

Care-Away Limited

# Care Support Torbay & South Devon Branch

## Inspection report

Whitley Court  
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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

Whitley Court is an extra care housing scheme, the personal care element of which is operated by Care-Away Limited. Care-Away Limited operates at this location under the trading name of Care Support - Torbay and South Devon Branch, and are referred to by this name in this report. Care Support - Torbay and South Devon Branch are registered to provide the regulated activity of personal care, which is subject to the regulation of the Care Quality Commission (CQC). Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is bought or rented, and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care and support service.

The scheme operates over two sites, Whitley Court in Paignton consisting of 62 flats and Dunboyne in Torquay consisting of 45 flats. Not everyone living in the flats was in need of the regulated activity of personal care, and some people only received domestic support from staff employed by Care Support - Torbay and South Devon Branch. This was not included in this inspection as CQC does not have a legal remit to inspect these services. People's needs for support were associated with living with learning disabilities, poor mental health, old age, physical disability or dementia and covered an age range from 18 to nearly 100.

The buildings at Whitley Court and Dunboyne are managed by Sanctuary Housing, and therefore did not form part of this inspection, as Sanctuary Housing are not involved in delivering the regulated activity of personal care on these sites. Personal care is delivered through Care Support - Torbay and South Devon Branch to people living in the flats, as a domiciliary care service. Much of this care and support is commissioned through the local Care Trust, but people may choose to purchase any support privately through Care Support - Torbay and South Devon Branch or any other domiciliary care agencies if they choose. Care Support - Torbay and South Devon Branch have offices at both sites, although the main office at Whitley Court is the registered office for the delivery of the service.

Care Support - Torbay and South Devon Branch were first registered to deliver personal care to people in the Whitley Court scheme in July 2016. We inspected them in July 2017 and they were rated as good in all areas. We carried out this responsive inspection in October 2018 because we were aware of a number of safeguarding incidents or concerns about the service which might have indicated an increased risk to people. This inspection focussed on the key question of safe, to see how risks to people were being managed.

We found people were being supported safely, and risks were well managed. We have rated the key question for safe as good as a result. We have not inspected the other key questions, which remain as rated at the last inspection. The overall rating for the service has not changed as a result of this inspection.

The service has a registered 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. The registered manager spends time at each office throughout the week, and their availability is on display at the services.

Risks to people's wellbeing were being managed well. Staff had clear information to enable them to support people safely, including with moving and positioning, pressure ulcer prevention and from falls. Risk assessments also covered long term health conditions and their management. Any incidents or accidents were reviewed and analysed to see if learning could take place about how to prevent a recurrence.

People's medicines were managed safely where people needed this. For some people this included reminders to take their own medicines, for other people staff needed to ensure they took the correct medicines at the correct time. People's medicines and records were kept in their own flats.

There were sufficient staff to meet people's needs and this was kept under review as people's needs changed. Senior staff were always available for advice and support. At night each service had one person on duty to respond to emergencies only, with on call staff available if needed. Staff were recruited safely, and there were clear policies available on maintaining professional boundaries and relationships. Staff had a clear understanding of what constituted abuse and how to raise any concerns about people's welfare.

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?

Good ●

The service remained good.

### Is the service well-led?

Good ●

The service remained good.

# Care Support Torbay & South Devon Branch

## **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 was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the home, and to provide a rating for the home under the Care Act 2014. We also visited to follow up on concerns we had received since the last inspection about the operation of the service. These had related to allegations about people not always receiving the support they needed or staffing issues meaning people might not always be safe. These concerns had been investigated by other agencies such as the local safeguarding teams who had not identified significant concerns. We did not find increased evidence of risk to people.

The Inspection site visit activity started and ended on 16 October 2018. We visited the office location on 16 October 2018 to see the manager and office staff; and to review care records, policies and procedures. The provider was given short notice of the inspection to allow them to ask people living at the service if they would be willing to speak with us and to ensure they could be available to support the inspection.

