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De Vere Care

Inspection report

Unit 3, Bourne Court
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Essex
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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?	Requires Improvement
Is the service well-led?	Good

Summary of findings

Overall summary

De Vere Care is a domiciliary care service based in Woodford Green, Essex. The service is registered to provide personal care for people in their own home, within the county of Essex. At the time of our inspection, the service provided a service to approximately 200 people, who received personal care and support in their own homes. The inspection was carried out over three days in January 2016 and was announced. The service was previously inspected in 2013 and met the standards we inspected.
The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered care homes, 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.

People were cared for by staff who had an understanding of their needs and who demonstrated knowledge of safeguarding people from different types of potential abuse and how to respond. People had their individual risks assessed and had plans in place to manage the risks. Medicines were administered by staff that had received training to do this. The provider had procedures in place to check that people received their medicines as prescribed to effectively and safely meet their health needs.

Staff had been recruited following appropriate checks and the provider had arrangements in place to make sure that there was sufficient staff to provide support to people in their own homes. People told us they received care from care staff who understood their preferences for care and support. However, some people had concerns about the practice and communication of the service when their regular care workers were unavailable or at weekends. We were not assured that people were always contacted whenever their regular care worker was sick or not working because people told us that they did not know if a replacement carer was going to be provided. This meant that the service was not always responsive.

People were listened to by staff and were involved in making decisions about their care and support. Care staff were caring and supportive in the service they provided. Care workers provided support that ensured people were treated with privacy and dignity. People were supported by care staff to maintain their independence. People were encouraged to express their views and give feedback about their care. They told us that care staff listened to them and they felt confident they could raise any issues should the need arise and that action would be taken. Care staff felt supported by the registered manager and that the registered provider gave them opportunities to develop in their roles. The registered provider was committed to improving the service and the quality of care provided to people. The provider ensured regular checks were completed to monitor the care that people received and look at where improvements could be made.

We found one area where we have made a recommendation to the service, which is detailed in the report.

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.

People received care in their own homes that was delivered safely.
Staff understood how to protect people from harm and abuse.
Staff supported people in a safe way.

Staff were recruited appropriately. Staff supported people to take their medicines safely.

Is the service effective?

Good

The service was effective.

Staff received regular supervision and training relevant to their roles.
Staff had a good knowledge of the Mental Capacity Act 2005.

People had access to healthcare professionals when they required them.

Is the service caring?

Good

The service was caring.

Staff had developed positive caring relationships with the people they supported and promoted their independence.

People were involved in making decisions about their care and their families were appropriately involved. Staff respected people's individual needs and preferences.

Is the service responsive?

Requires Improvement

The service was not always responsive. People who used the service were sometimes not contacted, in particular when their usual care worker was sick or on leave.

Care plans were detailed and provided guidance for staff to meet people's individual needs.

There was a complaints policy and procedure in place which enabled people to raise complaints. Complaints were responded to appropriately.

Is the service well-led?

Good

The service was well-led. The management team were approachable and supported staff.

The service recruited effectively and staff were valued and received the necessary support and guidance.

The service had a robust quality assurance system. The quality of the service provided was monitored regularly. People were able to provide their views on the service so that improvements could be made.

De Vere Care

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 took place on 19, 23 and 24 January 2016 and was planned to check whether the provider was 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 under the Care Act 2014. It was an announced inspection, which meant the provider knew we would be visiting. This was because it was a domiciliary care agency and we wanted to make sure that the registered manager or someone who could act on their behalf would be available to support our inspection.

The inspection team consisted of two inspectors. Before the inspection, we reviewed the information that we held about the service. This included any complaints we received and statutory notifications sent to us by the provider. A notification is information about important events which the provider is required to tell us about by law.

At the time of the inspection the registered manager was on leave. However, we were able to speak with senior managers. We spoke with the operations manager and the responsible individual who was one of the directors of the agency. We also spoke with a deputy manager and three care workers. We also spoke to office based staff including a care coordinator, a training manager and a recruitment manager. As part of the inspection process we also spoke, by telephone, with twelve people who used the service and four relatives. We looked at documentation, which included ten people's care plans, including risk assessments; ten care staff recruitment and training files and records relating to the management of the service.

