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De Vere Care - Southend on Sea

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

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 office visit took place on 20 November 2017 and it was announced. We gave 48 hours' notice to ensure that the registered manager was available. It was carried out by one inspector and two experts by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

De Vere Care – Southend is a domiciliary care agency. It provides personal care to people living in their own houses and flats and specialist housing. It provides a service to older adults and younger disabled adults.

There was a registered manager in post at the start of this inspection; however, they left the service on 22 November 2017. The service is currently being managed by the deputy manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We found some minor concerns in relation to medication management and the recording of some people's medicines. We have made a recommendation about the management of medicines.

People were protected from the risk of harm. Care workers knew how to protect people and the service had systems and processes in place including a robust recruitment practice to ensure people were cared for by appropriate staff. Care workers had been trained and were well supported to do their work.

People received personalised care that was responsive to their needs. Their needs had been holistically assessed and their care plans had been regularly reviewed to meet any changing needs. They and their families had been fully involved in the assessment and care planning process. The service worked in line with other legislation such as the Mental Capacity Act 2005 (MCA). People were supported to have as much choice and control over their lives as possible and their independence was encouraged.

Care workers cared for people in a kind, caring compassionate way. People told us they were respectful and treated them with dignity. People said their regular care workers knew them well and supported them with food, drink and their healthcare. They told us that substitute care workers during weekends or when their regular care worker was not at work, were not as effective but that they 'did their best'.

People's concerns and complaints were listened to, acted upon and resolved. The service learnt from complaints and made changes to ensure that people received an improved service. Confidential information was stored safely in line with data security standards. There was a good quality assurance system in place to monitor the service and to drive improvements.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe in terms of recruitment practices, staffing levels and safeguarding of people from other risks.

Improvements were needed to the medication system and practices to ensure that people receive their medication as prescribed.

Requires Improvement ●

Is the service effective?

The service remains good.

Good ●

Is the service caring?

The service remains good.

Good ●

Is the service responsive?

The service remains good.

Good ●

Is the service well-led?

The service remains good.

Good ●

De Vere Care - Southend on Sea

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.

We reviewed information that we hold about the service such as safeguarding information and notifications. Notifications are the events happening in the service that the provider is required to tell us about. The service had reported any safeguarding incidents to the Local Authority as required. We used this information to plan what areas we were going to focus on during our inspection.

This service is a domiciliary care agency. It provides personal care to people living in their own homes. It provides a service to people over 65 years of age who may be living with dementia, and/or a physical disability, and/or a mental health condition. It also provides services to younger adults.

This inspection office visit took place on 20 November 2017 and was announced. We gave the service 48 hours' notice of the inspection visit to ensure that the registered manager was available. It was carried out by one inspector and two experts by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The office visit included a review of people's care files, staff recruitment and support files, training records and quality assurance information. In addition to the office visit we telephoned people on 27 and 28 November 2017 and visited people in their own homes on 29 November 2017 to obtain their views and opinions.

We reviewed information that we hold about the service such as safeguarding information and notifications. Notifications are the events happening in the service that the provider is required to tell us about. We used this information to plan what areas we were going to focus on during our inspection.

We spoke with 26 people who used the service, eight of their relatives, the registered manager, the deputy manager and seven members of staff. We also sent emails to 20 care workers requesting their views on working for the service. We reviewed 14 people's care files and five staff recruitment and support records. We also looked at a sample of the service's policies, medication records, audits, training records, staff rotas and compliment and complaint records.

Is the service safe?

Our findings

Although people said they received their medication correctly we found discrepancies on some of the medication records. For example, on one person's medication profile the medication listed did not match their medication. The medication officer confirmed that recent changes had not been recorded on the medication profile. The medication officer had identified gaps on some of the Medication Administration Records (MAR) in their monthly medication audit and had recorded actions such as "Spoken to all carers as {name of person} goes out." And, "Signed for one medicine but forgot to sign for tablet." They agreed that it was not clear from the audits what action had been taken to prevent a re-occurrence, however, they assured us that they would do so in the future. Care workers told us, and the records confirmed that they had received training in medication administration and their competency to administer had been checked.

We recommend that the service consider current guidance on the recording of medication administered and take action to update their practice accordingly.

The service had systems and processes in place to safeguard people from abuse. People repeatedly told us they felt safe when their care worker visited them. Their comments included, "It's safe enough." "I feel safe and at ease with them {care workers}." "It is very safe." "I feel very safe as they [care workers] take their time to do it right...no rushing." "I have got to know them and feel very safe with them." And, "I always feel safe when the care workers are here." Safeguarding records showed that the service had promptly taken action to protect people from the risk of abuse. Staff knew the actions to take if they witnessed or suspected abuse. There were policies and procedures in place for safeguarding people and care workers had been trained.

