

Circle Of Care (Devon) Limited

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Inspection report

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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 

Overall summary

This inspection took place over two days on 7 and 21 December 2015 and was announced. The registered person was given short notice because the location provides a domiciliary care service and we needed to be sure that someone would be in.

In between these times we spoke with people using the service, relatives, staff and health and social care professionals who worked with the service.

Circle Of Care (Devon) Limited provides personal care to people in their own homes. The registered provider is also the registered manager of the service. 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. At the time of the inspection the service were supporting 78 people receiving personal care. Times of care visits ranged from 15 minutes up to 24 hours. The registered person was supported by a deputy manager, an office manager and senior care workers, all of whom were trained to deliver care and support to people as needed.

Summary of findings

A number of effective methods were used to assess the quality and safety of the service provided. People knew who the registered person was and trusted them to provide good care. They said they were approachable and listened to them.

People felt safe and staff were able to demonstrate a good understanding of what constituted abuse and how to report if concerns were raised. Measures to manage risk were as least restrictive as possible to protect people's freedom. People's rights were protected because the service followed the appropriate guidance. People said the visits from agency staff met their care needs, but also helped with their emotional well-being. People said they were not rushed and enjoyed the company of staff.

Staff relationships with people were strong, caring and supportive. Staff gave care that was kind and compassionate.

Care files were personalised to reflect people's personal preferences. Their views and suggestions were taken into account to improve the service. Where people were supported with their nutrition needs staff supported them to maintain a balanced diet. Health and social care professionals were regularly involved in people's care to ensure they received the right care and treatment.

Staffing arrangements were flexible in order to meet people's individual needs. Staff received a range of training and regular support to keep their skills up to date in order to support people appropriately. Staff spoke positively about communication and how the management team worked well with them, encouraged team working and promoted an open culture.

Summary of findings

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.

People said they felt safe and staff were able to demonstrate a good understanding of what constituted abuse and how to report if concerns were raised. People's risks were managed well to ensure their safety.

Staffing arrangements were flexible in order to meet people's individual needs.

There were effective recruitment and selection processes in place.

Medicines were managed safely.

Good



Is the service effective?

The service was effective.

Staff received training and supervision which enabled them to feel confident in meeting people's needs and recognising changes in people's health.

People's health needs were managed well and staff supported people to access healthcare support if required.

People's legal rights were protected because staff had an understanding of the requirements of the Mental Capacity Act (MCA) 2005.

People, where required, were supported to maintain a balanced diet.

Good



Is the service caring?

The service was caring.

People said staff were caring and kind.

Staff relationships with people were caring and supportive. Staff knew people's specific needs and how they liked to be supported.

Good



Is the service responsive?

The service was responsive to people's needs.

The registered person was committed to providing a flexible service which responded to people's changing needs.

Care files were personalised to reflect people's personal preferences.

There were regular opportunities for people and people that matter to them to raise issues, concerns and compliments. People were confident their concerns would be listened to by the registered person and acted upon.

Good



Is the service well-led?

The service was well led.

Good



Summary of findings

Staff spoke positively about communication and how the management team worked well with them.

People's views and suggestions were taken into account to improve the service.

The registered person's visions and values centred around the people they supported. This reflected in the quality of care provided by staff.

A number of effective methods were used to assess the quality and safety of the service people received.

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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 registered person 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.

This inspection took place on 7 and 21 December 2015 and was announced. The registered person was given short notice because the location provides a domiciliary care service and we needed to be sure that someone would be in. This was the first inspection of Circle Of Care (Devon) Limited since they registered with the Care Quality Commission (CQC) in November 2014 after moving locations.

The inspection team consisted of one inspector. Before the inspection, we reviewed the information we held about the service and notifications we had received. Notifications are forms completed by the organisation about certain events which affect people in their care. Following the inspection we requested information from the registered person to tell us about the service they provided.

We spoke with 10 people receiving a service, including visiting five people in their own homes, two relatives and nine members of staff, which included the registered person. We reviewed six people's care files, six staff files, staff training records and a selection of records relating to the management of the service. Following our visit we sought feedback from health and social care professionals to obtain their views of the service provided to people. We received feedback from three health and social care professionals.

Is the service safe?