Good

Is the service safe?

Our findings

People told us that they felt safe using the service. One person told us, "Yes the carers are safe." Another person said, "They are kind and gentle." A relative told us, "They do exactly what needs to be done; they are safe in their work." Some people were less satisfied that care workers ensured their safety when entering and leaving their home. One person told us, "They don't show me any cards or badges to show who they are" and another person said "anyone can walk in as I have a keysafe". The operations manager told us that care workers were required to wear a uniform and identify themselves when they enter a person's home and carried identification. We received assurance that care workers would be reminded of their responsibilities when entering people's homes.

We spoke with care coordinators who managed the rota in the office. One coordinator told us that "if one of the carers is sick, we let the person know and get a cover carer to visit. We make sure nothing is missed and send someone." Care workers told us there were always two care workers or "double ups", for example, to assist someone in using a hoist when required. Care workers told us they had sufficient time to deliver the support that was detailed in people's care and support plans.

We looked at daily notes, rotas and time logs and saw that care workers were able to cover shifts, take breaks and complete tasks most of the time. We saw that there were occasions when care workers would arrive at a person's home nearly thirty minutes after the scheduled time. The operations manager explained that care workers were permitted an additional thirty minutes prior to arriving to their visit and to complete their visit to allow for potential delays such as traffic or an emergency. The operations manager told us that people who used the service and their relatives "were always kept informed of our policies."

Care workers told us they had been provided with training in safeguarding people from abuse, which was confirmed in the records we looked at. Care workers understood their roles and responsibilities regarding safeguarding. They were able to describe the process for reporting any potential, or actual, abuse and who their concerns could be escalated to. Staff were aware of the provider's whistleblowing policy and knew of the procedures to report concerns about practice within the organisation.

People's risk assessments were reviewed every three to six months. The risk assessments were personalised and based on the needs of the person. The assessments were completed with the person and identified what the risks might be to them, what type of harm may occur and what steps were needed in order to reduce the risk. These included risks around falls, manual handling and the behaviour of the person, where this was applicable.

Staff recruitment files showed that the service had a clear safer recruitment procedure in place. Care workers completed application forms outlining their previous experience, provided references and attended an interview as part of their recruitment. We saw that a Disclosure and Barring Service (DBS) check had been undertaken before the member of staff could be employed. This was carried out by the DBS to ensure that the applicant was safe and was not barred from applying to work with people who required care and support. Care workers were allocated to people who used the service through a matching process and they

were introduced to the person before their care and support service started as a way of providing the person reassurance of their identity.

People who needed support with their medicines told us that they were satisfied with the arrangements and confirmed that they were asked for consent by care workers before taking their medicines. We looked at medicine records and saw that people were prompted to take their medicines when required. A care worker explained how "it is very important to log medication that is taken. We take it from the dosette box and record it on the MAR sheet (Medication Administration Record). Unless they are self-medicating, then we don't need to prompt them."

Care workers also explained that they used Personal Protective Equipment such as gloves to prevent any risks of infection when providing personal care. Before our inspection, we received information about a person receiving medicine from a care worker in error. We noted that the service took the appropriate action to investigate and deal with the matter and apologised to the person and the family that was affected.

Good

Is the service effective?

Our findings

People and their relatives told us the care workers met their individual needs and that they were happy with the care provided. One person told us, "Staff from the office came to visit and also called me on the phone to check everything was ok." Another person said that, "I have regular carers and I know them."

People's consent was sought before any care and treatment was provided and the care workers acted on their wishes. People told us that care workers asked for their consent before they provided any care. Care plans had been signed by people to give permission for the information in them to be shared. People were able to make their own decisions and were helped to do so when needed. Care workers understood their responsibilities under the Mental Capacity Act 2005 (MCA) and what this meant in ways that they cared for people. They said they would recognise if a person's capacity deteriorated and that they would discuss this with their manager.

