Ajvinder Sandhu

De Vere Care - Hounslow

Inspection report

Suite 11, Neals Corner
2 Bath Road
Hounslow
Middlesex
TW3 3HJ

Tel: 02036751338

Date of inspection visit:
02 November 2017
06 November 2017

Date of publication:
06 December 2017

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 comprehensive inspection took place on 2 and 6 November 2017. We gave the provider 3 days' notice of the inspection as the service provides care and support to people living in their own homes and we needed to make sure the manager would be available to assist with the inspection. This was the first inspection of the service following its registration in August 2016.

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to mainly older adults. At the time of this inspection there were 33 people receiving care and support from the service.

Not everyone using De Vere Care Hounslow receives a regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

The service has a registered manager who managed three locations for the provider. They were not present during this inspection but the branch manager was available and provided the information we needed to make our judgements. The branch manager told us they had agreed with the provider that they would become the registered manager and we confirmed they had submitted a registration application to the Care Quality Commission. When we use the term 'manager' in this report we are referring to the branch manager.

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.

The provider had systems to safeguard people from abuse. Staff completed safeguarding training and knew how to report any concerns. They assessed possible risks to people using the service and developed action plans to mitigate any risks they identified.

There were sufficient staff employed to provide care and support and where people needed support from more than one care assistant, the provider arranged this. The provider carried out checks on new staff to make sure they were suitable to work with people using the service.

People using the service received the medicines as prescribed and safely.

Care assistants had access to personal protective equipment for the prevention and control of infection.

The provider and manager referred to guidance from the National Institute for Health and Care Excellence (NICE) and the Royal Pharmaceutical Society (RPS) to make sure they followed up to date guidance when delivering care to people.

Staff completed the training they needed to provide effective care and support to people using the service.

Where people needed support with their health care or nutritional needs, their care assistants provided this.

The provider worked within the principles of the Mental Capacity Act 2005 and made sure they obtained people's consent to the care and support they received.

People using the service told us their care assistants treated them with kindness and respected and promoted their privacy, dignity and independence. The provider consulted people about the care and support they received and involved them in making decisions about these.

People using the service received care and support that was personalised and responsive to their needs.

The provider had systems to respond to complaints they received. People using the service told us they knew how to make a complaint but there had never been any need.

The provider and manager promoted a culture that was person centred open and inclusive. People using the service told us they felt the service was well managed.

People using the service and staff were involved in reviewing the care and support people received. Care assistants told us they were able to comment on the service and the manager listened to their views. The provider and manager carried out checks and audits to monitor quality in the service and make improvements.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

The provider had systems to safeguard people from abuse. Staff completed safeguarding training and knew how to report any concerns.

The provider assessed possible risks to people using the service and developed action plans to mitigate any risks they identified.

There were sufficient staff employed to provide care and support and where people needed support from more than one care assistant, the provider arranged this. The provider carried out checks on new staff to make sure they were suitable to work with people using the service.

People using the service received the medicines as prescribed and safely.

Care assistants had access to personal protective equipment for the prevention and control of infection.

Is the service effective?

Good

The service was effective.

The provider and manager referred to guidance from the National Institute for Health and Care Excellence (NICE) and the Royal Pharmaceutical Society (RPS) to make sure they followed up to date guidance when delivering care to people.

Staff completed the training they needed to provide effective care and support to people using the service.

Where people needed support with their health care or nutritional needs, their care assistants provided this.

The provider worked within the principles of the Mental Capacity Act 2005 and made sure they obtained people's consent to the care and support they received.

Is the service caring?

Good

The service was caring.

People using the service told us their care assistants treated them with kindness and respected and promoted their privacy, dignity and independence.

The provider consulted people about the care and support they received and involved them in making decisions about these.

Is the service responsive?

Good

The service was responsive.

People using the service received care and support that was personalised and responsive to their needs.

The provider had systems to respond to complaints they received. People using the service told us they knew how to make a complaint but there had never been any need.