Our findings

People said they felt safe because staff treated them well. Care workers made sure the doors to people's homes were locked if they were asked to do so. Comments included, "I couldn't ask for more in the way of security, I feel safe." and "As we agreed they knock on the door and let themselves in, they are very good."

Staff demonstrated an understanding of what constituted abuse and knew how to report any concerns they might have. For example, staff knew how to report concerns within the organisation and externally such as the police and to the Care Quality Commission. Staff had received safeguarding training to ensure they had up to date information about the protection of vulnerable people. The registered person understood their safeguarding roles and responsibilities. They explained the importance of working closely with commissioners, the local authority and relevant health and social care professionals on an on-going basis. Health and social care professionals confirmed there was good communication with the registered person.

People's individual risks were identified and the necessary risk assessment reviews were carried out to keep people safe. For example, risk assessments for falls management and moving and handling. Where one person was identified of being at risk of falls, staff had been guided how to reduce the potential risk by ensuring the area was clear of any obstructions and that they gave the person their walking frame for all transfers. The service also worked with health professionals to ensure the necessary equipment was in place to increase a person's independence and ability to take informed risks. One healthcare professional said, "I have observed some risk assessments which were current, relevant and compliant with those identified by DCC (Devon County Council) social care assessment." The registered person's 'care premises risk assessment checklist' looked at adequate lighting, grounds, security, services and the building. If concerns highlighted a risk assessment would be completed. For example, assessments included taking into account people's pets, rugs and equipment.

There were effective recruitment and selection processes in place. Staff had completed application forms and interviews had been undertaken. The registered person's application form did not provide an area for staff to record

the dates of their previous employment. This meant the registered person had not been able to check any employment gaps. However by the second day of the inspection all staff files had been reviewed and updated and employment gaps had been explored and explanations gained. Prior to new staff beginning work for the service, they met with the registered person. The registered person said this gave them the opportunity to get to know the new staff member and to assess their knowledge and character. In addition, pre-employment checks were carried out, which included written and verbal references from previous employers and Disclosure and Barring Service (DBS) checks completed. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

Care workers, people and their relatives told us that there was always enough staff to meet people's needs. This included moving and handling and repositioning needs with the support of two staff members. The registered person said they currently had more staff than needed and was taking advantage of the time to implement further training and updates for staff. They also said there had been high levels of staff sickness. This had improved considerably since undertaking return to work interviews with all staff after a sickness absence.

People received rotas weekly, which showed their visit time and the name of staff who would carry out each visit. People and their families said staff arrived on time (within the agreed time scale) and stayed for the agreed length of the care call. One person said, "Missed visits are very rare and are because they are held up with someone who is poorly. I get a rota every Sunday." Another said, "A very good service, always arrive at the time they say and have never not turned up." The registered person said to ensure people did not get a missed visit they carefully planned care workers rounds. They ensured vulnerable people without the ability to inform the office that a care worker had not arrived had people either side of their visit who could inform the office. They went on to say that if a care worker did not turn up, they or any of the office staff would cover the visit as quickly as possible. The registered person said the main concern people raised with them was regarding not receiving their rota regularly. She said rota's

Is the service safe?

were either sent by email or delivered by staff. Where staff had not been delivering the rota she had been addressing the issue with them regarding the importance of delivering the rota so people were kept informed.

People received varying levels of staff support when taking their medicines. For example, from prompting through to administration. Staff had received medicine training and

competency assessments to ensure they were competent to give out prescribed medicine safely. Staff were confident supporting people with their medicines. The management team checked medicine records whilst out in the community to ensure staff were administering them correctly. We checked these records and found them to be completed appropriately by staff.

Is the service effective?

Our findings

People were supported by staff who had the knowledge and skills required to meet their needs. Staff received training, which enabled them to feel confident in meeting people's needs and recognising changes in people's health. A health care professional said, "They appear to equip themselves/staff with skills required to meet each individual needs and wishes." The registered person recognised that in order to support people appropriately, it was important for them to keep their staff skills up to date. Staff received training on subjects including, safeguarding vulnerable adults, the Mental Capacity Act (2005), first aid, moving and handling, medication, health and safety and a range of topics specific to people's individual needs. For example, pressure sore awareness, dignity and respect, dementia awareness and end of life care.

