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De Vere Care - Milton Keynes

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection took place on 2 and 7 March 2016 and was announced.

The inspection was carried out by one inspector.

De Vere Care Milton Keynes provides personal care to people who live in their own homes in order for them to maintain their independence. At the time of our inspection the provider confirmed they were providing personal care to 38 people.

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.

Staff had an understanding of abuse and the safeguarding procedures that should be followed to report abuse and people had risk assessments in place to enable them to be as independent as possible.

Effective recruitment processes were in place and followed by the service and there were sufficient numbers of staff available to meet people's care and support needs

People told us that their medicines were administered safely and on time.

Staff members had induction training when joining the service, as well as regular on-going training. Staff members were regularly encouraged to improve their skills with training.

Staff were well supported by the registered manager and senior team, and had regular one to one supervisions.

People's consent was gained before any care was provided and the requirements of the Mental Capacity Act 2005 were met.

People were able to choose the food and drink they wanted and staff supported people with this.

People were supported to access health appointments when necessary.

Staff supported people in a caring manner. They knew the people they were supporting well and understood their needs and preferences.

People were involved in their own care planning and were able to contribute to the way in which they were

supported.

People's privacy and dignity was maintained at all times.

The service had a complaints procedure in place and people knew how to use it.

Quality monitoring systems and processes were used effectively to drive future improvement and identify where action was needed.

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.

Staff were knowledgeable about protecting people from harm and abuse.

There were enough trained staff to support people with their needs.

Staff had been safely recruited within the service.

Systems were in place for the safe management of medicines.

Is the service effective?

Good ●

The service was effective.

Staff had suitable training to keep their skills up to date and were supported with supervisions.

People could make choices about their food and drink and were provided with support if required.

People had access to health care professionals to ensure they received effective care or treatment.

Is the service caring?

Good ●

The service was caring.

People were supported make decisions about their daily care.

Staff treated people with kindness and compassion.

People were treated with dignity and respect, and had the privacy they required.

Is the service responsive?

Good ●

The service was responsive.

Care and support plans were personalised and reflected people's

individual requirements.

People and their relatives were involved in decisions regarding their care and support needs.

There was a complaints system in place and people were aware of this

Is the service well-led?

Good ●

The service was well led.

People knew the registered manager and were able to see her when required.

People were asked for, and gave, feedback which was acted on.

Quality monitoring systems were in place and were effective

De Vere Care - Milton Keynes

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 2 and 7 March 2016 and was announced. The registered manager was given 48 hours' notice of the inspection. We did this because we needed to be sure that the registered manager or someone senior would be available on the day of the inspection to help respond to our questions and to provide us with evidence

The inspection was carried out by one inspector.

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.

Before the inspection, we reviewed the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law. We also contacted the Local Authority for any information they held on the service.

We spoke with five people who used the service, one relative of a person that used the service, five support workers, the monitoring officer and the registered manager.

We reviewed six peoples care records to ensure they were reflective of their needs, six staff files, and other documents relating to the management of the service, including quality audits.

Is the service safe?

Our findings

People told us they felt safe when they received care. One person said, "I feel safe with the carers." A relative of a person told us, "[person's name] is safely cared for by the staff." All of the people we spoke with told us they felt safe when receiving care from the service.

All the staff we spoke with had a good understanding of safeguarding, the signs of abuse, and how to report it. One staff member told us, "I would report it to the management team, who will then report it to the Care Quality Commission (CQC). I can go straight to the CQC or council if I want to as well." Staff also had a good understanding of whistleblowing procedures and we saw that training had been completed in these areas. The registered manager was aware of the requirement to notify CQC about incidents as required.

People had risk assessments in place that covered areas such as moving and handling, environment, emotional support, health care, personal care, finances and medication. The people we spoke with said that they were happy that the risk assessments reflected how they should be safely supported within these areas of their life. The risk assessments we saw gave staff members clear actions to take should certain situations occur. All the risk assessments we viewed had been monitored and updated to reflect any changes necessary.

Safe recruitment practices were followed. The staff we spoke with told us that they had undergone a full Disclosure and Barring Service (DBS) check. We saw that the service maintained a record of all staff members DBS checks. We looked at staff recruitment files and found application forms, a record of a formal interview, two valid references and personal identity checks.