Is the service well-led?

Good

The service was well led.

The provider and manager promoted a culture that was person centred open and inclusive. People using the service told us they felt the service was well managed.

People using the service and staff were involved in reviewing the care and support people received. Care assistants told us they were able to comment on the service and the manager listened to their views.

The provider and manager carried out checks and audits to monitor quality in the service and make improvements.

De Vere Care - Hounslow

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 comprehensive inspection took place on 2 and 6 November 2017. One inspector carried out the inspection. We gave the provider three days' notice of the inspection as the service provides care and support to people living in their own homes and we needed to make sure the manager would be available to assist with the inspection. The service was previously registered at another address and this was the first inspection of the service following its move to a new location and registration in August 2016.

Before the inspection we reviewed the information we held about the provider and the location. We used information the provider sent us on 8 June 2017 in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

Inspection site visit activity started on 2 November 2017 and ended on 6 November 2017. It included speaking with the branch manager, field supervisor and three care assistants. We also reviewed the care records of four people using the service and staff recruitment and training records for three care assistants working in the service. Where we use the term 'care assistant' in this report we are referring to the staff employed by the provider to provide direct care to people in their own homes.

Following the site visit we spoke with seven people using the service or their representatives. We also contacted 15 care assistants and 10 health and social care professionals by email for their views on the service. We received comments from three care assistants and one healthcare professional. The branch manager also sent us further information about the care and support the service provided to people using the service.

Good

Is the service safe?

Our findings

People using the service and their representatives told us they felt safe with the care assistants who supported them. Their comments included, "I feel very safe when the carers are with me, they do a very good job", "I need help to get around and I never have to worry, the [care assistants] make sure I'm safe", "I've never worried about my safety, the carers look after me very well" and "I need some help with my tablets and they always remind me in case I forget". A relative also commented, "I never worry about my [family member's] safety when they are with the carers, they are excellent."

The provider had systems and processes in place to protect people using the service. They had reviewed and updated their safeguarding policy in November 2015 and we saw this included clear guidance for care assistants and office staff on the actions they should take to safeguard people using the service from abuse. The provider also had a whistle blowing policy they reviewed in February 2016. Care assistants we spoke with were aware of the policy and said they would approach senior managers or other agencies if they needed to. One care assistant told us, "We have a whistle blowing policy and can contact the local authority or CQC if we want to raise concerns outside the agency".

The provider included safeguarding in the mandatory training they expected all staff to complete. Care assistants working in the service told us they had completed training in safeguarding adults and they were able to tell us about the types of abuse to which people using the service may have been vulnerable. Staff comments included, "The safeguarding training was good, it helped me to understand risks to people" and "The safeguarding training was helpful and we were able to talk about real situations with our clients."

When we asked care assistants what they would do if they had concerns about a person using the service, they told us, "I would immediately inform my manager via email and provide an incident report within the office premises as soon as possible" and "If I hear someone shouting at a service user, I will calm the situation and report such incident to the manager for prompt action".

The manager assessed risks to people using the service as part of the provider's referral procedures. People's care records included assessments of possible risks and guidance for care assistants to mitigate risks the service had identified. For example, each care plan included an assessment of the person's home environment so that care assistants were made aware of any risks that existed. One care plan recorded that the person had agreed to keep their dog in another room when their care assistants were in the property. A second care plan stated, "Carers must always ensure that their full attention is on [person's name] and that her walk way is free from obstacles". This was evidence the provider considered possible risks to people using the service and took action to keep people safe.

When we inspected, the provider employed 14 care assistants to provide care and support to people using the service. Care records showed most people needed care and support from one care assistant at each visit. Where people needed support from two care assistants, staff rotas and time sheets showed the provider arranged this level of support.

