

Devana Care Ltd

Devana Care

Inspection report

The MAPP Centre
22-24 Mount Pleasant
Reading
Berkshire
RG1 2TD

Tel: 01183800822
Website: www.devanacare.org.uk

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Devana Care a is a Domiciliary Care Agency (DCA) providing personal care to adults. Staff provided care to people within their own homes. At the time of inspection, the service was supporting 5 adults. They supported 2 adults with personal care in a supported living house.

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

We found that medicines were not always managed safely by the service. We were told that there had been no medicines recording errors. The registered manager stated that the team leader completed medicines audits. However, when reviewing peoples medicine administration records (MAR), it was found there were four missed signatures where staff had failed to sign. People's daily notes did state that people had received their medicines on the days the signatures were missed. This therefore meant that errors went unnoticed or unrecorded.

We found when reviewing peoples training records not all staff members mandatory training had been renewed in line with the providers policy.

We have made a recommendation about the management of staff training.

We did not see any effective quality assurance systems in place for monitoring and improving the service. We asked the registered manager for any systems they used to retain good governance of the service, but they stated, "We do not have any".

The service had not undertaken a feedback survey with people, relatives or staff since 2016. The registered manager stated that they would gain feedback from staff through supervision and team meetings.

Peoples care files did not detail their preferences for how they would like to receive end of life care. We recommend that the provider seeks to reflect the preferred preferences in the design of peoples care to ensure their needs are met.

People's care plans had detailed guidelines to ensure staff supported them including personal care, support with communication, risk assessment around physical and mental health and behaviour management plans.

People's needs were assessed, planned and reviewed to ensure they received support that met their changing needs. Risk assessments and care plans were person-centred and considered all aspects of their

lives.

Care plans and risk assessments were reviewed annually, which allowed measures to be taken to ensure people's care needs and preferences were accurately reflected.

All people's care files contained a "who am I" guide that contained specific information about people's history, routine, hobbies and support needs. Staff were knowledgeable about the needs, choices and preferences of the people they provided care and support.

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/ did not support 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 (report published 08 March 2017).

We have found evidence that the provider needs to make improvements. Please see the safe and well led sections of this full report.

Enforcement

We have identified two breaches. Regulation 12 proper and safe management of medicines and the registered person failed to ensure risks relating to the safety and welfare of people using the service were assessed and managed at this inspection. Regulation 17 The registered person had not established an effective system to enable them to assess, monitor and improve the quality and safety of the service provided.

You can see what action we have asked the provider to take at the end of this full report.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

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 not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Devana Care

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

This inspection was carried out by one inspector.

Service and service type

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

Notice of inspection

This inspection was announced.

We gave the service 24 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.

What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During the inspection

We spoke with the registered manager and one member of staff. We looked at two people's care records. We looked at records of accidents, incidents, and complaints received by the service. We looked at, recruitment records, staff supervision and appraisal records. We had consent to visit the supported living home to look at peoples associated medicine records where medicines were kept. We were not able to speak with people who use the service as they were either unavailable to speak with us

or unwilling to do so

After the inspection

We requested additional information. This included some of the providers policies and procedures. We received feedback from two staff members, one relative. We requested feedback from one professional but did receive any information.

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 requires improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- We found that medicines were not always managed safely by the service.
- The registered manager told us they have had no medicines recording errors. However, when reviewing people's medicine administration record (MAR), it was found there were four missed signatures where staff had failed to sign that medicines had been administered. People's daily notes did state that people had received their medicines on the days the signatures were missed. It was therefore unclear if the error was a recording issue or missed medicines.
- Where people were prescribed 'as required' (PRN) medication, the service did not always have protocols or guidance in place to ensure that staff knew when to administer PRN medicine. This meant that people may not always get their medicines when they needed them.
- Where medicines had been ordered for people, the system in place for recording the amount left in stock was not effective. For example, for one person's medicines, the provider recorded they had four tablets left in stock. On conducting the medicines check it was found that there were none left. This did not match that recorded by the provider in their stock check records. This meant the provider was unaware of the total amount of medication they had in stock and therefore some medicine errors related to administration may not be identified in a timely way. At the time of inspection, we informed the registered manager of this, and they stated they would put actions in place to ensure this was dealt with.

The registered person failed to ensure the proper and safe management of medicines. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Learning lessons when things go wrong

- The service had three recorded incidents in the accident book that the registered manager had introduced in April 2019. The registered manager stated there was no recording mechanism used for incidents prior to this. The accident book recorded the incident, outcome and conversations had with relatives.
- The registered manager did not have any systems in place to make sure that learning took place following incidents. There was also no evidence of how staff would learn from reviews of incidents or concerns. We raised this with the registered manager at the time of the inspection.