The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

Care workers told us they received the training and support they needed to do their job well. We looked at the care workers' training and monitoring records which confirmed this. Care workers had received training in a range of areas which included safeguarding adults, medicines management, moving and handling, dementia awareness, and food hygiene and falls prevention. They received annual refresher training of important topics and undertook Care Certificate training as part of their induction. These were a set of standards that health and social care workers adhere to in their day to day work. Some care workers were also enrolled on to Diplomas in health and social care.

Newly recruited care workers completed an initial induction and could shadow more experienced workers to learn about people's individual care needs and preferences. The operations manager told us that they took competency seriously and they would assess the applicant whilst they were shadowing to see if they would be competent in the role. We saw evidence of competency assessments when we looked at staff recruitment files. Applicants who were not successful would be provided additional training, or in some cases would not be offered a role as a care worker. Care workers told us the induction training they received provided them with the knowledge they needed. A care worker informed us that, "I get a lot of training when I need it. Carers need to know how to deal with and care for vulnerable people. Working here is great, we are well supported."

Care workers were supported and monitored by managers and monitoring officers. They received a handbook when they began their employment which set out codes of practice, terms and conditions, the

service's philosophy and how to ensure they kept themselves and people safe. Care workers confirmed that they had read the handbook and were familiar with it. This ensured that staff were aware of their responsibilities.

Staff told us that supervision took place every quarter, which they said they found helpful and supportive. One care worker told us, "I love supervision; it is a chance for me to review myself." Staff received appraisals annually. Records confirmed that one-to one supervision meetings took place every three months. Care workers confirmed that any training needs or areas of concern were discussed in order for them to develop and gain further skills. We saw that care workers were also able to talk about the support needs of people they visited and if there were any changes to their needs. This meant that the service was monitoring the wellbeing of both staff and people who used the service.

Care coordinators or monitoring officers from the service visited people in their homes a week after care commenced and carried out follow up visits three to four times a year. We asked people if care coordinators had visited to review the care provided and one person confirmed that they were visited or telephoned. However, some people were still awaiting their first visit from a monitoring officer or coordinator when we asked them. We looked at records and saw that review visits were in the process of being scheduled.

Where needed, people were supported to have sufficient amounts to eat and drink and had their nutritional needs met by care workers. One care worker told us, "We have to look after people and that means checking for any sores or illnesses. We can call the doctor and we log it." Records confirmed that care workers had taken the appropriate steps when a person was unwell.

Good

Is the service caring?

Our findings

People told us that the care workers treated them with respect and kindness. One person said, "I think they are definitely on time and are excellent." Another said, "They are very understanding and whatever they do for me I never feel embarrassed." A relative told us, "The carers give [my relative] time if [my relative] needs privacy." Another person said, "It's good, my carer is very caring, I've never had to complain, we have a good laugh."

People confirmed their privacy and dignity was respected at all times. Care workers understood the importance of respecting and promoting people's privacy and dignity. Care workers knew about people's individual needs and preferences and spoke with us about the people they cared for in a compassionate way. One care worker told us, "We must respect their dignity at all times. I f people don't want your presence when they are in the shower or if they don't want a male carer, they tell us. We listen to them."

Care workers told us it was important that they saw the same people as this enabled them to build up positive relationships. A worker said that, "I get to know people well, respect their views and listen to their stories. But we must stay professional and not talk about our own personal lives all the time. I want to make people comfortable and protect them." One person told us, "I have regular carers I know them and they know me." Another person felt that care workers were "friendly and talk to me." Other comments from people who used the service complimented staff on how they were "very obliging and considerate." Staff talked about treating people with respect and leaving them with "smiles on their face, providing love, comfort and caring." However, some people were less satisfied with their relationship with their care workers. One person we spoke with felt that they could not communicate with care workers because they did not speak the same language and another person was "made to feel like a dirty broom." This told us that people's comments were listened to and respected but sometimes they felt ignored. We asked the operations manager if the matching process was effective and they reassured us that staff were matched with people to ensure they communicated with them effectively and treated them with respect and dignity. We saw that assessments of people's needs included details of their preferred language and what gender they preferred their carer to be. If a person wanted to change their carer, the service would try to arrange a different carer depending on a care worker's availability.

