

Devon. C. Air Limited

Devon C Air Limited Homecare Agency

Inspection report

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30 January 2020

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Devon C Air Limited Homecare Agency, hereafter referred to as Devon C Air is a domiciliary care agency. It provides personal care to people living in their own homes and/or specialist housing.

Not everyone using Devon C Air receives a regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. At the time of this inspection, 28 people were receiving personal care from the service.

People's experience of using this service and what we found

People told us they felt safe and cared for by staff who were friendly, respectful and attentive to their needs. One person said, "The staff have been so kind to me, and they never let you down." A relative said, "We know mum is in safe hands, staff and managers will always do the right thing, put mum first and keep us updated".

We found some improvements were needed as care plans did not always contain sufficient information about people's needs, associated health conditions and did not record end of life care wishes or the action staff should take in an emergency. Whilst we did not find people's care or support had been negatively impacted. We have made a recommendation in relation to care planning.

Quality assurance and governance systems were in place to assess, monitor, and improve the quality and safety of the services provided. However, we found the systems in place had not identified the issues we found at this inspection. We have recommended the provider undertakes a review of the effectiveness of the systems and processes in place.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People's privacy and dignity was respected, and their independence promoted. They had access to healthcare professionals when required and were supported to maintain a healthy balanced diet.

People were protected from potential abuse by staff who had received training and were confident in raising concerns. There was a thorough recruitment process in place that checked potential staff were safe to work with people who may be vulnerable by their circumstances.

People had confidence in the registered manager and told us the service was well managed. Staff felt they received a good level of support and people; relatives and staff were encouraged to provide feedback on the running of the service.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 1 August 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our reinspection programme.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Devon C Air Limited Homecare Agency

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection team consisted of one inspector.

Service and service type

Devon C Air is a domiciliary care agency. It provides personal care to people living in their own homes and specialist housing.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the registered manager would be in the office to support the inspection.

Inspection activity started on 27 January 2020 and ended on 30 January 2020. We visited the office location on 27 January 2020.

What we did before the inspection

We reviewed information we held about the service, including any notifications we had received.

Notifications are changes, events or incidents the provider is legally required to tell us about within required timescales. We used this information to plan the inspection.

The provider was not asked to complete a provider information return prior to this inspection. This is

information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We visited the office location on 27 January 2020 and met with the provider/registered manager, office and care staff. On 30 January 2020 we visited four people and their relatives in their homes with prior consent. We looked at four people's care records, three staff recruitment files and other records relating to the management of the service including, training records, governance systems and quality assurance.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People continued to be protected from the risk of abuse. Comments included, "I do feel safe", "I have always felt very safe", "I have never needed to raise concerns" and "I have never felt unsafe."
- Staff attended safeguarding training and demonstrated a good awareness of safeguarding procedures. They knew who to inform and what action to take if they suspected someone was being abused, mistreated or neglected.
- The registered manager was aware of their responsibility to liaise with the local authority about any safeguarding concerns.

Assessing risk, safety monitoring and management

- People's needs were assessed before they started using the service. Most risks to people had been considered and there were plans in place to manage and mitigate those risks. For example, in relation to moving and handling or the use of equipment. However, we found some risks were not fully considered. We discussed what we found with the office manager who told us they would review people's risk assessments and add additional information where required.

Whilst we did not find people had been placed at risk, we recommend the service reviews all records relating to the management of risk to ensure these are sufficiently detailed.

- The provider undertook environmental risk assessments. This meant the provider had assessed the risks associated with providing care and support within people's homes.
- Staff were vigilant in monitoring people's safety and reporting concerns.

Using medicines safely

- People continued to receive their medicines safely.
- There were systems in place to audit medicines practice and clear records were kept showing when medicines had been administered or refused. People told us they were happy with the support they received. One person said, "They [meaning staff] are very good, they always let me know when I'm getting low and remind me that I need to collect my prescription."
- Staff confirmed they had received training in the safe administration of medicines and the office manager confirmed staff's competency were regularly assessed.

