

Devon C Air Limited

Devon C Air Limited Homecare Agency

Inspection report

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November 2014
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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 

Overall summary

Devon C Air Limited Homecare Agency provides care and support to a variety of people including older people and people with learning disabilities, who have chosen to live in their own homes. The services provided include personal care, befriending, and domestic work. People may need care and support for a period of time to recover from illness or as a longer term arrangement.

The service has a registered 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.

Summary of findings

We visited the office on 12 November 2014. At the time of our inspection 32 people were using the service.

Our last inspection took place in November 2013. At that time, we found the service was not meeting the regulations in relation to staff recruitment and records. We told the provider they needed to make improvements. The provider sent us an action plan telling us what they were going to do to meet the regulations. On this visit we checked and found improvements had been made.

People and their relatives were very pleased with the care they received and praised the quality of the staff and management. Staff worked in a reliable, responsive, and flexible way to ensure people's needs and preferences were met. One person said "care staff go out of their way and go that extra mile to make sure you are cared for in the way you wish".

People told us they felt safe when staff visited them to provide care. They knew who would be visiting them and had a regular group of staff who they knew and trusted. Appropriate staff recruitment checks had been undertaken to ensure staff were suitable to work with people. Staff received safeguarding training and knew what to do if they were concerned that a person was being abused.

Staff understood the needs of the people they were supporting. People told us their care was provided with

kindness and compassion. Staff were trained to ensure they provided care and support that met people's needs. They demonstrated a good understanding of their roles and responsibilities, as well as the vision of the service. People told us they were well matched with care staff who had the appropriate skills to care for them. People told us their visits were made at the agreed time. Staff worked flexibly to accommodate people's chosen activities and outings.

People and their relatives were involved in care planning. Staff and managers knew people well and were able to tell us how they supported people and met their care needs appropriately. Where there was the possibility that one person lacked capacity to make certain decisions; a mental capacity assessment had not been carried out. The registered manager had the appropriate assessment forms available and confirmed they would review the person's care plan.

The provider had systems in place to assess and monitor the quality of care. The service encouraged feedback and used this to drive improvements. The provider aimed to provide people with high quality personalised care. People told us the provider was approachable. One person described them as "lovely people who are very adaptable and approachable". Staff told us the provider, managers and other staff were very supportive and they could ring them at any time for advice.

Summary of 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?

The service was safe.

People told us they felt safe when staff visited them to provide their care because they had regular staff who they recognised.

People were protected from unsuitable staff because staff recruitment checks had been completed.

There were sufficient staff to meet people's needs safely. The provider ensured they had enough staff before they took on a new care package

Good



Is the service effective?

The service was effective.

People received the care and support they needed.

Staff were skilled and received comprehensive training to ensure they could meet the people's needs.

People were supported to maintain a healthy balanced diet.

Good



Is the service caring?

The service was caring.

People and their relatives were very pleased with the staff who supported them and the care they received.

Staff engaged with people in a person centred way and had developed warm engaging relationships.

People were supported by staff who treated them with dignity and respect.

Good



Is the service responsive?

The service was responsive to people's needs.

People told us they were happy that they received personalised care and support.

People were enabled to carry out personalised activities and maintain their hobbies and interests.

Complaints were taken seriously and used as opportunity to learn from people's experience and improve the service.

Good



Is the service well-led?

The service was well-led.

The provider had a clear vision which was person focused.

People and their relatives were regularly asked for their feedback to help drive continuous improvement.

Staff enjoyed their work and told us the management were always available for guidance and support.

Good



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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 inspection visit took place on 12 November 2014 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we wanted to make sure staff were available to speak with us. We made telephone calls and home visits to people after this date.

One social care inspector and an expert-by-experience carried out this inspection. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. Their area of expertise was care for older people.

Before the inspection we reviewed the information we held about the service and contacted the local authority to ask for their feedback about this service.

On the day of our visit, 32 people were using the service. We used a range of different methods to help us understand people's experience. We spoke with 18 people and their relatives on the telephone. We visited two people in their homes. We spoke with five staff, the provider, manager, and a community care worker.

We looked at three care plans, medication records, two staff files, audits, policies and records relating to the management of the home.

Is the service safe?

Our findings

At our last inspection in November 2013, we found the service did not have safe staff recruitment procedures in place. At this visit we checked and found improvements had been made. We looked at two staff files. We found recruitment practices were safe and relevant checks had been completed. A new member of staff told us references and a disclosure and barring service (DBS) check had been completed before they started to work for the provider. The DBS provides criminal records checking and barring functions. This helped reduce the risk of the provider employing a person who may be a risk to vulnerable adults.

