

Devoted Home Care Ltd

Devoted Home Care

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

The inspection took place on 26 April 2016 and was announced. We gave the provider 48 hours' notice because the location provides a domiciliary care service and we needed to make sure someone would be available.

This was the first inspection of the service since it was registered. The service started operating at the current location in 2014. The service was previously operating from a different location and was originally registered in 2013.

Devoted Home Care is a domiciliary care agency providing personal care and support to people in their own homes. The service is available to younger and older adults with personal care needs. At the time of the inspection eight people were using the service. Some people were living with dementia. Other people had a variety of physical and healthcare needs, for example people recovering from a stroke. The service was operated by Devoted Home Care Limited, a private limited company set up by a husband and wife. One of the owners was also the registered manager for the service.

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 and associated Regulations about how the service is run.

People were protected from the risk of abuse through the provider's procedures for safeguarding adults

The risks to each person had been assessed and there was a clear management plan for staff to help keep people safe.

People were supported to receive their medicines as prescribed.

There were enough staff employed to meet people's needs and keep them safe.

There were procedures to be followed in event of an emergency and the staff were aware of these.

People were protected because the agency ensured only suitable staff were recruited

Decisions about care had been made by the person or in their best interests by people who knew them well.

People were cared for by staff who had been appropriately trained and supported.

People were given the support they needed with their nutritional needs

People were given the support they needed with their health.

People were cared for by staff who were kind, considerate and showed them respect

People told us their privacy and dignity was respected.

People's needs were met, their preferences were considered and they were able to request changes to the way in which they were cared for.

People's needs were assessed and care was planned to meet these needs.

Complaints and concerns were listened to and appropriate action was taken to improve the service where concerns had been identified.

The service was appropriately managed and people found the manager professional and approachable. There was a positive culture and people felt the service was well run.

Records were accurate up to date and clear.

There were systems of audits and quality checks to make sure people were receiving a good service which met their needs.

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 were protected from the risk of abuse through the provider's procedures for safeguarding adults

The risks to each person had been assessed and there was a clear management plan for staff to help keep people safe.

People were supported to receive their medicines as prescribed.

There were enough staff employed to meet people's needs and keep them safe.

There were procedures to be followed in event of an emergency and the staff were aware of these.

People were protected because the agency ensured only suitable staff were recruited.

Is the service effective?

Good ●

The service was effective.

Decisions about care had been made by the person or in their best interests by people who knew them well.

People were cared for by staff who had been appropriately trained and supported.

People were given the support they needed with their nutritional needs

People were given the support they needed with their health.

Is the service caring?

Good ●

The service was caring.

People were cared for by staff who were kind, considerate and showed them respect

People told us their privacy and dignity was respected.

Is the service responsive?

Good ●

The service was responsive.

People's needs were met, their preferences were considered and they were able to request changes to the way in which they were cared for.

People's needs were assessed and care was planned to meet these needs.

Complaints and concerns were listened to and appropriate action was taken to improve the service where concerns had been identified.

Is the service well-led?

Good ●

The service was well-led.

The service was appropriately managed and people found the manager professional and approachable. There was a positive culture and people felt the service was well run.

Records were accurate up to date and clear.

There were systems of audits and quality checks to make sure people were receiving a good service which met their needs.

Devoted Home 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 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 took place on 26 April 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to make sure someone was available.

The inspection was conducted by one inspector.

Before the inspection visit we looked at all the information we held about the service, including notifications of significant events. The provider had sent us a Provider Information Return (PIR) this was a document which they had completed to tell us about the service, including their strengths and areas for improvement.

We spoke with five people who used the service, or their representatives, on the telephone. We had feedback from three care workers who worked for the agency. During the inspection visit we met the registered manager (also the provider). We looked at records which included the care records for four people, the recruitment and training records for four members of staff, the provider's record of complaints and quality monitoring and other records used to manage the service.

Is the service safe?

