

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 

Overall summary

This inspection took place on 23 and 29 June 2015 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.

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 36 people receiving a service.

When we visited there was 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 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.

Six people required staff to administer their medicines. This involved taking them from the pre-filled blister pack prepared by a local pharmacy. Staff had not received medicine training to ensure they were competent to carry out this task. The management team had recognised that staff should have this training. Staff were confident supporting people with their medicines and a community

Summary of findings

matron confirmed they had no issues with medicines. They added that staff were very good at flagging up the need for medicine reviews. When we return on 29 June 2015, medicines training had been arranged for 28 July 2015.

People felt safe and staff were able to demonstrate a good understanding of what constituted abuse and how to report if concerns were raised. Measures to manage risk were as least restrictive as possible to protect people's freedom. People's rights were protected because the home followed the appropriate processes.

People received personalised care and support specific to their needs. Their preferences, views and suggestions were taken into account to improve the service. They

were supported to maintain a balanced diet. Health and social care professionals were regularly involved in people's care to ensure they received the right care and treatment.

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

Staffing arrangements were flexible in order to meet people's individual needs. Staff received a range of training and regular support to keep their skills up to date in order to support people appropriately. Staff spoke positively about communication and how the management team worked well with them, encouraged team working and an open culture.

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

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?

One aspect of the service was not safe.

Staff required medicine training to ensure they were competent when supporting people. Training had now been arranged.

People said they felt safe and staff were able to demonstrate a good understanding of what constituted abuse and how to report if concerns were raised. People's risks were managed well to ensure their safety.

Staffing arrangements were flexible in order to meet people's individual needs.

Good



Is the service effective?

The service was effective.

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.

People's health needs were managed well.

People's rights were protected because the service followed the appropriate processes.

People were supported to maintain a balanced diet.

Good



Is the service caring?

The service was caring.

People said staff were caring and kind.

Staff relationships with people were strong, caring and supportive. Staff spoke confidently about people's specific needs and how they liked to be supported.

Good



Is the service responsive?

The service was responsive.

People received personalised care and support specific to their needs and preferences.

There were regular opportunities for people and people that matter to them to raise issues, concerns and compliments.

Good



Is the service well-led?

The service was well-led.

Staff spoke positively about communication and how the management team worked well with them.

People's views and suggestions were taken into account to improve the service.

The organisation's visions and values centred around the people they supported.

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

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 was planned to check 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 took place on 23 and 29 June 2015 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 an 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 domiciliary care services.

Before the inspection, the provider completed a Provider Information Return (PIR). This 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 home and notifications we had received. Notifications are forms completed by the organisation about certain events which affect people in their care.

We spoke with 10 people receiving a service and five members of staff. We reviewed three people's care files, four staff files, staff training records and a selection of policies and procedures and records relating to the management of the service. Following our visit we sought feedback from relatives and health and social care professionals to obtain their views of the service provided to people. We received feedback from eight relatives and two health professionals.

Is the service safe?

Our findings

People received varying levels of staff support when taking their medicines. Six people required staff to administer their medicines. This involved taking them from the pre-filled blister pack prepared by a local pharmacy. Staff had not received medicine training to ensure they were competent to carry out this task. The management team had recognised that staff should have this training. Staff were confident supporting people with their medicines and a community matron confirmed they had no issues with medicines. They added that staff were very good at flagging up the need for medicine reviews. They commented: “I have no concerns with medicine management.” When we return on 29 June 2015, medicines training had been arranged for 28 July 2015.

People felt safe and supported by staff in their homes. Comments included: “On one occasion they (the staff) thought I was poorly, they rang an ambulance and I was taken to hospital, they are very observant”; “They are becoming part of the family, I trust them 100%”; “I have no concerns and the staff are lovely” and “No concerns, happy with the care provided.” One relative commented that they used the time the carers call to have some respite and go out for an hour; he said he could only do this because he knew his wife was in safe hands.

Staff demonstrated an understanding of what might constitute abuse and knew how to report any concerns they might have. For example, staff knew how to report concerns within the organisation and externally such as the local authority, police and to the Care Quality Commission. Staff had received safeguarding training to ensure they had up to date information about the protection of vulnerable people. Staff records confirmed this information.

The management team demonstrated an understanding of their safeguarding roles and responsibilities. They explained the importance of working closely with commissioners, the local authority and relevant health and social care professionals on an on-going basis. There were clear policies for staff to follow. Staff confirmed that they knew about the safeguarding adults’ policy and procedure and where to locate it if needed.

People’s individual risks were identified and the necessary risk assessment reviews were carried out to keep people safe. For example, risk assessments for falls management, moving and handling, personal care and skin integrity. Risk management considered people’s physical and mental health needs and showed that measures to manage risk were as least restrictive as possible. These included methods such as providing reassurance when a person was upset.