Systems and processes to safeguard people from the risk of abuse

- There were clear safeguarding systems in place to protect people from risk of abuse. The registered manager stated that the service has a safeguarding policy and processes in place.
- The registered manager told us, all staff have safeguarding training and it is also a discussion point in supervisions.
- Staff confirmed that they had received safeguarding training.

Assessing risk, safety monitoring and management

- People were protected from risks associated with their health and the care they received.
- The registered manager assessed the risks and took action to mitigate them. People's care plans had detailed guidelines to ensure staff supported them appropriately including personal care, support with communication, risk assessment around physical and mental health and behaviour management plans.
- Peoples risk assessments were reviewed yearly, with a detailed scoring matrix that highlighted their risk levels.
- Following one care file review it was seen that a referral had been made to health professionals to request an assessment that had been identified as a result of the review. There was evidence that the referral had been made.
- One person had a specialist safety mat on their bed which would alert staff if they had a seizure. This allowed staff to respond quicker and support the person as safely as possible.
- The service had a business contingency plan in place to meet the support needs of people.

Staffing and recruitment

- Required staff recruitment checks including criminal checks with the Disclosure and Barring Service were carried out to ensure people were protected from being supported by unsuitable staff.
- The majority of staff employed at the service had been there for a significant period of time. The registered manager told us, they have a rota system in place that is planned four weeks in advance.
- One staff member told us, "The level of staffing is good."
- There were sufficient staff to provide individualised support to people.

Preventing and controlling infection

- Staff received training in the control of infection.
- Staff were provided with personal protective equipment when going into people's homes.

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.

Staff support: induction, training, skills and experience

- The registered manager ensured that most staff had the necessary training and support to meet the needs of people. However, we did find that the service was not always following their own policy with regards to training and support for staff. Staff were required to complete mandatory refresher training within a time scale set by the providers policy. We saw that two out of nine staff had not completed their mandatory training renewal within the provider timeframe. There were no records to show that these staff members had been booked in for training.
- The registered manager stated, and records confirmed, that staff completed the care certificate modules as part of the induction training. The Care Certificate sets out national outcomes, competences and standards of care that care workers are expected to achieve.
- The registered manager stated that staff received supervision four times a year. However, the records showed that supervision did not take place at this frequency.

We recommend the provider seeks best practice guidance on delivering training that is appropriate and remains up to date, by using appropriate monitoring systems.

- Staff confirmed that they did feel supported by the registered manager. One staff member confirmed, "I had various content including office based information and shadow shifts for care, and common induction standards. I am now refreshing on the care certificate."
- One relative's view was that staff were trained appropriately to meet the needs of the person. They told us, "I have found that when a new person is employed the service gives training to them, to deal with [persons] condition, and what is involved with their condition."
- The registered manager told us, all staff have an induction, which includes completing three shadow shifts before working a shift by themselves.
- The registered manager told us that their appraisal system was too long and had too many questions in it. They stated they have now made this more user friendly to gain better results.

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

- People were supported to have a healthy diet
- One person's care show that they had been put on a diet plan by the GP. The service worked with a nurse to support the person with the preparation of meals and their specific dietary requirements to support them with their health.

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

- People's needs were assessed, planned and reviewed to ensure they received support that met their changing needs.
- People's risk assessments and care plans were person-centred and considered all aspects of their lives. For example, all people had "The changes I want to make" section in their care files.
- All people had a care plan overview and support outcomes which highlighted people's needs following assessment. For example, people had an "Assessment of living activities" which highlighted what people can and cannot do and potential problems that this may cause.
- Care plans clearly demonstrated that the service knew people well and that they had inputted in care plans related to the way they liked to receive care.

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

- Staff worked in partnership with professionals from health and social care to meet people's changing needs.
- Peoples care files and care plans contained evidence of referrals made to health care professionals such as social workers, NHS trusts and continuing healthcare.

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.

- People's rights to make their own decisions, where possible, were protected.
- The registered manager stated staff received training in MCA. One staff member spoken to told us, "Yes I received this within mental health training."

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.

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

- Peoples views on their support was regularly sought.
- Where possible it was seen that the service had input from relatives and people on the support they were delivering.
- Care files were in depth regarding people's needs, using input from their relatives where appropriate. All care files had an 'Who am I' and 'What is important to me' section.
- For example, in response to 'what is Important to me' one person's stated, "food, holidays, tv, when [person] wants to eat, animals and garden centres."
- Care plans and risk assessments were reviewed yearly, which allowed people to make sure they accurately reflected their current needs and preferences.