Our findings

People told us they felt safe with the care workers from the agency. They said care workers could be trusted. They told us they could speak with the manager if they had any concerns and these were addressed.

People were protected from the risk of abuse through the provider's procedures for safeguarding adults. The staff had received training about this and there was a range of information provided to staff and in the agency offices about safeguarding. The local authority procedure and a record of who the staff should contact if they suspected someone was being abuse were displayed in the office and on each member of staff's desks. The subject of safeguarding, whistle blowing and no secrets was discussed at each team meeting. The staff had a good awareness of safeguarding procedures. One member of staff said, "Safeguarding is how to protect a person from any financial abuse or if you think the person is neglected", they also added, "If I had any concerns I would tell my manager about these." Another member of staff told us, "Safeguarding is protecting clients from harm and neglect. I have done the training already on this and my own roles and responsibilities are, the safety and welfare or wellbeing of the service user, observation and monitoring of the service user and reporting all concerns and complaints."

The risks to each person had been assessed and there was a clear management plan for staff to help keep people safe. For example, the manager had assessed risks in the person's environment, with the equipment they used, risks of falls and with regards to their mental and physical health needs and nutrition. People and their representatives had been able to contribute to these assessments. The plans for staff were clear and showed how they could help keep people safe whilst promoting their independence and choice. The risk assessments were regularly reviewed and updated. Copies of the assessments were given to the person, were available at the person's home for the staff to view and available in the agency office. There was training equipment for the staff at the agency offices, which included a hoist, slings and a bed. This equipment had been checked and regularly serviced. The staff were given protective gloves and other protective equipment.

People were supported to receive their medicines as prescribed. They told us they had the help they needed to take their medicines. There was an appropriate procedure for staff to follow regarding administering medicines. The staff had received training in this area. Care plans and assessments included information about people's prescribed medicines. The staff recorded when they administered these and the manager checked these records. We saw records of medicine administration which had been completed appropriately.

There were enough staff employed to meet people's needs and keep them safe. People told us they felt there were enough staff to provide the care they wanted. They said that care workers generally arrived on time and stayed the agreed length of time. The manager and agency administrator were also trained care workers and provided care when needed. The manager created rotas to make sure all visits were conducted as needed and there were enough staff on duty. People using the service were given a copy of the rota so they knew which staff to expect for each visit.

There were procedures to be followed in the event of an emergency and the staff were aware of these. The manager had access to live information about where each member of staff was when they were on duty and if they were running late for a call. Staff and people using the service had a 24 hour on call telephone number which they could contact if needed. The manager had contingency plans for providing care in event of adverse weather, during holidays and other emergency events.

People were protected because the agency ensured only suitable staff were recruited. The agency invited prospective staff to the offices for an interview and to complete a written test about the role. The written test included testing the candidates approach to care, different scenarios and how they would like to be treated if they were a person using the service. The manager also asked potential staff how they felt people using the service and their families felt about the care provided. The manager requested at least two references, criminal record checks and made checks on their identity and eligibility to work in the United Kingdom. We saw evidence that these checks had been completed before the member of staff started working for the agency.

The staff told us they had been invited for an interview at the agency offices. They said they had provided references and been requested to complete an application for a police check. One member of staff had attended an open evening at the agency where they found out about the work and then decided to apply for the job.

Is the service effective?

Our findings

Decisions about care had been made by the person or in their best interests by people who knew them well. People told us they had been consulted about their care and had agreed to this. They had signed consent to different aspects of the service, including information being recorded about them and shared with other agencies, for example healthcare professionals, if needed. The manager told us that they spent time with people explaining the different records and what these meant so that people had the information they needed to consent. For example, where skin care charts were used to record wounds and changes on the person's skin. The Mental Capacity Act 2005 (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.

We saw that people had signed consent to their care and treatment from the agency. Where people were unable to sign there was a record of their verbal agreement or their needs had been discussed with their representative who had signed their agreement.