People and their relatives told us they felt safe when they received care. One relative said “I can relax while the carers are there because I know my relative is in safe hands”. A person who had complex medical needs said “Staff are all aware of my medical condition and have been trained to know what to do in an emergency”.

Staff had received training in safeguarding vulnerable adults. Staff knew how to recognise signs of potential abuse and understood how to report any concerns in line with the service’s safeguarding policy. The registered manager told us if they had any safeguarding concerns they would raise these with the social worker or local authority safeguarding team. For example, the manager had reported they were concerned that one person’s front door key was placed under a plant pot. The manager had arranged for the person to have a key safe fitted to help ensure only appropriate people accessed their home and they were kept safe.

Risk assessments had been undertaken and included information about action to be taken to minimise the chance of harm occurring to people and staff. For example, some people needed support to move and transfer within their home. Information was provided to staff about how to provide this support safely. Where one person required the

use of a hoist, we found training had been provided by an occupational therapist. We saw two staff using the hoist. Staff followed the care plan and risk assessment and moved the person safely.

The service employed enough staff to carry out people’s visits and keep them safe. The registered manager told us they would not take on people’s care if they didn’t have enough staff available to cover all visits and provide emergency cover. Staff told us they had enough time at each visit to ensure they delivered care safely.

People told us the service was reliable. One person said “I have never been left without a carer”. Another person said “In an emergency, one of the managers will come”. The registered manager informed us the service had recently missed one visit. The person had not been placed at risk as a result of this. The service had followed this up with the member of staff concerned to minimise the risk of it happening again.

People all lived in the Torbay area. The registered manager told us this made it easier to plan visits, allowed for short travel distances and decreased the risk of staff not being able to make the agreed appointment times. If staff were unable to attend a visit they informed the registered manager in advance and cover was arranged so people received the care and support they required.

People were supported safely with their medicines. One person told us they were happy with the support they received. We saw staff gave the person their medicines. Staff asked the person if they would like their prescribed “when required” paracetamol for pain relief. Staff completed medication administration record (MAR) sheets after they had given the person their medicines.

There was an on call system for people to ring in the event of an emergency out of office hours. The on call system was managed by senior staff and management.

Is the service effective?

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Is the service caring?

Our findings

People, their relatives and healthcare professionals, were positive about the way staff treated people. We spoke with 20 people and they all considered the staff to be caring. People gave us a range of words to describe the staff who supported them. These included “Very caring; very kind; marvellous; understanding; helpful; friendly; and respectful”.

People benefited from having regular staff who they knew well. One person said “Staff go out of their way and go that extra mile to make sure you are cared for in the way you wish”.

Staff engaged with people in a personalised way. During a home visit, we observed the person interacted in a relaxed manner with staff who asked them about their wellbeing, pets and interests. Staff clearly knew the person well and had developed a warm engaging relationship with them. When the person realised they didn’t have a food item they would like, staff offered to go shopping and bring it back at the next visit, that afternoon.

Staff spoke about people with compassion and concern. We heard of many examples where staff showed kindness

to people. For example, after a person had been admitted to hospital for emergency treatment, the registered manager went to their home and collected clothing and toiletries for them.

People told us they were treated with respect. One person said “We have a routine; things could not be better; there is never any embarrassment; we chat about normal things while they do what has to be done”. Another person said “Care staff are most compassionate and understanding and take care to protect and maintain my privacy and dignity”. Staff received training to help ensure they understood how to respect people’s privacy, dignity and rights. Managers assessed how staff used these values within their work when observing their practice. Staff described how they would ensure people had their privacy protected when undertaking personal care tasks.

Relatives had sent thank you cards to the service. One person thanked them for the extra love and care they showed at some difficult times. A relative said “mum liked to have a chat and looked forward to seeing the girls”.

People told us how their relatives were given time during care visits to develop relationships with care staff. One person said “Care staff are friendly and respect the fact that they are in my home, and they include a family member in discussions and ask permission before they do anything”.

Is the service responsive?

Our findings

At our last inspection in November 2013, we found the care plans did not contain enough information for staff to know how to meet people's needs. At this visit we found improvements had been made. We looked at a care plan that had been recently reviewed and developed with the person, the staff who supported them, and the registered manager. This described in detail the support the person needed to manage their day to day health needs. We looked at two other care plans and spoke with staff about the care needs of these people. Staff knew people well. They were able to tell us how they supported these people and met their care needs appropriately. People were happy with the care they received. One person said "They know what it is I need". A relative said "As needs change we talk, and care is adjusted as necessary". During a visit to one person's home, we saw staff met the person's needs appropriately.

