

Devon Home Care Limited

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Inspection report

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20 March 2019

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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

About the service: Devon Home Care Limited is a domiciliary care agency that was providing personal care to people in their homes in Kingskerswell, Newton Abbot, Kingsteignton, Teignmouth and Dawlish. At the time of our inspection 75 people were using the service.

People's experience of using this service:

People felt safe and comfortable when staff visited them in their home. People were kept safe as potential risks had been assessed and managed.

There were enough staff to complete the planned visits. People received personalised care from staff who knew them well. People were treated with kindness and compassion by staff.

People's needs were met by staff who had received regular training and support. People were treated with respect and staff understood how to protect people's rights.

People were involved in making decisions about their care and supported to maintain their independence. Care plans contained up-to-date information about each person's needs and preferences.

People and their relatives were asked for their views about the service. The most recent feedback results showed that people were happy with the service they were receiving.

There were systems in place to monitor the quality of the service.

The registered manager was committed to improving care where possible and had developed effective working relationships with other professionals and agencies.

The service met the characteristics for a rating of "good" in all the key questions we inspected. Therefore, our overall rating for the service after this inspection was "good".

More information is in the full report.

Rating at last inspection: Good (The report was published on 14 October 2016).

Why we inspected: This was a planned inspection based on the previous rating.

Follow up: We will continue to monitor intelligence we receive about this service until we return to visit as part of our re-inspection programme. If we have any concerns, we may inspect sooner.

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

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

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led

Details are in our Well-Led findings below.

Good ●

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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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

One adult social care inspector carried out this inspection.

Service and service type:

This service is a domiciliary care agency. It provides personal care to people living in their own homes. It provides a service to older adults.

Not everyone using Devon Home Care Limited receives 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 take into account any wider social care provided.

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 48 hours' notice of the inspection visit because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

Inspection site visit activity started on 18 March 2019 and ended on 20 March 2019. We visited the office location on 18 March 2019 to see the manager and office staff; meet with care staff, and reviewed care records and policies and procedures. We carried out phone calls to people and their relatives on 19 March 2019. We carried out home visits to people and their relatives on 20 March 2019.

What we did:

When planning our inspection, we looked at information we held about the service. This included notifications about significant incidents which the provider is required to inform us about by law. The provider had submitted a Provider Information Return (PIR). This is a form that asks to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with 11 people and 1 relative by telephone. We also visited three people and two relatives in their own homes. We spoke with the registered manager, senior care staff, administrator and three care staff. We received feedback from two healthcare professionals.

We looked at five people's care records, three staff recruitment files and other records relating to the management of the service including quality assurance.

Is the service safe?

Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe and comfortable when staff visited them in their home. One person said, "I have no worries about them." A relative said "I trust them completely."
- Staff had completed safeguarding adults training. They knew how to report concerns about people's safety.
- The registered manager worked with other relevant authorities to make sure people were protected from abuse and avoidable harm.

Assessing risk, safety monitoring and management

- Detailed risk assessments had been completed for each person which considered personal care, risk of falls and the environment in which care was to be provided. Records gave staff guidance on how to reduce risks and were up to date.
- Where one person wanted a shower and it was unsafe for them to shower alone, the registered manager contacted an occupational therapist. Equipment was put in place so the person could shower safely.
- The service had contingency plans in place to ensure people's care would continue in the event of an emergency.

Staffing and recruitment

- There were enough staff to complete the planned visits. There had been no missed visits and people told us staff were usually on time.
- Staff told us they usually had enough time at visits and sufficient travel time between visits.
- The service was responsive to people and relatives changing their visits at short notice, where possible. Calls could be cancelled on request.
- Staff recruitment practices were safe. Checks such as a disclosure and barring (police) check had been carried out before staff were employed. This made sure they were suitable to work with people.

Using medicines safely

- Most people managed their own medicines. Where staff assisted people with their medicines, this was done safely. Medicine administration records were filled out correctly, with no gaps in administration.
- The registered manager carried out observations of staff administering medicines to ensure safe practice.

Preventing and controlling infection

- Systems were in place to prevent and control the risk of infection. Staff had completed infection control training and were provided with personal protective equipment such as gloves and aprons.

Learning lessons when things go wrong

- There had not been any accidents or incidents recently. The registered manager had spoken with staff about reporting and recording any accidents, incidents or near misses so any lessons could be learnt.

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

Good: 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

- Care assessments were carried out before people began to use the service. Staff received information on how best to meet each person's needs in line with best practice guidance and people's preferences.
- When people's needs changed, care reviews were carried out.

Staff support: induction, training, skills and experience

- The registered manager told us staff training had improved since the previous inspection. Staff completed workbooks individually and in group sessions. Face to face training had also been provided. New staff completed the Care Certificate and a diploma in health and social care.
- People told us staff knew how to meet their needs and understood their medical conditions.
- Staff told us they had the skills and knowledge to meet people's needs effectively. One staff member said, "The training is very good." When new staff started work, they shadowed more experienced staff to learn about people's needs.
- Staff had opportunities for regular supervision and appraisal. Staff told us they were well supported in their role. They said the management team were always there to give help and support if needed.

