

Devine Care Ltd

Bridgewater House

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Bridgewater House is a domiciliary care agency. It provides personal care to mostly older people living in their own homes mainly in the London Borough of Hillingdon. It also supports some adults who are living with dementia and adults who have physical or learning disabilities. At the time of our inspection the service was providing care to 13 people.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

People told us they felt safe. Where there were risks to people's safety and wellbeing, these had been assessed and the provider had done all that was reasonably practicable to lessen those risks.

People who required support with their medicines received these safely and as prescribed. Staff received training in the administration of medicines and had their competencies assessed.

People's care and risk management plans set out the care tasks they required help with and these contained personalised information about people and their preferences for how they liked to be supported.

There were robust systems in place to monitor the quality of the service and recognise when improvements were required. The provider was transparent and there was clear communication within the team, so they learnt from mistakes and made improvements when things went wrong.

We received positive feedback from people about using the service. People said staff were caring and treated them with dignity and respect.

There were enough staff to support people and staff usually arrived on time at people's homes. The provider's monitoring system helped ensure people received all their visits as planned. Staff received induction, training and supervision and felt supported in their roles.

The provider sought feedback from people, relatives and staff and used this to develop the service. People and staff were confident they could raise any concerns they had with the registered manager and felt they would be listened to.

The registered manager, manager and senior staff were responsive to and worked in partnership with other agencies to meet people's needs.

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.

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 January 2020).

Why we inspected

We received whistleblowing concerns in relation to the provider. As a result, we undertook a focused inspection to review the key questions of safe, responsive and well-led only.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has not changed based on the findings of this inspection.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe, responsive and well-led sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Bridgewater House on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 responsive?

Good ●

The service was 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.

Bridgewater House

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 Health and Social Care Act 2008.

Inspection team

The inspection was carried out by one inspector and an Expert by Experience undertook telephone interviews with people and relatives. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 12 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started and ended on 8 March 2022. We visited the location's office on 8 March 2022.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with two people who used the service and five relatives of other people about their experience of the care provided. We spoke with five members of staff including the registered manager, manager, deputy manager, administrator and one care worker. We emailed questionnaires for staff to complete and received four replies.

We reviewed a range of records. This included five people's care records and the medicines records for all three people who received support with this. We looked at five staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. People we spoke with told us they were happy with the service and felt safe with the care workers who supported them. One person told us, "Yes, they put themselves in my shoes and they know I am quite independent, but I need help with certain things, and they are there to help me." Relatives echoed this and said, "Yes, two of them come, [family member] is very happy with them" and "They take their time and ask if [family member] is ok, just what you expect from them."
- There was a safeguarding policy and procedures in place and staff were aware of these. Staff completed training on safeguarding adults and knew how to respond to safeguarding concerns. The provider had systems in place for noting and responding to safeguarding concerns. They worked with the local authority's safeguarding team to investigate any concerns.

Assessing risk, safety monitoring and management

- There were processes to protect people from the risk of avoidable harm. Risk assessments were thorough and included management plans to reduce the risk. Risks assessed included those associated with the environment, medicines, mobility and falls and risks to others.
- Where particular risks were identified in relation to a person's health condition, we saw information was in place for staff to know how to meet the person's needs safely. For example, one person was living with epilepsy. We saw detailed information about the condition, how it could affect the person on a daily basis whilst living in their own home, and how to minimise risk and support them. For example, if a person had a seizure, they may fall and get injured by a radiator. We saw preventative measures in place to minimise this risk.
- Each person who used the service had a COVID-19 risk assessment in place. This considered their individual needs and measures in place for staff to reduce the risk of infection.

Staffing and recruitment

- The provider had appropriate procedures for recruiting staff. These included formal interviews and carrying out checks on their suitability and identity. New staff underwent training and were assessed as part of an induction, before they were able to work independently.
- There were enough staff deployed to meet the needs of the people who used the service.
- Most people told us they received their visits on time, and if their care worker was running late, they were informed of this by the office staff. One person told us, "Yes, they arrive on time, once they have done everything, we have a chat, they keep me company as I live alone. Sometimes they stay longer than they are supposed to." A relative confirmed this and said, "Of course they arrive on time, they do a good job, we have had the same carers one for seven years and one for five years, they are like family."