Staffing and recruitment

- People continued to be protected by safe recruitment processes.
- Systems were in place to ensure staff were recruited safely and were suitable to be supporting people. Pre-

employment checks included references, identity and Disclosure and Barring Service checks (DBS). A DBS check allows employers to make safer recruitment decisions and helps to prevent unsuitable candidates from working with vulnerable groups of people.

- Staff were employed in sufficient numbers to meet peoples assessed needs.

Preventing and controlling infection

- People continued to be protected against the risk of infection.
- Staff were aware of infection control procedures and had access to personal protective equipment (PPE) to reduce the risk of cross contamination and spread of infection.
- People told us staff wore appropriate personal protective equipment when providing their care, such as gloves and aprons. One person said, "The staff always put on gloves when they are supporting me with personal care."

Learning lessons when things go wrong

- The provider had systems to learn and make improvements when something went wrong. Staff recorded accidents and incidents. The office manager told us they analysed these on a regular basis to identify any trends or themes.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law;
Healthcare support

- People told us their needs were assessed before they started using the service to help ensure their expectations and needs could be met. However, we noted that not all care records we viewed contained a written assessment.
- Assessments were used to formulate a plan of care and provided staff with the information they needed to meet the person's needs and preferences.
- The service worked well with other organisations. Care records showed effective liaison with other health and social care professionals and other care services. Staff told us they had worked with a variety of professionals including district nurses, occupational therapists and GP's.
- Staff understood people's healthcare needs and acted appropriately when they recognised changes in people's health. One relative said, "All the staff are really good with anything medical, they support Mum to ring the doctor and they always stay with her and keep us updated."

Supporting people to eat and drink enough to maintain a balanced diet

- People continued to be supported to eat and drink sufficiently. We did not receive any concerns related to people's nutrition and hydration needs.
- People and their relatives told us they were happy with the support they received around meal preparation. One person said, "They always ask me if I need anything, and make sure I have a drink before they leave."

Staff support: induction, training, skills and experience

- People were confident staff had the skills and knowledge to meet their needs.
- Staff told us they completed an induction and did not work unsupervised until they had been assessed as competent to do so.
- Records showed staff new to care were supported to undertake the Care Certificate. This is an identified set of standards that care workers use in their daily work to enable them to provide compassionate, safe and high-quality care and support.
- Were staff required specific training in relation to a person's changing needs or a new piece of equipment, this was provided.
- Staff had opportunities for regular supervision and appraisal of their work performance. Staff told us they felt supported and appreciated by the management team.

Ensuring consent to care and treatment in line with law and guidance

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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- The service was working within the principles of the MCA and staff understood the importance of enabling people to make their own decisions about their care.
- Everyone we spoke with told us staff always asked for their consent prior to supporting them. One person said, "Staff always check with me, before they do anything."
- Staff told us they had completed training in MCA and described how they would support people who might lack capacity and encouraged them to make day to day decisions for themselves.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were supported by staff who had a good understanding of their individual needs.
- People told us staff treated them with kindness and compassion. Comments included, "Their amazing, so caring", "Nothing is too much trouble", "I trust them" and "They respect me, and my belongings. They know how important it is for me to have things in the same place".
- People valued the service they received, one person described how great it was to be able to plan their care on a weekly basis as they needed their support to be flexible.
- Staff understood how to deliver care in a non-discriminatory way, ensuring the rights of people with a protected characteristic were respected.

Supporting people to express their views and be involved in making decisions about their care

- People told us they had control over their lives and were fully involved in making decisions about how they wanted to be cared for and by which staff. For example, one person told us that they always felt listened to and their views were respected. Another said, "We work things out together, I trust them".
- People and their relatives said communication was very good. One person said, "They have never let me down and if they are ever going to be late, they always ring." A relative said, "They have always given us peace of mind. We know mum is in safe hands, staff and managers will always do the right thing, put mum first and keep us updated".
- People and those acting on their behalf were provided with a range of opportunities to express their views about their care through regular phone calls, meetings and surveys.
- People said the registered manager and office staff frequently asked them if they were happy with their care and if there was anything they wanted to discuss or change.