People felt that their risks were well managed. One person said, "They [care workers] know that I can fall and hurt myself badly so they make sure I am safe when I shower." A relative told us, "They [care workers] certainly do know how to keep my relative safe when helping them to wash." People had risk assessments and management plans in place for their mobility, skincare, nutrition and falls. Staff had been trained in first aid and fire safety and they knew to call the emergency services if needed. Care worker's understood people's identified risks and told us how they were managed. People were supported to maintain their independence and to manage every day risks.

People's views on the level of staffing differed as some felt there were enough most of the time and others felt there were not enough, particularly at weekends. People said although their care workers were often late they rarely missed a call. One person said, "They [care workers] do run late now and again and there's usually a good reason. I've not been let down." Another person told us, "I did get a call yesterday when they [care worker] were running late. Other comments included, "I didn't get an exact time but was told it could be within half an hour either way of my preferred time. They are pretty good with their times. They don't let us down." However, one person told us that they had had some missed calls, we investigated this as part of our inspection and the management team were clear about times when calls didn't take place and how they dealt with these. The person was not at risk at any time and we saw that further rotas showed good coverage of future calls. The registered manager told us that the weekends were a difficult time to cover particularly if care workers cancelled at the last moment. They said that office on-call staff often undertook

personal care at weekends due to staff sickness. The registered manager also delivered personal care when there were shortages of staff. The service was continuously recruiting new staff to ease the weekend staffing issues.

The service had robust recruitment processes which ensured that people were supported by suitable staff. The registered manager had obtained the appropriate checks in line with regulatory requirements, for example Disclosure and Barring checks (DBS) and written references had been obtained before staff started work. Staff told us that they had a thorough induction where they shadowed more experienced staff before working alone.

People were protected from the risk of infection. People told us that their care workers wore new protective gloves when providing them with personal care, which they disposed of before leaving the premises. Care workers had received training in infection control. There were clear policies, procedures and risk assessments in place for the prevention and control of infection.

The registered manager monitored accidents and incidents and analysed the information to share with care workers at team meetings. This ensured that lessons were learnt and the risk of re-occurrence was minimised.

Is the service effective?

Our findings

At this inspection we found that people received an effective service from care workers who had the same level of skills and experience and the rating continues to be good.

People's physical, mental health and social care needs had been holistically assessed on an on-going basis in line with legislation, evidence based guidance and other expert professional bodies. Their care and support plans had been devised from their initial assessment and had been reviewed and updated to reflect any change in their needs. One professional told us, "The service follows the required care plans and ensures that people's diverse needs are met. They communicate well with us and prepare regular reports to show that they meet the required standards."

There was information available about advocacy services and the registered manager told us they would share this with people who required help to make decisions about their care and support. An advocate supports a person to have an independent voice and enables them to express their views when they are unable to do so for themselves. They help ensure that people were not discriminated against on any grounds such as their protected characteristics under the Equality Act.

Where care workers provided support with people's meals it was limited to heating up microwave dinners, preparing sandwiches and drinks and ensuring they had access to them. If people were at risk of malnutrition, food and fluid intake had been recorded to enable the service to monitor that they had sufficient food and drink. People were supported to eat and drink enough to maintain a balanced diet.

The service worked well with other organisations to ensure that they delivered effective care and support. For example, the registered manager liaised with people's GP's and social workers to ensure that people's needs were appropriately met. If more time was needed to complete every-day tasks, the registered manager had requested this to ensure that people received the care they needed. The care plans contained sufficient information about people's individual needs and preferences to enable care workers to care for them in the way they wished.

Most of the people we spoke with told us that their families supported them with their healthcare needs. However, we saw that care workers had, where necessary contacted health services such as the GP, district nurse and the dementia team to ensure people remained healthy.

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. We checked whether the service was working within the principles of the MCA. Care workers had been trained in MCA and they demonstrated a good understanding of how to support people to make decisions. One relative said, "If my relative says they don't want to get up, the care worker just says we will come back later, and they do." This showed that care workers respected people's decisions and where

people were not able to make every day decisions the service made decisions in their best interest in line with legislation.

People were cared for by care workers who had the skills, knowledge and experience to deliver effective care and support. Care workers told us, and the records confirmed that they had received regular support and supervision. They said the induction process was detailed, included shadowing more experienced care workers and enabled them to perform their role confidently. Care workers told us, and the records confirmed that they had received a wide range of training appropriate for their role which was regularly updated. Care workers had the knowledge and skills to care for people effectively.

Is the service caring?