Respecting and promoting people's privacy, dignity and independence

- People's right to confidentiality was protected. All personal records were kept locked away in the office and in a place of their choice within people's own homes.
- Rights to privacy and dignity were supported. It was seen that staff would ask people if they would allow professionals to come into their home.
- One relative told us, "Yes they treat [person] with dignity and respect. The staff have been able to cope with her and her condition."

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

- Staff knew people well and promoted their equality and diversity. Staff had a detailed understanding of people's needs and supported them.
- A staff member told us, when asked how well they get to know the people they are caring for, "I know them very well. I meet them on shadow shifts and read support plans. Listen and they normally tell you what they would like you to do."

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 now remained the same. 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

- Peoples care plans were personalised to their needs and contained detailed guidance for staff about how people wished to be supported.
- All peoples care files contained a "who am I" guide that contained specific information about people's history, routine, hobbies and support needs. For example, one person's stated, "My most favourite things are bowling and going out to the pub..."
- Care files contained a "My support". This focused around 'The kind of support I want to be involved in'. This clearly demonstrated people's strengths and areas they needed to be supported with personal care.
- One relative who had consent to be involved in the persons care told us, "I have been involved in their care right from the start. [Person] has yearly reviews and I am involved with these."
- Staff were knowledgeable about the needs, choices and preferences of the people they provided care and support to. One staff member told us about how well they knew people, "Very well as I have worked with them for a long time. I read the care plans that advise on the likes and dislikes. For example, one client likes cats."

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.

- The registered manager ensured the service met the AIS standards. All people had a "Support with my communications" section in their care files. This highlighted people's preferred method of communication and what support they needed with it.
- All care files had a picture in each section of care plans to highlight what each section of care plans were.

Improving care quality in response to complaints or concerns

- The service had a complaints policy and procedure in place.
- The registered manager stated the service hadn't received any complaints in the past 12 months.
- One relative told us, "Yes I would know how to raise a complaint, but I have never raised one. There have been issues, where we would sit down and talk, where these then have been resolved promptly."

End of life care and support

- At the time of inspection, the service was not supporting anyone receiving end of life care. However, there was no evidence in people's files that the service had attempted to gain this information from people.

We recommend that the provider seeks to reflect the preferred preferences in the design of peoples care to ensure their needs are met.

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 now deteriorated to Requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- It is a condition of the providers registration with the Care Quality Commission (CQC) that the service has a registered manager in place. There was a registered manager registered with CQC to manage the service.
- We did not see any effective quality assurance systems in place for monitoring and improving the service. We asked the registered manager for any audits of the service, but they stated, "We do not have any". However, we did see the team leader completed medicines audits.
- We found that medicines audits were not effective in identifying gaps. This therefore meant that errors went unnoticed or unrecorded. For example, we found errors in peoples medicines records and medicine stock levels.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The registered person had not established an effective system to enable them to ensure compliance with their legal obligations and the regulations. The registered person had not established an effective system to enable them to assess, monitor and improve the quality and safety of the service provided.

- The registered manager stated the service had monthly team meetings but would increase how regularly they are run if information was needed to be communicated with staff.
- The registered manager had a finance book in place to support and monitor people with their monies, as requested from relatives.

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

- There were limited quality assurance or governance systems in place. It was not clear how the registered manager identified areas for service improvements.
- The registered manager stated they did spot checks with people by calling on them in their homes. They stated feedback from people was given verbally, however there was no recorded evidence that any spot checks or feedback had taken place.
- The registered manager stated they had not undertaken a survey with people, relatives or staff since 2016. They stated that they would gain feedback from staff through supervision and team meetings.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The registered person had not established an effective system to enable them to ensure compliance with their legal obligations and the regulations. The registered person had not established an effective system to enable them to assess, monitor and improve the quality and safety of the service provided.

- However, one relative told us, "Yes, we are in dialogue. About a month ago there was a situation. The management came to my house and discussed matters."
- One staff member told us regarding the registered manager, "I feel supported in my role and can raise concerns. They are very good."

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

- Staff consistently told us that they enjoyed working with people who used the service.
- The manager was committed to delivering high quality, individualised care which met people's specific needs.
- Staff told us the manager was supportive, open and approachable. One staff member said, "Yes it's an open door policy."

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 policy in place relating to duty of candour and understood the importance of transparency when investigating something that went wrong.

Working in partnership with others

- The registered manager told us the service has close working relationships the local council, NHS trust and social workers. We saw evidence where the service had liaised with professionals during the inspection.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The registered person failed to ensure the proper and safe management of medicines. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The registered person had not established an effective system to enable them to ensure compliance with their legal obligations and the regulations. The registered person had not established an effective system to enable them to assess, monitor and improve the quality and safety of the service provided.</p>