Most people using the service agreed to the use of the provider's electronic monitoring system. This enabled care assistants to phone in when they arrived at a person's home and again when they left. This meant the provider and manager could monitor that care assistants arrived at the agreed time and stayed for the amount of time detailed in the person's care plan. We reviewed a selection of care assistants' time sheets and saw they arrived at people's homes within 15 minutes of their expected arrival and always stayed for the correct length of time. This was in line with the provider and the local authority's agreed targets.

Care assistants the provider employed were suitable to work with people using the service because the provider carried out appropriate pre-employment checks. The staff files we reviewed all included proof of the person's identity and right to work in the UK, an application form and full employment history, references from previous employers and a criminal records check. Care assistants told us the provider completed these checks before they were allowed to work unsupervised with people using the service.

The provider made sure people using the service received the medicines they needed as prescribed and safely. They reviewed their medicines management policy in October 2016 and this included guidance from the Royal Pharmaceutical Society (RPS) on managing medicines in social care services. The manager also told us the service followed the systems and processes required by the local authority. Where people needed their care assistants to prompt them with their medicines, we saw this was recorded in the person's daily care notes. Where a person's care plan required care assistants to administer their medicines, this was recorded on a Medicine Administration Record (MAR) sheet. The MAR sheets we saw were well completed by care assistants and we saw no errors or omissions. Where care assistants administered people's medicines we saw they completed training and the manager carried out a competency assessment that they reviewed annually.

The provider reviewed their infection control policy in November 2016 and care assistants told us that personal protective equipment (PPE) was always available. They said the service provided gloves, shoe covers, aprons and hand gel as required. The provider's risk assessment included the use of any chemicals in a person's home and they had reviewed their policy on the Control of Substances Hazardous to Health (COSHH) in November 2016.

The provider kept a record of accidents and incidents affecting people using the service and the manager confirmed there had been none since we registered the service in August 2017.

Good

Is the service effective?

Our findings

People using the service and their representatives told us they felt well cared for and supported by the care assistants who visited them. Their comments included, "I'm sure they are well trained, they certainly know how to look after me", "I think the training must be there because they are all very capable" and "They always make sure I have enough to eat and they always leave me with a drink when they go".

Before they started to provide care and support to people, the manager visited them in their home to complete a full assessment of their needs. Some people's care records also included a local authority assessment. We saw the assessments covered people's personal care, physical and mental health support needs and included clear guidance for care assistants on the care and support people needed. The manager told us they referred to guidance from the National Institute for Health and Care Excellence (NICE), an organisation that provides national guidance and advice to improve health and social care and the Royal Pharmaceutical Society (RPS) to make sure they followed up to date guidance. We saw that the provider's policies and procedures referred to guidance from both NICE and the RPS.

We saw that, where the provider identified a change in a person's care or support needs, they communicated this promptly to the local authority and agreed changes to the support they provided. For example, we saw the number and time of care visits were adjusted when a person's needs increased.

Where care assistants used equipment to support people in their own homes we saw the provider made sure this was regularly serviced, maintained and recorded in their care plans and risk assessments.

Care assistants had the skills, knowledge and experience to deliver effective care and support to people using the service. Records showed that care assistants completed a 4-day induction training that was in line with the requirements of the Care Certificate. The Care Certificate is a nationally recognised set of standards that gives staff an introduction to their roles and responsibilities within a care setting. Care assistants also completed training the provider considered mandatory. This included manual handling, infection control, health and safety, basic life support and medicines management. Where care assistants needed to complete additional training to meet people's identified care and support needs, the provider ensured they arranged this. For example, care assistants told us they had completed training in dementia awareness, epilepsy and end of life care.

When we asked care assistants what training they had completed recently, their comments included, "I have recently received manual handling techniques training, which had helped me not only in my personal safety e.g. handling equipment when lifting a client and correct techniques of bending and standing when mobility equipment is in use" and "Up to date training is given on refresher courses and many more. Redness (pressure care) training given by Hounslow council was very good".