There were enough staff working for the service. One person said, "I have a consistent staff member and they are covered by other staff members on occasions. I am happy that they have enough staff to make sure I am cared for." The staff we spoke with all felt that there were enough staff on the team to cover the visits required. We saw staff rotas which showed that each staff member had their own individual rota, and that cover could be provided when necessary. The rotas showed that staff attended to the same people for the majority of their visits, which meant people had consistency of staff. The rotas demonstrated that staffing levels were planned and sufficient to meet people's needs. They also gave staff time between calls to get from one place to the next.

Medication was administered safely. Staff told us that most of the people they supported administered their own medication, and their role was simply to prompt and remind people. We saw records that showed some people were supported with medication administration. These records showed the type, route and dosage of medication. Medication Administration Records were not kept within the office of the service, at the local authorities request. We saw that all staff had undergone medication training and competency checks to monitor the quality and safety of the service.

Is the service effective?

Our findings

The staff had the knowledge and skills to support people effectively. One person told us, "The staff know me and care for me very well." All the staff we spoke with were confident that the training and guidance they received enabled them to work effectively with people.

Induction training was provided to all staff members when they started employment with the company. A staff member told us, "I spent four days in the office covering the mandatory training and then I shadowed experienced staff on visits." All the staff we spoke with confirmed that they went through the induction process before starting work. We saw training certificates within staff files as well as competency worksheets to show that they had understood the training they had received. We saw that staff had been given report writing and record keeping workbooks to go through and increase their knowledge in these areas. The training records made available to us during the inspection demonstrated that staff had been provided with an induction before they commenced working with people

The staff we spoke with all had an understanding of Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA. 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.

Staff members received supervision from more senior staff. The staff we spoke with confirmed that they were given the opportunity to talk about their work and review progress. We saw records of these supervisions and that various topics had been discussed. An 'improvements' section was included in supervisions which identified areas for improvement where required.

Staff gained consent from people before carrying out any care tasks. One person told us, "Yes the staff always gain consent. I'm happy that the staff take initiative and get on with things that they know I need doing, but when it involves me directly, they always communicate and make sure that I am happy." All the people we spoke with made similar positive comments. We saw that people had signed consent forms within their files.

People were supported to maintain a healthy and balanced diet. One person said, "The staff help me with getting breakfast ready. They do things as I need them, and they encourage me to eat a decent meal." The staff we spoke with told us that most people receive family support for meals, but they did help some of the people they visited. We saw that people had documentation on dietary needs within their files where necessary.

People could have support to access healthcare services. All of the people we spoke with told us that family members usually supported them to health appointments, but the staff could help them if they needed and let them know. The staff we spoke with confirmed that most people had family members to support them to

attend appointments, but they also helped people at times. We saw that people had information within their files that detailed their medical needs and the support that they had been given.

Is the service caring?

Our findings

The staff had a caring approach towards the people they worked with. One person told us, "They are extra special to me, I class them as my friends" Another person said, "The staff are so lovely, they are very gentle." A staff member said, "I try to be as caring and supportive as possible. I like to leave thinking that the person is happier."

Staff were aware people's preferences. One staff member told us, "I know that [person's name] enjoys me reading to her, so I always do when I get a chance. The staff we spoke with were told us that the care plans contained personalised information that helped them to provide person centred care and the care plans we saw confirmed this. For example, one person's plan described a personal care routine with detailed step by step instructions that outlined how the person wishes to dress and undress after a shower. This enabled their independence and privacy to be upheld.

People were involved in their own care planning. One person told us, "I went through everything with the staff and my husband to make sure it was all accurate." Another person said, "I was involved with the initial assessment and reviews after that." The staff we spoke with said that they were able to recognise when changes were necessary, speak with people about changes, and action them within the care plans to reflect people's needs accurately. We saw that people were given the opportunity to express their views about their care through reviews. We looked at people's records and saw evidence to show they were involved in decision making processes.

Staff respected people's privacy and dignity. One person told us, "I have worked within care myself, so I have seen a lot of different quality. I have to say that these staff are very good and always respect my dignity when working with me. I wouldn't have them here if that was not the case." All the people we spoke with said that they were happy with the way the staff treated them and that their privacy was always respected. The staff we spoke with were all aware of respecting privacy within peoples home. One staff member told us, "It's a priority to make sure people feel respected."