The staff told us they had received training regarding the Mental Capacity Act 2005. They said they understood that people needed to be enabled to make decisions about their own care and what would happen if they did not have capacity to do this. One member of staff said, "I have completed the training on mental capacity. This is a person's ability to make a decision. The Mental Capacity Act aims to protect people who cannot make decisions for themselves due to a learning disability or a mental health condition, for example Alzheimer's disease, or for any other reason. It provides clear guidelines for carers and professionals about who can take decisions." Another member of staff said, "The Mental Capacity Act is to protect and empower individuals who may lack the mental capacity to make their own decisions about their care and treatment."

People were cared for by staff who had been appropriately trained and supported. People told us they felt the staff were well trained and appropriately skilled. The agency employed a consultant trainer who offered individual and group training. The manager was also qualified to train the staff. There was information for the staff about different areas of training provided in booklets, posters and on line. The staff were able to visit the office and access the information to help improve their knowledge. The training for all staff included safe moving and handling techniques, food hygiene, safeguarding, infection control, nutrition, dementia awareness, emergency first aid, medicines awareness and the Mental Capacity Act 2005. There was evidence that the staff had completed this training when they were first employed and this was updated regularly. The staff completed workbooks to demonstrate their knowledge. The manager told us they were arranging training in autism so the staff would have a better understanding if they provided support to people with

autism in the future.

The staff told us that they were given a thorough induction when they started work at the service. They said that they had been told about the agency, their role, policies and procedures. They commented that they had undertaken a range of training and had shadowed experienced staff or the manager before they worked on their own. One member of staff said, "I did a work place induction which was covering the policies and procedures that apply to the work place, including the health and safety, fire safety and the specifics of the role. I was shadowed by the branch manager and did refresher training in health and safety, moving and manual handling, food safety and medication, mental capacity and safeguarding of vulnerable adults." Another member of staff told us, "I had a full company Induction, before going into the field, I shadowed experienced staff and I did all training before I started working." A third member of staff said, "The training is useful for my role because it ensures that the skills and knowledge I have are up to date." There were records of staff induction and how they performed during this, including assessments of their approach and skills.

The staff told us they had enough information about the people who they cared for. They said they had been given information about their role and further information was available for them to read in the agency office. The staff told us they had been given a range of training for their role. They said this was useful and had helped them learn. One member of staff said, "I have had training in lots of areas and if I want any additional training my manager provides this." Another member of staff said, "I received the employee's Handbook which explains all the necessary policies and procedures."

The staff said they were well supported. They told us they met as a team monthly and had regular meetings and contact with the manager. They also said the manager visited them in the work place to assess their work. They had annual appraisals of their work and found these useful. One member of staff said, "I meet with my manager regularly, we have talks and discussions in each and everything concerning my role and responsibilities." Another member of staff told us about their appraisal, "I think it is very useful because it can help me to understand what others think about the way I work." We looked at records of team and individual meetings and staff appraisals. These showed that the staff member's skills, training needs and knowledge were discussed. The staff were praised for good work and areas for improvement were identified and agreed. The staff had signed records of these meetings. The team meetings included discussions about legislation, guidance and good practice as well as local procedures. The staff had been asked to complete surveys about whether they felt the service was effective and safe, which included showing whether they had the knowledge and information needed for the role.

People were given the support they needed with their nutritional needs. These had been assessed and there were care plans describing people's individual needs and how the staff should meet these. Where people required support with mealtimes there was information about their preferences. In one case the manager had provided photographic menus to help the staff provide the food the person wanted. The manager had created detailed information about another person's requirements for homemade fruit and vegetable drinks. People told us they had the help they needed with preparing meals. One relative told us the staff supported their relative during mealtimes and they found the staff were patient, kind and caring with this.