Care assistants told us they felt well supported by the provider, manager and deputy manager. Staff records showed that managers carried out regular spot checks on care assistants when they were supporting people using the service. The manager or deputy manager also met with each care assistant regularly to discuss

their performance, training and personal development needs. Care assistants told us they found this support helpful. Their comments included, "Supervision is undertaken on a regular basis, and I find this helpful in two ways: my manager and higher authority is able to provide me feedback and helpful criticism on my work when needed and is able to help provide extra support, e.g. new methods of care plan practice through observations" and "Supervision has been a means of refreshing my memory and as well letting the company know what they need to do to make things better."

Where people's care plans indicated they needed support with eating or drinking, the provider made sure they received this. Care plans included details of any support people needed with their nutrition and hydration and we saw care assistants recorded this in people's daily care notes. Where required, people's care plans included their religious or cultural dietary needs, for example if a person required a vegetarian diet.

The manager and care assistants told us that family members supported most people using the service to access health care services. However, they also said they would monitor people's health and report any changes to the family or GP if required. Care assistants also told us about times when they had called a person's GP or the ambulance service when family members were not available to support a person.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who use the service and 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. We checked whether the service was working within the principles of the MCA.

The manager understood their responsibilities under the MCA and people's care plans included information and assessments of their capacity to make decisions about the care and support they received. Where people had the mental capacity, we saw the provider involved them in planning and directing the care they received. Where people lacked mental capacity to make these decisions, we saw the provider worked with their relatives or representatives and the local authority to agree decisions that were in the person's best interests.

People's care plans included guidance for care assistants on consent and the person's capacity to make decisions. The provider reminded care assistants to explain the care and support they provided and offer choices to people routinely. For example, one person's care records included important information about the ways in which they communicated and instructed care assistants to, "use yes/no questions to enable [person's name] to make choices and maintain their independence".

Good

Is the service caring?

Our findings

People using the service and their representatives spoke very positively about the care and support they received. Their comments included, "They are all lovely, I couldn't ask for nicer people", "Excellent, very caring people", "They go above and beyond to make sure I'm satisfied", "The carers are lovely, they do everything they should do and will always ask if there's anything else I need".

Care assistants spoke respectfully about the people they cared for. Their comments included, "You always hear people say we treat people like one of our own family but I think it is true here. We always try and do the best we can to make people as happy and independent as possible", "We always find out as much as we can about people so we can look after them the way they prefer, they are the most important people" and "I always make sure I address people in the way they prefer, some people want to be called Mr or Mrs and others prefer me to use their name. It's a small thing but it's respectful."

All of the care assistants we spoke with were able to tell us about the people they supported, including their care and support needs, significant people in their lives and their likes and dislikes. They also told us they respected people's privacy by closing doors and curtains when necessary. People using the service confirmed that care assistants respected their privacy. One said, "They help me in the bathroom and always make sure the door is closed."

People told us they usually had the same care assistants at each visit, they arrived on time and the service always contacted them if there were any changes. One person said, "Always the same carer unless she's on holiday and then they always tell me who will be coming". A care assistant said, "I usually visit the same people but if I go to a new client, the manager will usually introduce us and tell me what care the person needs. I can also look in the care plan if I'm not sure."

People's care records showed that the provider supported them to express their views about the care and support they received. One person said, "They came to see me before they sent the carers. They talked to me about how I wanted things done and made sure I was happy. They check from time to time to make sure it is all going to my liking".

The provider met the information and communication needs of people with a disability using the service. One person's care plan included information for care assistants about the methods they used to communicate their wishes and preferences. For example, the care plan instructed care assistants working with this person to use 'yes' and 'no' questions to enable them to respond using body language. The plan also reminded care assistants to offer daily choices and allow the person time to indicate their preference.

Care assistants told us they had enough time to provide people with the care and support they needed. One said, "There's enough time but you need to be organised. It's important to talk to people when you are in their home and I always make sure they are happy before I leave".

Care records showed that the service supported people to be as independent as possible. Care plans

included information about what each person could do for themselves and what help they needed. For example, one person's care plan said, "Offer a choice of clothes each morning and allow time for [person's name] to choose".