People's care was delivered in a way that took account of their needs and the support they required to live independently at home. For example, we saw staff worked hard to ensure one person had everything they needed to enable them to maintain their independence between visits. Whilst staff were at the person's home, they encouraged the person to do what they could for themselves to promote their independence. People who had sensory disabilities were well supported to ensure they remained independent. For example, one person was blind and required staff to support them so they could live in their home independently. They said "my care staff have to be my eyes in matters such as reading labels on food and medication and reading all my mail; to make sure I am wearing clothes that are not stained and not eating food that is out of date. They also take me shopping and accompany me on walks and line dancing, things which I would not be able to do without them, so it is essential I have care staff who are able to do this; and so far it has worked".

People told us they had been visited by a manager to assess and discuss their needs and the care required. At the same time there was the opportunity to discuss preferences and wishes in relation to the gender of carers and timings of visits.

People were given the time they needed to receive their care in a personalised way. People told us they received

their care at the agreed time. One person said "Care staff arrive on time, you can set your watch by them". Another person said "If early, they wait outside as they know I will not be prepared". People told us the service would change their visit times to accommodate their wishes where possible. One person said "They are very accommodating if you want to change time of a visit". People were told who would provide their care. One person said "A rota is prepared one week in advance so clients always know who will be coming. If there is a change they will always phone beforehand".

The service was flexible and responsive to changes in people's needs. For example, one relative had phoned the office as they had experienced a problem with their family member's care. We found the registered manager had gone out to their home to support them outside of their agreed visit times. A community care worker told us, management always responded to one person's needs as they changed. This ensured their care package continued to meet their current needs.

People were supported by staff to access the community and minimise the risk of becoming socially isolated. One staff member told us how they made sure they were flexible with timings so the person they supported could take part in their chosen activity. They said "Even if we run over time, we do it". Another person told us how their care staff would make an early start to assist them with their care which enabled them to attend the church service of their choice. Staff supported people to maintain their interests and social links. For example, we saw staff made sure that people had access to their telephone, and television remote control before they left their home.

People and their relatives told us they were satisfied with the service provided and had no reason to complain. They felt able to raise concerns or make a complaint if something was not right. They were confident their concerns would be taken seriously. People had a copy of the service's complaints policy in their care plan file. This provided information on how to make a complaint. The service had received one complaint in the past year. The registered manager had investigated the complaint. We saw they had met with staff to discuss the complaint and made sure staff knew how to meet the person's needs in

Is the service responsive?

the future. This showed the service learnt from people's experiences. Another person told us they had raised a minor concern and this had been resolved in a timely and efficient manner.

People had completed service satisfaction questionnaires. Where individual comments were noted on these, the

provider told us how they had addressed these with the specific people and staff to ensure they were resolved. For example, the provider had moved one person's visit time to meet their preference.

Is the service well-led?

Our findings

The provider was in day to day charge of the service. They had a clear vision; they aimed to provide people with high quality personalised care. People told us the provider and manager knew them well, and were aware of their preferences and needs. One person described them as “lovely people who are very adaptable and approachable”.

Staff’s behaviour towards each other, people and their relatives reflected the service’s vision. Comments about the service’s culture included “caring”, “respect”, “openness”, and “independence”. Staff told us they enjoyed their work. One staff member said “I love my job. People we visit are someone’s nan, mum or granddad. I want to treat them as I would my own mum”.

People told us they found the provider was approachable and were encouraged to ring the service at any time. Staff told us the provider, managers and other staff were very supportive and they could ring them at any time for advice. A staff member said “They’re the best bosses I’ve ever had”. Another staff member said “The team are fantastic and managers are professional yet easy to get on with”. A new staff member told us they had a list of staff telephone numbers and could ring colleagues if they were unsure about anything.

Staff received regular support and advice from the provider via phone calls, texts and face to face meetings. Staff told

us they were kept informed of any changes to the service provided or the needs of the people they were supporting. The provider told us they also communicated update information about practice to staff via monthly staff meetings. Staff told us they enjoyed the meetings when there were opportunities to meet up with the team share ideas and improve the standards of the service.

The provider monitored the quality of care and sought feedback from people on an on going basis. They regularly visited people to provide their care and spoke with people on the phone. One person told us they had been asked for feedback at their recent care review visit. Service satisfaction questionnaires asking people their views of their care were sent out in October 2014. Eight completed surveys had been received at the time of our inspection. These showed that people were satisfied with their care including the way staff treated them. Everyone said they would recommend the agency. This was confirmed by our discussions with people and their relatives.

The provider carried out audits to monitor the quality of the service. These included looking at visit records and medicine administration records to ensure they were completed correctly. Unannounced checks to observe staff’s competency were carried out on a regular basis. Information we received from the local authority quality team showed they did not have current concerns about Devon C Air Limited Homecare Agency.