People were given the support they needed with their health. Their healthcare needs had been assessed and were recorded in their care plans. The staff had training and information about various health conditions. Details of the healthcare professionals who supported each person were recorded in care plans and at the agency offices. We saw that the staff monitored changes in people's health and these changes were recorded. There was evidence that the staff had responded appropriately when people had become unwell. The provider's record of incidents and the individual daily notes showed that the staff had contacted emergency medical services when needed, had informed the person's next of kin and spoken with the

manager about changes. The condition of people's skin was monitored and recorded. Changes were reported to the person's doctor or visiting nurses. Information from GPs given directly to the staff, or through the person's next of kin was recorded in care plans.

Is the service caring?

Our findings

People were cared for by staff who were kind, considerate and showed them respect. They told us the staff were kind and caring. They also said they were polite and professional. They liked their regular care workers and told us they had a good relationship with people. Some of the comments people made were, "The carer is always smiling and they are very kind", "I like my regular carer she is very nice", "They (the care workers) are friendly and always do what I ask", "The manager is very caring and helps out" and "They (the care workers) are polite to all the family and we have no problems, we appreciate their help."

People told us their privacy and dignity was respected. They said that the care workers always explained what they were going to do and made sure care was provided in a private room.

The staff told us they enjoyed caring for people and felt they had good relationships with them. They demonstrated a good understanding about how to show people respect. One member of staff told us, "When dealing with a client we need to make sure that they have their privacy." Another member of staff said, "We treat people in a dignified way by showing respect, while valuing their individuality and their ethical and moral beliefs without making assumptions about their needs." Other comments from staff were, "Respect involves recognising that they have their own opinions and feelings even if I do not agree with them", "When I am entering in a service user's room, I have to knock at the door first and greet them. When they are going to the toilet I am to give the room" and "Dignity and respect of the service users should be maintained at all times as well as ensuring that the individual needs and preferences when providing personal care. I demonstrate this by making sure that doors are closed when doing personal care with a client, that they are covered properly and always knocked before entering their rooms."

People told us they were supported to do things for themselves when they were able. The care plans included information about people's skills and the things they could do independently. People's religious, cultural and communication needs were recorded. The staff were aware of these.

Is the service responsive?

Our findings

People's needs were met, their preferences were considered and they were able to request changes to the way in which they were cared for. People told us their care needs were met in the way they wanted. They said that their choices and preferences were considered and they were able to change their mind when care was being provided. They told us the care workers respected this.

People told us the care workers generally arrived on time. They said that they stayed for the agreed length of time and carried out the care tasks they were supposed to. Some people told us the care workers did extra and that, "Nothing was too much trouble." One person said, "We have the same regular carer and we like this."

The staff told us they cared for the same people on a regular basis. They said they liked this and had built up good relationships with people. They told us they had enough travel time so they could arrive on time for each visit. One member of staff said, "I have enough time to travel in between my calls and I am given enough time to spend at the service user's place."

People's needs were assessed and care was planned to meet these needs. People said they had been involved in planning their own care. They were aware of their care plan and told us they had a copy of this. They told us the manager visited to reassess their needs and to make sure care was being provided how they wanted.

When a person started using the service the manager visited them to assess their needs. Information recorded in the assessments was detailed and included information about their dependency, their personal preferences, their social and religious needs and their view about using the service. The manager created care plans which outlined people's needs and the care which the staff were required to provide. The care plans were very detailed and gave specific and clear guidance for the staff which included the person's preferences and individual wishes. For example, the plans recorded the exact time and way in which people wanted their care provided. There was evidence of regular reviews for each person's care shortly after they started using the service, at three months, six months and annually. Changes in people's needs had been recorded and care plans were updated.

The staff recorded the care they had provided each day. These records were detailed and showed that care plans had been followed and people's choices and feelings had been respected. The manager collected these records and reviewed them to make sure the staff were following care plans.

Complaints and concerns were listened to and appropriate action was taken to improve the service where concerns had been identified. People told us they knew how to make a complaint. They said that they would speak with the manager. They felt concerns were appropriately responded to. For example, one person told us a care worker had been late for a visit. They said the manager had reassured them, investigated why this had happened and visited them to provide the care they needed. The manager kept a record of all complaints and concerns. These included information about how the concern was investigated and action

taken to put things right.