Good

Is the service responsive?

Our findings

People using the service and their representatives told us the service met their needs. Their comments included, "They do everything I need", "They go above and beyond to help, I have been very lucky", "There's a plan and they always make sure they do everything I need" and "My carer knows me very well, they know exactly what I need and how I like things done."

The provider supported people using the service to contribute to planning the care and support they received. Records showed that the manager visited each person in their home before they started to deliver support to them. The manager completed a care needs assessment and risk assessments and we saw that people using the service, or their representatives, signed these to indicate they agreed to the support provided.

People were able to direct the care and support they received in line with their preferences and routines. Care plans included information about people's physical, mental, emotional and social care needs. Each plan included a brief life history and information about significant people and events in the person's life. The plans were written in a person centred way that focussed on the abilities, aspirations and care needs of the individual.

The provider used a 'How I Like My Care to be Delivered' form to record the way people wanted to receive their care and support. The form used 'I' statements to personalise the information. For example, "I require help to administer my medication", "I can mobilise with the use of a walking stick and walking frame", "Ensure I am not in pain before resuming my care" and "Ensure you inform me of the routine before commencing".

Where people's care plans indicated they needed support with an aspect of their care, the provider gave care assistants clear guidance on the support needed. For example, "I am vegetarian and do not eat meat, fish or eggs" and "Carer to ensure I am prompted and supported to wear dentures in the morning."

Care assistants told us the provider gave them information about people's care and support needs before they visited them for the first time. Their comments included, "I am provided the information both within the care plan provided within the service user's home, but also I am taken by my manager to meet the client and go through the care plan with them" and "The care coordinator gives me a brief on the phone before I visit, this will reflect what is in the 'How I Want My Care' form in the care folder."

The provider and manager monitored and reviewed people's care plans to make sure they had up to date information about their care needs and to make sure these were met by the service. The plans we saw included evidence of regular spot checks on care assistants by the service's field supervisor. The field supervisor completed a detailed written report and made sure the care assistant followed the provider's policies and procedures when they supported people with their care. Where they identified that care workers were not providing care and support in the way detailed in a person's care plan, they took action. For example, they reminded care assistants that they must stay for the correct amount of time in the

person's care plan and must wear personal protective equipment at all times. The provider also reviewed each person's package of care twice each year. We saw evidence people using the service or their representatives were involved in the review and the provider made changes where these were required. For example, one person's morning call was changed to an earlier time at their request and the manager reminded care assistants to contact people using the service or the office if they were going to be late for a planned visit.

The provider had a procedure for responding to complaints they received from people using the service or others and we saw they had updated this in June 2016. The procedure included clear timescales for responding to complaints and we saw all complaints were resolved within these. Where the provider identified action they needed to take in response to a complaint, they made sure they did so. For example, they arranged refresher training in person centred care for one care assistant following comments from a person using the service.

People using the service told us they knew how to make a complaint but all those we spoke with said this had never been necessary. Their comments included, "We were told about the complaints procedure but we've never had any complaints" and "There's never been any need to complain but I'm sure the office or the manager would sort it out if I had to."

Good

Is the service well-led?

Our findings

People using the service and their representatives told us the service was well led. Their comments included, "Yes, I think it is well managed. They are very approachable and do everything they can to help" and "The manager is first class, he listens and sorts things out. In fact, all of the staff are excellent."

Care assistants also told us they felt well supported by the manager and office staff. They told us, "I feel supported by my manager when needed and feel any issues I bring forward are recorded and dealt with thoroughly and effectively. I also feel the service is well managed" and "De Vere Care is one of the best to the best of my knowledge and kudos to the administrative staff for their support". A healthcare professional also commented, "I have had no concerns or issues raised relating to the services provided by this agency. I would rate their service as excellent for the domains safe, effective, caring and responsive and more than excellent for well led".