People agreed staffing was maintained at safe levels. Staff confirmed that people’s needs were met promptly and felt there were sufficient staffing numbers. The management team explained staffing always matched the support commissioned by the local authority and skill mix was integral to this to suit people’s needs. Where a person’s needs increased, staffing was adjusted accordingly and was agreed with health and social care professionals and the local authority. We asked how unforeseen shortfalls in staffing arrangements due to sickness were managed. They explained that regular staff would be arranged to meet people’s needs. In addition, the service had on-call arrangements for staff to contact if concerns were evident during their shift. The service also had a contingency plan in the event of bad weather which prioritised people’s visits according to risk and a 4x4 vehicle was available. People commented: “The carers are consistent; there are never a lot of new people. They always arrive on time; they stay the right amount of time”; “They are very good at time keeping, they stay the right amount of time, sometimes they are late in leaving, we never feel rushed”; “They are normally on time, but they ring if they are delayed. They always stay the right amount of time” and “They always do a little bit extra, always ask me if I want anything else.”

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

Is the service effective?

Our findings

People thought the staff were generally well trained and competent in their jobs. One person thought some of the younger staff needed more training before they were allowed to go on visits alone. Other comments included: "The mature ones (staff) are brilliant, the new ones are brilliant but need to learn a bit more"; "They are dedicated people." They are part of the family, a very good bunch, always smart and clean and tidy" and "I am very pleased that there is consistency in the carers who come to see me. I have been receiving the same carers for a year. If a new carer commences with the company that person normally accompanies the experienced carer."

Staff knew how to respond to specific health and social care needs. For example, recognising changes in a person's physical health. Staff were able to speak confidently about the care they delivered and understood how they contributed to people's health and wellbeing. For example, how people preferred to be supported with personal care. Staff felt that people's care plans and risk assessments were really useful in helping them to provide appropriate care and support on a consistent basis. People commented: "They (the staff) tell me if they think I need medical help"; "They always let me know if they think there is a problem, they bring things to my attention" and "They know my wife well, they always bring to my attention anything they are concerned about. They notice if she is not herself."

People were supported to see appropriate health and social care professionals when they needed to meet their healthcare needs. We saw evidence of health and social care professional involvement in people's individual care on an on-going and timely basis. For example, GP and community 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.

Staff had completed an induction when they started work at the service, which included training. The induction required new members of staff to be supervised by more experienced staff to ensure they were safe and competent to carry out their roles before working alone. The induction

formed part of a three month probationary period, so the organisation could assess staff competency and suitability to work for the service and whether they were suitable to work with people.

Staff received training, 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), first aid, moving and handling and a range of topics specific to people's individual needs. For example, dementia awareness and supporting people with multiple sclerosis. This showed that care was taken to ensure staff were trained to a level to meet people's current and changing needs.

Staff received on-going supervision and appraisals in order for them to feel supported in their roles and to identify any future professional development opportunities. Staff confirmed that they felt supported by the management team. Staff files and staff confirmed that supervision sessions and appraisals took place. Appraisals were structured and covered a review of the year, overall performance rating, a personal development plan and comments from both the appraiser and appraisee. This showed that the organisation recognised the importance of staff receiving regular support to carry out their roles safely.

Before people received any care and treatment they were asked for their consent and staff acted in accordance with their wishes. People's individual wishes were acted upon, such as how they wanted their personal care delivered.

Staff received training on the Mental Capacity Act (2005) (MCA) which enabled them to feel confident when assessing the capacity of people to consent to treatment. The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. Staff demonstrated an understanding of the MCA and how it applied to their practice. It is important a service is able to implement the legislation in order to help ensure people's human rights are protected.

People were supported to maintain a balanced diet. Staff helped people by preparing snacks and others also

Is the service effective?

received a hot meal at lunchtimes from the sister service, Deer Park Nursing Home. A person commented: "One younger carer made an omelette for me for the first time in her life, while I gave her instructions on how to do it." 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 with the need to consult with health professionals involved in people's care. For example a person eating less and weight loss evident.

Is the service caring?

Our findings

People felt cared for by staff. Comments included: “Absolutely delighted with the service and care I receive”; “They are good people, we are very happy, they are caring, they are the right people for the job”; “The girls are all very nice and kind”; “They are very nice ladies, I look forward to them coming, and we have a laugh”; “The quality of care I receive is very good” and she was particularly impressed with an older member of staff “She is absolutely wonderful, she goes above and beyond what is expected”; “I look forward to them coming”; “Everyone is a delight, they make me laugh, they are very sweet and they do such a lot in a day”; “They are just brilliant at anything”; “We are very happy with the service, they come when they should, they are bright and breezy, they do their job well” and “My wife looks forward to them coming, they are very good with her.”