One Adult social care inspector and an expert-by-experience carried out this inspection. 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 expert-by-experience contacted seven people and two relatives by phone to discuss their experience of the service. On the inspection site visit we spoke with two people receiving a service, the registered manager, and four care support staff. We looked at five people's care records, records of complaints, and policies and procedures. We discussed recent safeguarding incidents at the service and looked at records in relation to these. We reviewed how people received their medicines with a staff member, and saw this operating in practice in people's flats.

# Is the service safe?

## Our findings

Whitley Court provided a safe and comfortable environment for the people who lived there. Risks to people were assessed and mitigated.

On the inspection we reviewed with the registered manager the safeguarding alerts or concerns which had been raised about or by the service since the last inspection. We found not all of these were related to people receiving personal care support and so fell outside of the CQC remit to inspect. Some people also received care and support or enabling from other agencies or services within their own homes at Whitley Lodge. This had led to some confusion where concerns had been raised, when in fact services had been provided by other agencies than Care Support -Torbay and South Devon Branch. However, all concerns had been investigated by the local safeguarding authority and no significant concerns had been identified about the service. Where other incidents had been investigated by the service we saw appropriate advice had been sought to mitigate risks and robust action taken to protect people.

People were supported by staff who knew how to recognise signs of possible abuse. Staff had received training in how to recognise harm or abuse. They could tell us about the actions they would take or circumstances in which they would report concerns about people's wellbeing. The service had policies and procedures in place for staff to raise concerns without reprisals, in the form of a whistleblowing policy. This was on display in the service, along with policies on gifts, professional boundaries and relationships. Policies also covered anti discriminatory practice and the principles of the Equality Act, which is legislation that protects people with protected characteristics from discrimination. Staff could give us instances of when they had raised concerns and told us they would not hesitate to do so again.

The service had responded appropriately to the information of concern, including carrying out a full investigation and putting in place plans to prevent any reoccurrences where needed. Incidents and accidents were analysed by the registered manager to see if they could be prevented in future. Staff responded appropriately in emergencies. One person told us "I fell over one day and we pulled the cord, my (relative) was here and they (staff) came rushing in, I'd tripped when I was serving dinner. .... they got me up again, I was fine". Another person said "I had a fall and managed to get to the pendant, I had a heart attack, I was trying to get some air, I pressed the pendant and she (carer) came straight away, she stayed with me and got the paramedics, she was very good, you want someone with you"

Risks from people's care were assessed, and documented in their care files and records. Risks included guidance for staff on for example how to move and position people safely, risks in relation to nutrition, pressure area care, falls or choking. Plans were detailed and covered individual needs for example one person's care plan stated "Staff to ensure my walkways are free from hazards" on each visit. Other person specific assessments covered bed rails, pets, health, nutrition and financial risks. Some people had risk assessments in place to assist in the management of long term health conditions such as diabetes. This covered guidance for staff on actions to take if the person became unwell, risks associated with the condition and signs and symptoms of low or high blood sugars.

People told us staff understood their needs and could support them safely, for example by using moving and positioning equipment. One person said they were safely supported to move by staff using a hoist. They told us "No problem, they're (carers) not allowed to use it on their own, there's always two of them." Plans also covered any vulnerability to skin damage because of pressure or infection, alongside any advice from the community nursing services.

Staff at the service were aware of any risks presented to or by people and had a clear understanding of how to support them if they became anxious or distressed. This included for some people having clear agreed multi agency protocols for staff on how to respond. These were drawn up with the person concerned and helped ensure everyone understood what actions to take to manage any risks. Risks from the building were managed by the housing association, which fell outside the remit of CQC. However, in some situations, for example where the way the person used their property could potentially present risks the housing provider and care support service worked together to support the person to reduce risks. People received regular advice about what to do in the case of a fire and each person had an individual evacuation plan in their file in case of emergency. This helped ensure information about people's emergency evacuation needs would be understood.

People were being protected against the risks associated with medicines where this support was needed. We looked at the way people received their medicines with a member of staff. Medicines were being stored safely in each person's personal accommodation. Clear records were kept of the administration, use and return or destruction of any medicines. Where medicines needed additional security two staff were responsible for overseeing the administration. People were responsible for ordering their own medicines from the supplying pharmacy; however, for most people this was on an automatic repeat prescription. Records seen showed people had received their medicines as they had been prescribed by their doctor to promote good health. Some people just needed prompting to take medicines as they were liable to forget to take their medicines at the appropriate time. One told us "The carers help me put it into boxes, I do that myself, and they remind me, keep asking me if I've taken them. It's working ok".