People and their relatives told us they were asked for consent before receiving any treatment and understood and agreed the care they were provided. One person told us that their care workers "are out of this world, they are great." Staff told us that information was shared with the person receiving care and support. We looked at records held in the office and the operations manager told us that consent was confirmed with people and records showed that people signed care plans prior to receiving care and support. Records showed that people had been involved in their care planning and they had agreed with the contents.

Files held in the office for monitoring the quality of the service provided indicated when reviews were due, when they were completed and any subsequent changes to their individual care plan. Reviews were undertaken and where people's needs or preferences had changed these were reflected in their records This

ensured people received support which reflected their current care needs. People's care records identified people's specific needs and how they were met. The records also provided guidance to care workers on people's preferences regarding how their care was delivered. For example, one person's plan told us that "they enjoy interaction and small talk" and wanted to be "transferred to their wheelchair" at certain times of the day.

Requires Improvement

Is the service responsive?

Our findings

People told us the service was responsive to their needs for care and support. One relative told us, "Yes we're satisfied. They do exactly what needs to be done; they are gentle when helping my [relative]." Each person had a support plan which was personalised and reflected in detail their personal choices and preferences regarding how they wished to be cared for.

However, a number of people told us about occasions when their regular care workers were on annual leave or were not available and the inconsistencies with the service in notifying them of replacement care workers. There were also concerns about weekend visits and one relative said, "The majority of the times, the carers arrive on time but weekends are a bit 'iffy'." Another person told us that "when I've got my own carers there is no trouble but when they have a day off it goes berserk." We also spoke with a person who said that if their regular care worker was not able to come, "The agency phone me but I don't always take the offer of a different carer as I won't really know them." We asked people if the office called them if their regular care worker was sick, to let them know another care worker would be arriving and one person said, "No, I never know who I'm going to get." One family member told us, "We have the same carer during the week but we don't know who we'll have Saturday or Sunday." They also told us that they do not always receive a phone call if a replacement care worker was being sent and said, "They (the agency) just send someone, and they don't call."

People told us that their care visits were usually on time and they were contacted if the care worker was going to be late. However, one person told us, "It varies, a couple of times they've been late, but they don't let me down." Another person said, "I ring to say the carer hasn't arrived yet, they say we'll ring you back, they don't" and also that "One time they should have been here at 7am they didn't arrive until 11am." This meant that the service was not always providing phone calls to people when required and was not responsive enough.

We recommend that the service ensures that people are contacted and updated of any changes to their care worker.

The service received referrals from local authority placement teams. A care coordinator carried out an initial assessment of the person's needs prior to the person receiving a service from the agency, to determine whether the service could provide the required support. The care coordinator would contact the family and a member of staff would visit them to carry out the assessment. The assessment established what specific personal care and support needs the person had and incorporated personal risk assessments and risk management guidelines. This was supported by completed assessments and confirmed through discussions with people and their relatives. A deputy manager confirmed that "families get involved and read the care plans before they sign it. People can choose how many hours [of care and support] they want to have. It is very person centred".

A personalised care plan was then developed from the discussions which outlined their needs with the involvement and agreement of the person. People had care plan in their homes and a copy was held in the

office. We saw that care plans were regularly reviewed and updated to reflect people's changing needs. The care plans held personal details about each person, for example, their personal interests, likes and dislikes and details of significant relationships, friends and relatives. People had a copy of their care plans in their homes and a copy was held in the office. Care plans were regularly reviewed and updated to reflect people's changing needs.

We saw that care plans contained details of what support they wanted for each part of the day when a care worker was scheduled to visit, for example in the morning, at lunchtime and in the evening. People told us they were involved in the compilation of their care plan and they had involvement in it being reviewed and updated. We asked family members if they felt involved in decisions about care and one relative told us "We ask them to tell us if (my relative) is sore as (my relative) uses pads and they do tell us."