Respecting and promoting people's privacy, dignity and independence

- People told us staff respected their privacy and treated them with dignity and respect. One person said, "Staff are always mindful to protect my dignity when providing personal care."
- People were supported to maintain their independence. Staff understood the importance of supporting people to be as independent and people told us how staff encouraged them to do as much for themselves as possible. One person said, "They [meaning staff] never just take over they are always very patient and help me when I find it difficult."
- People's personal records were kept secure and confidential. Staff understood the need to respect people's privacy and aware of maintaining confidentiality, such as not talking about the people they cared for to their own friends and relatives.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated to requires improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support

- People continued to receive individualised care and support in a way that was flexible and responsive to their needs from staff who knew them well.
- Some care plans were detailed and personalised. This information guided staff on how best to support people, recorded people's health needs and/or behaviours and how to work with people in a way that best suited them. However, some care plans did not always contain sufficient information about people's needs or associated health conditions. For example, records for one person simply stated the person had epilepsy and did not contain any further guidance for staff about signs or symptoms that may indicate the person was unwell or what action they should take to keep the person safe.
- Another person's care records directed staff to provide assistance with the management of this person stoma care. Care records did not provide staff with instruction about how to help this person or contain any information about good practice, infection control or how to recognise concerns.
- Although the service was not providing end of life care at the time of the inspection. None of the care plans we looked at contain information about end of life wishes. Care plans did not record if a person had a 'do not resuscitate' document in place or what staff should do in an emergency.
- Although staff had good knowledge about people and their associated support needs, detailed information in care plans would provide staff with a better understanding of people's health conditions as well as any risk associated with providing care and support.

Whilst we did not find people's care or support had been negatively impacted. We recommend the provider reviews the systems in place to ensure people's support plans are fully reflective of people's individual needs and wishes.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were identified, recorded and highlighted in care plans. This helped ensure staff understood how best to communicate with each person.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them.

- Good relationships between people and staff, helped to reduce social isolation. People were supported to attend hairdressers, cafes and trips out and social events.
- People were supported to maintain relationships with families and friends and where appropriate, involved in their care.

Improving care quality in response to complaints or concerns

- People told us if something was not right, they would let someone know. For example, one person told us that when they had not felt comfortable with a particular member of staff they were listened to and their views were respected.
- Each person had a copy of the service's complaint's procedure in their home.
- The service had not received any formal complaints since the last inspection.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Quality assurance and governance systems were in place to assess, monitor, and improve the quality and safety of the services provided. However, we found care plan reviews had not identified that some care records did not contain enough information or guidance for staff to mitigate known risks, or that some care plans did not always contain sufficient information about people's needs or associated health conditions.

We recommend the provider reviews the effectiveness of the system in place to monitor and improve the quality and safety of the services provided.

- The registered manager and provider were aware of their responsibilities under the duty of candour, that is, their duty to be honest and open about any accident or incident that had caused or placed a person at risk of harm.
- The management and staff structure provided clear lines of accountability and responsibility. Staff understood what was expected of them and were motivated to provide and maintain high standards of personalised care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People, relatives, and staff had confidence in the registered manager and told us the service was well managed. One person said, "The service is very well managed." A relative said, "I have been very impressed with the care and support they provide, and their communication is fantastic."
- Managers and staff demonstrated a shared passion and commitment for promoting people's wellbeing, safety, and security. We saw people had choice and control and were involved in decisions made about their care.
- Staff's training, skills and competence were monitored through observations of their practice.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others; Continuous learning and improving care

- The registered manager and staff had good working relationships with partner agencies. This included working with commissioners as well as other health and social care professionals.

- There were annual satisfaction surveys which provided people and their relatives with an opportunity to express a view about the quality of the service provided. The results of a recent survey showed a high level of satisfaction.
- The registered manager kept up to date with best practice by attending local forums. These forums allowed for information sharing, professional updates and discussion around how to implement best practice guidance
- Regular staff meetings took place to ensure information was shared and expected standards were clear.