Our findings

At this inspection we found that people were still cared for by kind, caring and compassionate staff and the rating continues to be good.

People were treated with kindness, respect and compassion. One person said, "All of my care workers are very respectful, they are lovely people." A relative told us, "When I call unexpectedly they (care workers) always speak to my relative in a respectful way and treat them very well." People told us that their regular care workers knew them well and that their care was provided with dignity and respect. They said that care workers always asked if they needed anything else before they left. One person told us how their care worker often 'had a nice chat' with them as they helped them. Care workers spoke about people in a kind, respectful and compassionate way.

People were kept fully involved in their care and support and clearly felt that they mattered. They told us that care workers listened to them and respected their opinions. They said that they communicated well and took on board everything they said to them. Many of the people spoken with were very complimentary about how caring and kind their care workers were. One person described them as, "Absolutely brilliant, all of them are tip-top carers." Another person said, "They [care workers] are always upbeat and smiling when they visit." Further comments included, 'dedicated carers', 'wonderful workers', and, 'very patient and understanding'.

People told us that their care workers let them do as much as they could for themselves. One person said, "I do as much as I can for myself." Another person told us, "I can now get on the stair lift. I am getting stronger and more independent because the care workers support me to try. They have given me more confidence." This showed that people's independence was encouraged and supported.

Is the service responsive?

Our findings

At this inspection we found that people received the same level of responsive care and the rating continues to be good.

The registered manager told us that people and their families together with any relevant professionals were involved in the assessment and care planning process. They said that the local authority care plans were adhered to and their policies and procedures complied with. Care workers told us that the care plans contained all of the necessary information to help them care for people appropriately.

The service provided personalised care that was responsive to people's individual needs. One person told us, "They [care workers] take their time with me because they know me well. They make sure they keep me calm when I have any problems." Another person said, "They [care workers] all know what to do as it is in my care plan." Other people told us that their care plans met their needs and that care staff recorded notes in their care files at every visit. The care plans had been reviewed at regular intervals to ensure that they met people's changing needs. People and their relatives told us they had been involved in the reviewing process.

We could not assess how the service dealt with end of life care because they were not currently providing care to people at the end of their life. However, there was provision to record this information when required.

There was a system in use for care workers to log in by telephone to record the times of each visit. All staff had a mobile telephone to enable them to keep in touch with people including the office and each other. Care workers often communicated by text or email.

People told us that they mostly complained about late calls. They said that the office staff could be better at communicating lateness to enable them to plan their day. One person said, "They [care workers] can run a bit late sometimes but they have never let me down completely. Sometimes they call to let me know they will be late but I can't rely on it." There was a complaints policy and procedure in place which provided clear times for response and the contact details of other organisations such as the local authority, CQC and the Local Government Ombudsman. The complaints records showed that complaints had been dealt with appropriately and that the outcomes were discussed at staff meetings to ensure that lessons were learnt.

Is the service well-led?

Our findings

At this inspection we found that people still received a good quality service and the rating continues to be good.

There was a registered manager in post on the first day of this inspection; however they left the service two days later. The service is currently being managed by the deputy manager. Care workers were very positive about the registered manager and the deputy manager. They told us that office staff including the registered manager and deputy manager often worked in the community providing personal care for people, particularly at weekends and at times of staff sickness. Care workers told us that they felt supported and had regular meetings and that the office was always open. Care workers said, and the records confirmed that they had spot checks to ensure that the care they provided was given correctly. The registered manager and the deputy manager both said they were committed to providing people with high quality care that met people's holistic and diverse needs.

Care workers told us that the registered manager and deputy manager were always available, were open and honest and would act on their feedback. Regular team meetings had taken place where a range of issues had been discussed including staffing and care practices. The recruitment process included equal opportunities monitoring forms to ensure that there was no discriminatory practice.

People and care workers were kept actively involved in developing the service through meetings, reviews and spot checks. The service carried out regular checks on systems and practices. These included the supervision system, recruitment processes, care plans, reviews and quarterly reports to the local authority. The provider carried out a quarterly compliance audit as part of the governance system. They checked compliance using CQC's five key questions. The most recent report showed that the service had achieved a score of 76 which meant they were providing a good service. This meant there was an effective quality assurance process in place.

Confidential data, such as people's personal records were stored securely in locked cabinets when not in use. There were policies and procedures in place and care workers had been trained and knew about confidentiality and who they could, and could not share confidential information with. This ensured that people's confidential information was protected in line with data security standards.

The service continually strived to improve and learnt from both compliments and complaints. There was a compliment tree on the wall in the office that showed all of the compliments received. The registered manager told us that both compliments and complaints were discussed at team meetings to enable the service to grow and improve.