People told us that they were happy with the care they received from care workers. One person told us that a care coordinator visited their home to review their care. They said, "The manager and staff are very helpful. We had a little review a while ago." Care workers were able to outline the needs of the people they were supporting and how they would check if there had been any changes to their needs. People's wishes were listened to and acted upon by staff. For example, we received comments from relatives about care workers sometimes rushing or making phone calls. They asked the care workers to stop doing that "as this might be confusing for my relative." We asked relatives if care staff responded to these requests and they told us that they did.

We looked at daily records and found that they were hand written by staff and contained a good level of detail about the care that had been provided. Any issues that other members of staff needed to be aware of were recorded. We found that some entries were not easy to read and the team manager agreed that this area needed some improvement from staff. The service had a policy and procedure for reporting complaints. People were provided with information about how they could raise complaints in an easy to read service user hand book left in a folder in their homes. People confirmed that they knew how to complain. A person told us, "We have phoned them if we have a problem and they have changed things." Another person said, "I'd just be straight on the phone to their office, I haven't got any complaints though." Another person was less sure and said, "no one has explained the complaints process."

The service had received a number of formal complaints over the past year relating to care workers arriving late or missing visits. There were also complaints about poor communication between the service and people who used the service, including their relatives. We saw evidence that the service took all issues and concerns seriously and took the appropriate action. We saw that each complainant was written to formally and provided with an explanation or apology with details of any investigatory work that was undertaken by senior managers. The service also received a serious complaint that was not handled appropriately a few months before the inspection, which caused the complainant a lot of stress. The operations manager explained that the care manager at the time who was responsible for managing the complaint no longer worked for the service. The operations manager assured us that any feedback whether satisfactory or unsatisfactory would be taken seriously so that the service could improve. They also informed us that any shortfalls in communicating with people when dealing with complaints would be addressed by keeping in more regular contact with people by either telephoning them or writing to them.

Good

Is the service well-led?

Our findings

The service had a large management structure in place because it was part of a wider organisation that provided different services. The service was managed by the registered manager who was one of two owners of the registered provider and an operations manager. There were also other managers of different departments within the organisation. The managers demonstrated a good understanding and knowledge of the people who used the service as well the staff who worked there.

Care staff told us the service was well organised and that they enjoyed working there. People confirmed that the service was managed well. However, some people felt that there were issues that could be addressed better, such as cover arrangements for when a care worker was sick or at weekends. People told us that they were treated fairly, listened to and that they could call the service at any time if they had a problem. One family member said they were "very impressed with De Vere Care" and that their relative had "formed a friendship with the carer." The care workers told us they had team meetings which enabled them to discuss any issues or concerns and this was confirmed by the records we looked at. Care workers said they had regular supervisions where they had the opportunity to discuss the support they needed, guidance about their work and to discuss their training needs.

We spoke with the owner of the registered provider and they told us that the service was managed better because senior staff were always available in the head office to tend to the business and the delivery of the service. The registered provider explained to us that, "It would be harder to manage if we were based elsewhere. Ultimately the buck stops with me. We have managers meetings every month and we attend provider meetings arranged by the local authority." The registered provider also talked about initiatives that they were undertaking with other councils which would help to expand the organisation. They also told us that the day to day management of the service included dealing with issues and concerns that were brought to the attention of senior managers. We looked at records and saw that action was taken promptly in response to concerns and complaints so that the delivery of the service improved.

Quality audits were completed internally by monitoring officers to identify where any necessary improvements were needed. Daily notes which included what medicines were administered were bought back to the office each month to be audited and quality checked to ensure that care workers completed them thoroughly. If any discrepancies were found then the manager would have a discussion with the care workers and take any necessary action for improvements to be made. People were visited in their homes by monitoring officers to ensure that they were satisfied with the care and support that was delivered. We saw that there was a current online system which contained information on schedules for each staff member. We also saw that staff were required to log in to the system remotely when they commenced care and support in people's homes, so that the managers and office staff would know that they were where they were scheduled to be.

The registered provider sent surveys to relatives and professionals to seek their views and opinions. We saw the latest questionnaires which had been sent out and people made positive comments about the service they received. Care files and other confidential information about people were kept in the main office

securely. This ensured people's private information was only accessible to authorised people.