- The senior staff closely monitored people's daily visits. The service had an electronic system in place to monitor staff attendance and lateness and were able to monitor this in real time. This meant they could address any lateness or non attendance without delay. There had not been any missed visits in the last year.

Using medicines safely

- People received their medicines safely and as prescribed. One relative told us, "Yes, they do [support with medicines], and they always remember, in the morning and evening."
- There was a policy and procedures for the safe administration of medicines and staff were aware of these. Staff received medicines training and had their competencies assessed.
- The senior staff carried out regular audits of people's medicines and the medicines administration record (MAR) charts. Where issues were identified, we saw these were addressed in a timely manner.

Preventing and controlling infection

- There was an infection control policy and procedures and staff received training in this. Staff were provided with suitable personal protective equipment (PPE) such as face masks, aprons and gloves, and were able to obtain these when they required.
- The staff received training in the use of PPE and people confirmed they used this correctly. One person told us, "Yes, they wear it all including shoe covers" and another said, "They wear the mask and all the protective clothing." Staff were regularly tested for COVID-19 and nobody had tested positive recently.
- Staff received information about the COVID-19 vaccine. Staff told us they were happy with the support they received from the agency during the pandemic.

Learning lessons when things go wrong

- There was an accident and incident reporting policy and procedure in place and staff were aware of these. There had not been any incidents or accidents in the last year. The manager told us following a recent concern from a person using the service, they had made a change in the allocation of staff for this person and this had made a positive difference.
- Lessons were learned when things went wrong. The staff told us they were given the opportunity to discuss anything of concern and were listened to.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's needs were recorded and met. People told us they were consulted and involved in their care plans and reviews. Their comments included, "Yes, I helped them write my care plan... I showed them what medication I was taking", "Yes, they review my care plan every month or six weeks, if there are any changes, they change the plan" and "Me and my [family member] helped with the care plan." A relative confirmed this and said, "I was involved in doing the care plan."
- People and relatives were happy with the care workers who supported them and told us they knew how to meet their needs. One person stated, "They go above and beyond, depending on what I want, I am happy with them, there is nothing they won't do. They do things like putting my washing away and that isn't on my care plan."
- Where people's needs changed, the senior staff undertook a review of their needs, and, based on this, they communicated with the local authority who funded their care, to possibly amend the person's care package.
- People's care plans were comprehensive and person-centred and were developed from the pre-admission assessments. Care plans were divided in sections which covered every area of the person's needs, such as mobility, communication, likes and dislikes, main language, cultural and religious needs and medical history. Care plans included details about people's agreed care visits, length of time for each visit and what people's needs were for each call.
- Staff completed log sheets at the end of each visit to record tasks undertaken and any concerns they might have. These were regularly brought to the office and audited. We saw where there were gaps in recording and any other issues, senior staff addressed this with the relevant care workers. The date of action taken was recorded on the audits. We saw staff used appropriate language and information was recorded in a person-centred manner.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were recorded and met. One person's condition meant they were unable to express their wishes verbally. The person's care plan detailed how staff were to support the person with

their communication needs. For example, using cards and pictures to explain what they were doing or ask the person any questions.

- People we spoke with said the staff communicated well with them. One person told us, "Yes, they talk to me and have a laugh." A relative agreed and said, "Yes, [family member] can speak to them, and they understand [them]."
- Whenever possible, people who used the service were paired with care workers who spoke the same language, to help facilitate conversation and develop a good rapport. One relative confirmed this and said, "Yes some speak his language, he is able to communicate."

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

- Where this was part of people's care plans, staff supported them with activities of their choice. For example, one person was supported with a full program by two care workers who took them out for activities of their choice. These included bowling, sight seeing, eating out, walks in the park and attending workshops. Another person was supported with their education. For example they were interested in learning about finance and the provider was looking into a suitable course.

Improving care quality in response to complaints or concerns

- Complaints were taken seriously and responded to in a timely manner and in line with the provider's policy and procedure.
- People told us they knew who to contact if they had a complaint. Their comments included, "I would contact the office manager, I have the number" and "I would ring the office but I am happy with them, and I don't have any complaints." Relatives echoed this and said, "I would speak to the office and if needed I would go to social services" and "There are no problems."