There were sufficient staff on duty to meet people's needs, although some staff told us at times staffing could be 'tight' if someone needed unforeseen extra support, which could mean other calls might be delayed. This was kept under review. Eight staff and one or two team leaders were on duty to support people in the morning. Team leaders carried out spot checks to review timeliness and quality of staff work as well as people's satisfaction with the support they received. People were sent a rota each week of when care staff would be able to attend to them, and they told us they usually came within the permitted 15-minute window of that time. If staff were going to be longer than this people told us they usually called them. For example, one person said "Usually they're on time but they let you know it they're going to be late, we use the intercom" and another said "No, you're never rushed but sometimes when they are short (staffed) they will tell you "We're pushed today." A third person said "Usually they are on time, we do get a rota but they don't always stick to it and sometimes we see someone unexpected."

At night one staff member was on duty in each building to respond to emergencies. On call staff would be available if needed. Lone working risk assessments were in place and regular contact was made between the services of Whitley and Dunboyne throughout the night. This would help to identify if one staff member had for example become ill and would not be able to respond to people's needs.

Safe systems for the recruitment of staff were in place. Recruitment and employment records such as disclosure and barring service checks (police checks) were in place for all staff. Staff files also contained a full copy of the person's working history, evidence of identity and photographs. Staff systems ensured senior staff were always on duty during the day.

People told us staff wore aprons and gloves when supporting them with personal care. There were no identified infection control risks at the service but people told us staff took precautions to keep them safe and free from infection wherever possible. For example, when asked about staff wearing protective gloves and aprons one person told us "yes, they put them on the minute they come in."



## Is the service well-led?

### Our findings

The services provided at Whitley Court and Dunboyne were well led.

Systems were in place to manage the service, oversee and mitigate risks and deliver effective governance. Regular meetings were held alongside the housing provider with people living at the services to gather their views about what was working well and what could be improved. The registered manager also had regular meetings with people commissioning services on behalf of the local authority. This helped give regular independent oversight of the service.

The registered manager spent time in each service during the week, and had a visible presence. They told us since the last inspection they had been attending a local manager's forum and had built links with other managers locally to share good practice. For example, the registered manager told us that following a powerful presentation at a recent meeting staff were being encouraged to have a flu vaccination to protect themselves and the people they were supporting.

People were encouraged to communicate any concerns they may have about their care and safety. People told us they would speak with staff or the registered manager if they had any concerns. One said, "I feel safe inside my flat" and where one person told us they had concerns about their neighbour, we saw the service had supported them to act with the housing association to address this. Was also heard about plans to support one person to improve their living environment. These had been drawn up in collaboration with the person themselves and included agreed targets to meet.

Records at the service were well maintained and kept securely in the office, or in people's flats. Policies and procedures were up to date and reviewed regularly. Staff had access to information to help them support people. Regular audits were carried out to ensure systems or practice were up to date and learning had taken place because of incidents and accidents. For example, the service had instituted a system where twice a month staff checked people's medicines to ensure they were not running too low. This was because there had previously been issues with the pharmacy and GP surgery not supplying medicines at the correct time. This had been effective in reducing incidents.

Staff told us they were happy working at the service and were well supported by other senior staff and team leaders. Staff were clear about their responsibilities in reporting concerns to or seeking advice from senior staff, and lines of accountability and authority within the teams.

People told us the staff supporting them were kind and understood their needs. One told us "They spoil me but I give into it." There was a clear understanding of staff roles and that staff were going into people's own homes to support them. We were told about how some staff had found difficulties in adjusting to the model of care when they had previously worked in residential care settings, but now really enjoyed working at Whitley Court, supporting people's independence and greater links with the local community.

The service had made appropriate notifications to the Care Quality Commission of events at the service as

they are required to by law.