The service had received several compliments about the care provided. These included: ‘Would like to thank all the carers who looked after X in the last two weeks of her life with such kindness. She could not have asked for better care. Thank you all so very much’; ‘I would like to just take this opportunity to thank you and all your care staff for their exemplary service...They all showed great compassion and friendship’ and ‘I love to see the world through young eyes and I look forward to X (staff member) visits.’

Staff treated people with dignity and respect when helping them with daily living tasks. 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. Comments included: “They encourage me to do things, they don’t take away my

independence, and they encourage my independence”; “They encourage me to do things, but I have good and bad days and they understand this” and “They encourage me to do things for myself.”

We heard and saw staff supporting people. They demonstrated empathy in their conversations with people they cared for and in their discussions with us about people. Staff showed an understanding of the need to encourage people to be involved in their care. For example, how one person wished staff to talk with them about things which interested them and provided them with reassurance. Comments included: “I have been having a bad time recently and they gave me much needed emotional support” and “I don’t need emotional support, but on a bad day they cheer me up.”

Staff relationships with people were strong, caring and supportive. For example, staff spoke confidently about people’s specific needs and how they liked to be supported. Staff were motivated and inspired to offer care that was kind and compassionate. For example, staff spoke about how working as a team motivated them and how they gained inspiration from each other. Staff demonstrated how they were observant to people’s changing moods and responded appropriately. For example, when a person was feeling anxious. They explained the importance of supporting them in a caring and calm manner by talking with them about things which interested them and made them happy. This showed that staff recognised effective communication to be an important way of supporting people, to aid their general wellbeing.

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 that it was important that people were at the heart of planning their care and support needs. People confirmed they were treated as individuals when care and support was being planned and reviewed.

Is the service responsive?

Our findings

People received personalised care and support specific to their needs and preferences. Care plans reflected people's health and social care needs and demonstrated that other health and social care professionals were involved.

Comments included: "I am kept up to date with the care plan, and am involved in any decision making"; "There is very good communication between Deer Park and ourselves"; "They are absolutely great they just get on and do things for me" and "Yes I was involved in making the care plan which makes me feel more involved and in control."

There was evidence of people being involved in making decisions about their care and treatment through their discussions with staff. Care files were personalised and reflected the service's values that people should be at the heart of planning their care and support needs. For example, supporting people to identify specific goals to aid their wellbeing and sense of value. This included encouraging people to be as independent as possible, encouragement of activities and seeing friends and family to reduce social isolation.

Care files included personal information and identified the relevant people involved in people's care, such as their GP and community nurse. 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. People's likes and dislikes

were taken into account in care plans. 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 body spray being applied and pillows plumped. Staff told us that 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.

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 members of the management team. People were made aware of the complaints system. One comment included: "I would speak to staff if I had any concerns or call the office." Other people knew how to complain and felt their complaints would be acted upon. They said they would have no hesitation in making a complaint if it was necessary. Most said that they had never needed to complain. The complaints procedure set out the process which would be followed by the provider and included contact details of the provider, local authority and the Care Quality Commission. People were also provided with the complaints procedure when they started using the service. 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 management team recognised that if they received a complaint, they would attend to it in line with the organisation's procedure.

Is the service well-led?

Our findings

Staff spoke positively about communication and how the management team worked well with them, encouraged team working and an open culture. Staff commented: “We have regular meetings where we can discuss specific issues” and “The management team operates an open door policy and we can always go to them if we need to.” One person commented: “The staff all seem to enjoy working for the company. The manager is very nice, and I think they all like her.”

The service had implemented a duty of candour policy to reflect the requirements of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Health and Social Care Act 2008 (Regulated Activities) (Amendments) 2015. This set out how providers need to be open, honest and transparent with people if something goes wrong. Duty of candour also formed part of staff training. The management team recognised the importance of this policy to ensure a service people could be confident in.

Staff confirmed that they had attended staff meetings and felt that 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. For example, surveys had been completed by people using the service. The surveys asked specific questions about the standard of the service and the support it gave people. Where comments had been made these had been followed up, such as amendments made to care plans about wanting smaller meals; and an increase in support hours. This demonstrated the organisation recognised the importance of gathering 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. Health and social care professional comments included: “I work closely with the homecare team from Deer Park with many of my community patients, and have good working relations and networking with them. They do not hesitate to contact us if they are experiencing any issues around a person’s needs at home, or to give us feedback on a person’s progress. They regularly attend our Complex Care Team core group to ensure best care for our users. I have no complaints in the overall care and support offered by this service” and “Deer Park Homecare provides a really good service for people and they are very good at feeding back to other professionals. They attend the core meetings which allows for a proactive approach. The management team take things on board and help problem solve.”

There was evidence that learning from incidents and investigations took place and appropriate changes were implemented. For example, changes to staff members supporting people. 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

Is the service well-led?

conducted on a random but regular basis. These enabled the management team to ensure staff were arriving on time and supporting people appropriately in a kind and caring way.