End of life care and support

- The provider had an end of life policy in place and staff received training in end of life care. At the time of our inspection, nobody was receiving end of life care.
- Where possible, people's end of life wishes were recorded in their care plans. We saw some people had detailed end of life care plans where they had the opportunity to discuss how they wished to be cared for at the end of their life.

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 our last inspection we rated this key question good. The rating for this key question has remained good.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People spoke positively about staff and management. They told us the registered manager was approachable, and the office staff responsive to their needs. One person stated, "The office staff are good. My [relative] calls them and is happy with them." A relative agreed and said, "They come on time 365 days a year, they never miss, they are good for [family member] and me, they are the best, you can't expect more."
- Staff told us they felt supported by the management and could contact them at any time. Their comments included, "I feel very supported. The manager is very caring and [they] listen if anyone has a problem. We have staff meetings every two or four months, but we also have supervision every month", "We have never had any issues obtaining gloves, face masks and aprons" and "I feel supported. The manager and the team have been very good so far. I have no complaints."
- Staff told us there was good communication and teamwork and this contributed to a happy and good service, particularly during the pandemic.
- The registered manager was also the director of the company. They had recently employed a new manager who was in the process of applying to be registered with CQC. The registered manager told us, "I want to take a step back from running the service. [Manager] is doing really well and has a good relationship with the staff and clients."

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

- The provider had a 'Duty of Candour' policy in place. They understood their duty to report any accident or incident, to take appropriate action and to offer an apology if necessary. The manager told us, "My personal experience is an apology. This is recognising your downfalls, what to do to improve and share learning."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider had effective monitoring systems in place. The senior staff undertook regular unannounced spot checks of the staff when they were delivering care to people who used the service, to help ensure people received the support they required in line with their care plans.
- Spot checks were recorded and included which activity was observed, what was done well and if there were any areas for improvement. Where there were concerns, these were recorded and action was taken with the relevant care worker, for example, additional training and supervision.

- Records of spot checks also included the comments of the person using the service and the staff being observed. We viewed a range of these and saw people were happy with the care they had received and the staff had felt well supported.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider undertook regular quality monitoring visits of the service people received and these were recorded. We viewed a range of these and saw people appeared satisfied. Their comments included, "Happy with the care, no problem", "Family is happy with the care, no problem", "Wonderful carer, polite and respectful", "The carers are good. They are the same carers for the past seven years. They are now like family to us. Everything is good."
- In addition to visits, the office staff regularly telephoned people who used the service to check if they were happy, if the staff used the correct PPE and if they had any concerns. One person told us, "From time to time, yes, they phone once a month to ask me if I am happy with the service and sometimes, I go to the office and say hello and they ask me if I am happy" and another stated, "I don't think they need any improvement I am happy with the service." Records showed no concerns had been raised by anyone.
- The senior staff undertook three monthly spot checks of the care workers. These looked at punctuality, dress code, care records, communication between the care worker and the person they supported, what kind of rapport they had and if the care worker met the person's needs in line with their care plan. Where any improvements were needed, these were recorded and addressed. For example, further training.
- People who used the service were consulted via quality questionnaires, to obtain their feedback about the service and the care they received. We viewed a range of these and saw people were happy and did not have any concerns about the agency or the staff who supported them.
- There were regular staff meetings, and these had been done virtually during the pandemic. We viewed the minutes of the previous three meetings and saw subjects discussed included, infection control and the use of PPE, COVID-19 updates, dignity and respect, training, dress code and communication.

Continuous learning and improving care; Working in partnership with others

- The registered manager and branch manager kept abreast of developments within the social care sector by attending meetings and training courses organised by the local authority. They liaised with a range of healthcare professionals such as GPs, district nurses and the local hospital.
- The manager told us they had built good working relationships with health and social care professionals. They explained, "I believe in transparency. Care plans are constantly evolving and it's about admitting when you might want some guidance. We liaise with social services, for example, I will phone the social worker to obtain details about a person and get all the facts. We liaise with GPs, district nurses and pharmacists."