People were supported to be as independent as possible. All the people we spoke with told us that staff encouraged them to do things for themselves where possible. One staff member told us that they would often encourage a person to build their relationship with neighbours, so that they had an extra support network.

We were told that advocacy services were available should people require them. At the time of our inspection, no one was using the services of an advocate.

Is the service responsive?

Our findings

People's needs were assessed before being receiving care from the service, and then reviewed and updated regularly. All the people we spoke with told us that an initial assessment had taken place. The registered manager told us that new people would receive an initial assessment, followed by a first visit which would include a senior member of staff. After two weeks, a check would be carried out to ensure that everything was going well. After six weeks a phone check would be carried out, and then regular three month checks from that point onward. We saw paperwork within people's files that confirmed thorough assessments had taken place.

People received care that was personalised to their needs. One person told us, "The staff know me well." All the people that we spoke with felt that the staff knew how to care for them appropriately. We saw that people had personalised information within their care plans that included personal history, individual preferences, interests and aspirations.

Care plans and risk assessments were regularly reviewed and updated. One person told us, "It's very fluid, if something needs reviewing or changing, then it gets done." Records confirmed that regular updates and checks were taking place.

People were encouraged and supported to develop and maintain relationships with people that matter to them. Relatives we spoke with told us that they felt the staff involved them in people's care and communicated with them in a positive manner. One relative told us, "I feel very involved. The carers talk to me all the time."

People had the time they needed to receive care in a person-centred way. People told us that the staff arrived on time and did not rush through tasks. One person said, "They don't just show up, go through the motions and leave." The staff we spoke with all felt that there was adequate time during visits to care for people in a person centred way.

People received planned care when and where they needed it. The people we spoke with told us that the staff provided them with what they needed and they did not feel that anything was missed. We saw that the staff members used a system to log in and out of visits by phone, which helped to monitor the length of people's visits. We saw that the service had a statement of purpose that outlined if there was any reason a staff member could not arrive to a call within 30 minutes of the planned time, then an alternative staff member would be sourced. Everyone we spoke with told us that the communication from the service was good, and that they received phone calls to inform them if anyone was going to be late.

People knew how to share their concerns and complaints. All the people we spoke with told us that they had not had to make any complaints, but were aware of the formal complaints procedure. The registered manager showed us that the service had a complaints policy and procedure for dealing with complaints effectively. We saw that actions and responses could be created and carried out for any complaints made.

Is the service well-led?

Our findings

People told us that the registered manager and monitoring officer were helpful, organised and approachable. One person told us, "I have spoken with the manager, she is very good" A staff member told us, "The registered manager and the whole senior team are very supportive." We observed that both the registered manager and the monitoring officer were very knowledgeable about their service, the staff and the people that used the service. They were able to explain the day to day culture of the service and how it had grown and changed over time. Our observations were that the service was being led by individuals who put an emphasis on support, fairness, and transparency.

We saw that the service had a staff structure that included the owner, registered manager, care coordinator and carers, and that people were aware of their responsibilities. The staff we spoke with were aware of the visions and values of the service and felt positive about working there.

Incidents and accidents were reported accurately by staff. We saw forms that showed detailed recording and a managers response and actions to each incident. The registered manager was aware of their responsibility to report certain incidents, such as alleged abuse or serious injuries, to the Care Quality Commission (CQC), and had systems in place to do so should they arise.

We saw that staff were encouraged by the management team to regularly access training and improve their level of knowledge and skill. We saw that within team meeting minutes, staff were made aware of new training opportunities including courses within the local college. We saw that an incentive scheme had been put in place for the most amount of training completed within a certain time frame.

We saw that quality control had been implemented. The registered manager informed us that the service had quality assurance systems in place that were used to monitor and improve the quality of the care provided. We saw that each person had regular feedback monitoring questionnaires within their files which the service used to monitor quality. We saw other audits that were regularly taking place within the service. The registered manager also told us that they carried out spot checks on staff which involved supervisory practice, to ensure they were meeting the standards the service had set.