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

- Where required, people were supported to eat and drink enough to maintain a balanced diet.
- People and relatives told us staff listened to people's requests and prepared what they would like to eat or drink. Staff knew people's food and drink preferences.
- Staff knew to contact the office if they had any concerns in relation to eating and drinking.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported to maintain good health and had access to external healthcare support as necessary. For example, a staff member told us how they had concerns about one person's health. They rang the GP and asked for a home visit. The staff member went to the person's property to meet the GP. Following this, the person was admitted to hospital and received treatment.
- Staff worked with other healthcare professionals such as occupational therapists and district nurses to ensure people received appropriate care. One healthcare professional told us they had always found staff to be responsive and good to work with.
- Staff completed detailed records at care visits to ensure care remained consistent.

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. We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff were aware of the MCA and knew to always ask for people's consent.
- Mental capacity assessments had been completed where appropriate. Following this assessment staff had also completed best interest decisions.

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

Good: 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 treated with kindness, respect and compassion by staff. People said, "They're as good as gold" and "They're all very helpful." A relative said, "They sing and have a good laugh."
- One relative told us, "They go above and beyond." For example, if anything else needed to be done staff would help out where they could.
- Staff visited the same people and knew them well. The registered manager said, "Service users appreciate continuity, seeing a familiar face helps to build a good rapport and help the service user feel more relaxed." People said of the staff, "She's amazing, she knows where everything goes" and "They know how I like things by now."
- A healthcare professional said, "Care staff have always been courteous towards their clients and delivered care in a professional manner."

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

- People were encouraged to express their views. The registered manager said, "We talk to service users to find out not just their care needs but how they prefer them to be delivered." Every person we spoke to was able to describe how they had met with staff at the start of their care package to arrange their care plan and routine.
- Relatives told us they had a good relationship with staff. Staff recognised when relatives also needed support and talked with them about how else they might be able to help.

Respecting and promoting people's privacy, dignity and independence

- Peoples' privacy and dignity was considered and upheld by staff. Staff closed people's curtains and doors before providing personal care.
- One person told us, "They leave the bathroom when I shower and then when I say they're ready with the towel. They respect my privacy."
- People's independence was respected and promoted.
- Staff received training in equality and diversity. People's cultural and spiritual needs were respected.

Is the service responsive?

Our findings

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

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People received personalised care that was responsive to their needs. Care plans were personalised and detailed daily routines specific to each person. Staff were able to explain the support people needed and what was important to the person.
- There were detailed care plans in place that outlined peoples' care and support. For example, personal care, medicine, health, dietary needs, emotional needs and mobility.
- The registered manager was aware of the Accessible Information Standard (AIS). People's communication needs were identified, recorded and highlighted in care plans. These needs were shared appropriately with others. We saw evidence that the identified information and communication needs were met for individuals. For example, documents were available in large print.
- Care plans were kept at people's homes. Staff and other healthcare professionals were able to access up-to-date information about the person's needs and preferences.
- Staff understood their role in reducing the risk of social isolation for people. People enjoyed their time with staff. One person told us how much this meant to them, "We sit and have a little chat, I don't see many people at all."
- Staff supported people to go out into the local community. For example, to go shopping.

Improving care quality in response to complaints or concerns

- People knew how to make a complaint and felt able to raise concerns if they were unhappy.
- People said, "No complaints whatsoever" and "I've never had a problem."
- They felt confident the registered manager would take action to address any concerns.

End of life care and support

- Staff supported people to stay in their homes and ensure their needs and preferences were met. They worked closely with other healthcare professionals.

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

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

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- People, staff and healthcare professionals told us the service was well managed. Comments included "Full marks for all of them" and "I can't do without them. They always listen."
- Staff told us they felt listened to by the registered manager and enjoyed working at the service. Comments from staff included, "They've been great" and "We make sure we do everything we possibly can do."
- The registered manager was aware of their responsibilities to provide CQC with important information and had done so in a timely way.

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

- The registered manager was supported by senior care staff and care staff. There was a stable staff team. Each staff member knew their responsibilities and there were clear lines of accountability.
- Quality assurance and governance systems were in place to assess, monitor and improve the quality and safety of the service. This included spot checks and observations to assess staff competency and audits.

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

- People and their relatives were asked for their views about the service via satisfaction surveys, phone calls and home visits. Senior staff regularly spoke with people to obtain feedback about the service. The most recent feedback results showed that people were happy with the service they were receiving. Comments included, "Best carers we have ever had" and "Brilliant care from brilliant carers."
- Staff meetings were held to enable staff to contribute their thoughts and experiences. Meetings were also used to discuss updates in best practice.

Continuous learning and improving care; Working in partnership with others

- The registered manager was committed to improving care where possible. They kept up-to-date with national developments in the care sector.
- The registered manager had developed effective working relationships with other professionals and agencies involved in people's care. For example, they were working with the local authority to look at ways to improve staff recruitment and retention.