The provider had a statement of purpose they reviewed in May 2017. Their stated aim is to "Provide all service users with a life that is as normal as possible, given their individual health and care needs. We always focus on a person's abilities and strengths." The manager and care assistants we spoke with spoke passionately about the importance of maintaining and increasing people's ability to be independent, as well as the importance of treating people with respect and offering them meaningful choices. Their comments included, "The people I visit are the most important thing. I try to help people in the way they want to be helped", "We will all need help as we get older and I want to help people the way I would want to be helped", "Everybody can make choices and that's important. It can take more time but it's important" and "I try and treat people respectfully, the way I would want someone to treat me".

The service had a registered manager but they were not available during the inspection. The branch manager told us the provider had asked them to apply to become the registered manager and we saw that they had submitted an application. The manager worked previously for a national organisation working with disabled people for five years. They told us they were completing a Level 5 qualification in the management of care services and they kept their knowledge up to date by attending provider forums arranged by the local authority and receiving updates from their training provider and the Care Quality Commission (CQC) website. The manager was also aware of their responsibility for notifying CQC about significant events affecting people using the service.

The provider and manager dealt with incidents in a transparent way and involved people using the service at all times. The manager confirmed there had been no major incidents but in the event of a service failure, for example a missed call, they would arrange for an immediate replacement and carry out a welfare visit to the person using the service to investigate and report to the social services department. They told us they would follow up any service failure with a phone call to apologise to the people affected and send a letter of apology and explanation if the person made a formal complaint.

Care assistants received feedback from their managers and supervisors in a constructive and motivating way. Staff files we reviewed included records of regular supervision meetings where managers praised care

assistants for work they had done with people using the service or for completing training. The manager also told us that all care assistants would have an annual appraisal in January 2018. The provider arranged team meetings for all staff every three months. We saw the record of as meeting held in October 2017 where the team discussed the Mental Capacity Act 2005, common health conditions affecting people using the service and care recording. This was evidence the manager kept staff up to date with information they needed and gave them the opportunity to comment on the service they provided.

The provider had systems in place to ensure the security of confidential information. They stored paper records in lockable cupboards in the office, staff had their own private log in for the provider's computer systems and data was regularly backed up off site to ensure it was secure.

The provider involved people using the service and their representatives in monitoring and reviewing the care and support they received. We saw records of regular reviews of people's care that involved them, people important to them and professionals involved in their care. Where people asked for changes to the support they received, the provider arranged this. The review records we saw indicated that people were happy with the care and support they received. One person commented, "I want to keep my care and carer the way it is. I am very happy with my arrangements". The provider also sent people using the service a satisfaction survey and the collated results for the last survey dated February 2017 also showed people were satisfied with their care and support. The manager confirmed they had recently sent new surveys to people and said they would produce an action plan to address any issues raised early in 2018.

The provider had systems in place to monitor quality in the service and make improvements. The manager told us they were managed by the provider's quality assurance manager and they had regular contact with their manager and the provider. Care assistants also told us they could contact the quality assurance manager if they wanted to raise any concerns.

The manager and deputy manager carried out regular audits and checks to monitor quality in the service. For example, they reviewed data from the service's electronic monitoring system against people's care plans to monitor whether their care assistants arrived on time and stayed with the person for the correct length of time. The manager also kept a record of review dates for people's care plans and risk assessments and used this to make sure people's care records were up to date. The deputy manager reviewed Medication Administration Record (MAR) sheets and daily care notes when care assistants returned these to the office at the end of each month.

The manager sent a performance report to the local authority each month with details of the calls they had completed and any service failures. They also met with the contract monitoring officer twice a year to review the service's performance against agreed key performance indicators.

The provider arranged for an external auditor to review the service twice each year and the last visit was in August 2017. The manager had also produced an action plan in April 2017 to address issues identified by the provider's quality assurance systems. The plan included actions to address issues they had identified. For example, the manager had made changes to the system of monitoring visits to people using the service to make sure each person received a visit from the manager or deputy manager at least once every three months.