Is the service well-led?

Our findings

People told us they thought the agency was well-led. They said that they felt well cared for. They told us they could contact the manager whenever they needed and that she was very responsive. Some of the comments people made were, "They are very good and we are happy", "The manager is quite good", "We can speak with (the manager) whenever we need, she listens to us and makes changes which we have requested" and "(My relative) is very happy with the service and she likes the carers."

Some of the comments people had made during reviews of their care and in questionnaires sent to them by the provider were, "I am very pleased with my carers", "I am very satisfied", "The carers do an excellent job", "They are reliable and passionate", "They make a big difference to mum", "They are friendly and efficient", "suggestions are welcome", "excellent service provided", "I would recommend to anyone" and "I am very happy." One of the comments from the staff in the provider's own quality monitoring was, "The registered manager is professional and helpful."

The staff told us they enjoyed their work and working for the agency. They said that they were happy with the way the agency was run and did not feel any changes were needed. Some of the things they said were, "The job is challenging but I really enjoy working with people", "I feel supported by the agency and can speak with my manager at any time", "I like providing care and support, working in a personal centred way, with good communication while building good relationships and promoting equality and diversity", "For the moment, I am satisfied with the services I am seeing and happy working with the Agency", "My manager is always there and listening to my worries and concerns and she is so supportive and encouraging", "I do feel supported by my manager and I can speak to my manager whenever I need to and they do listen" and "What I like about my job is the sense that I am giving a helping hand to someone that is in need."

The registered manager had set up the business in 2013. They had previously worked for other care agencies. They demonstrated a genuine passion for the work and told us they wanted to provide a really good service for people. They had a management in care diploma qualification and told us they were looking at further training in this area.

At the time of our inspection the agency was fairly small and the manager also coordinated the care and supervised staff. They told us they were hoping to expand the business and provide care to more people. They said that as the service grew they would be recruiting other senior staff to support them with managing the service and supervising staff.

The manager met and assessed all the people who used the service. They told us they accompanied the staff on the first care visit to make sure the care plan was accurate and reflected the person's needs. The manager also provided additional care, by covering staff absences or when needed. They told us they regularly met and contacted people using the service and their relatives to make sure the service was meeting their expectations. We saw evidence of this contact.

The records at the agency were well organised, accurate and up to date. Information was easy to access and

clear. People who used the service were given a copy of their care plan, and other records, including updates when changes took place. Records of the care provided were detailed and clear.

The manager carried out quality monitoring checks through their regular contact with people who used the service and staff. These were recorded. We saw that people's care had been reviewed on a regular basis and they had contributed to these reviews. Their views of the service were recorded and action had been taken when they wanted changes. The manager also asked people using the service and staff to complete quality satisfaction surveys. These included general surveys and also questions tailor made to each of the areas that the Care Quality Commission inspected. For example, people using the service were asked questions relating to whether the service was responsive and caring and the staff answered questions about how effective the service was and their knowledge about the safety of the service. The feedback from people using the service, their representatives and staff was positive in all areas.

The agency advertised through different websites which included testimonials from people who had used the service. The agency also provided information about their services to the local authority commissioning groups. They regularly met with other care providers to keep up to date with good practice and changes in legislation or guidance.

The provider had a range of policies and procedures. These were regularly updated. People using the service were given a guide and a folder of key information, such as safeguarding arrangements and how to make a complaint. The staff were provided with a handbook which outlined key procedures. There was also a file of all the updated procedures in the office which was available for the staff to view whenever they needed clarification.

The manager recorded all accidents, incidents and concerns. There was information about how these had been managed and action taken following these. The staff had responded appropriately to different emergency situations and this was recorded. Notifications were being sent to Care Quality Commission (CQC) for any notifiable events, so we were being kept informed of the information we required.