The registered person and senior staff were undertaking higher qualifications in leadership and management. A senior staff member was trained to deliver manual handling training and to monitor staff manual handling techniques during spot checks (visits to people's homes to ensure staff are delivering support appropriately). The registered person said they had six staff scheduled to undertake 'train the trainer' courses in January 2016 so they could give training and guidance in basic first aid and cardiopulmonary resuscitation (CPR) to staff. One care worker said, "The training standard is fantastic here we are always doing training."

Staff received training on the Mental Capacity Act (2005) (MCA) which enabled them to feel confident when assessing the capacity of people to consent to treatment. The registered person had undertaken 'train the trainer' training so they could deliver MCA training to staff. At the time of our inspection all staff had undertaken training in MCA or were scheduled to complete the training. The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. Staff demonstrated an understanding of the MCA and how it applied to their practice.

Staff completed an induction when they started work at the service, which included training. The induction required new care workers to be supervised by more experienced

staff. This ensured they were safe and competent to carry out their roles before working alone. One care worker confirmed they had shadowed a more experienced member of staff before they worked on their own and was confident in doing so. People confirmed this, their comments included, "If a new one starts they are always shadowing someone who has been there a long time." and "We have had quite a few new staff and a lot of new staff shadowing but things are settling down a bit now." The registered person had implemented the new care certificate which came into effect in April 2015 for new staff. Records confirmed care staff had been supported to complete the care certificate and had a designated senior staff member to mentor them.

Staff felt supported; communication between them and the office staff was good and they could pop into the office at any time. In addition, they received support and feedback during unannounced 'spot checks'. This ensured they used gloves, arrived in their uniform and delivered care or support appropriately. A senior staff member said, "I go out to check on the staff ... I watch how personal care is being delivered, how they do manual handling and I write a report. When they come into the office every three months or more regularly if we have concerns, I talk through with them how things went and any training they might need."

Supervision and appraisal systems were in place to support members of care staff during which they were given the opportunity to discuss concerns, training needs and performance issues.

Appraisals were being completed and a program scheduled to be completed by the responsible person and designated senior staff. They covered a review of the year, overall performance rating, a personal development plan and comments from both the appraiser and staff member. This showed that the registered person recognised the importance of staff receiving regular support to carry out their roles safely.

People were always asked to give their consent to their care, treatment and support. People had signed to confirm their agreement to the planned care and had signed an agreement consenting to the service providing care and support which included medicines and to share information as necessary with health professionals. Staff knew how to respond to specific health and social care needs. For example, recognising changes in a person's physical health. Staff were able to speak confidently about

Is the service effective?

the care they delivered and understood how they contributed to people's health and wellbeing. For example, how people preferred to be supported with personal care. Staff felt people's care plans were really useful in helping them to provide the appropriate care to people.

People were supported to see appropriate health and social care professionals when they needed to meet their healthcare needs. One person said how a care worker had advised them to seek medical assistance. They said, "(Carer) said I must get the doctor as I have a sore area and they asked if I wanted the office to ring the doctor." Care records showed evidence of health and social care professional involvement in people's individual care on an on-going and timely basis. For example, GP and district nurses. Records showed how staff had recognised changes in people's health care needs. Health and social care professionals had been involved to encourage health promotion. One health care professional said, "They have communicated feedback to myself on client change in need/concern/advice."

People were happy with the support they had to eat and drink. The support people received varied depending on people's individual circumstances and contract arrangements. Some people lived with family members who prepared their meals. Care staff reheated the meals and made sure they were within reach. Other people required greater support which included care workers preparing and serving cooked meals, snacks and drinks. Where people were identified as being at risk of malnutrition or dehydration, care workers recorded and monitored their food and fluid intake. The registered person said, "Care staff support each individual at every visit with food and fluids, and record this within the menu chart held within their home. The staff would also follow any special dietary needs that would be recorded with the care plan".

Is the service caring?

Our findings

People and their relatives were positive about the care staff provided. They said staff were polite and respected their privacy and dignity. Comments included, “Yes wonderful really really good”; “They are very good, I am able to do somethings for myself and they give me privacy when I need it”; “Very pleased the girls are lovely”; “They look after us very well” and “Absolutely wonderful, couldn’t ask to be looked after better. They care that is the best thing about them.”

People said that they were involved in making decisions about their care and were consulted about changes to their care plan. Where possible, people had signed to confirm their agreement. Where people were unable to sign or be involved in their care plan, they were represented by their next-of-kin or power of attorney. One person said, “They get the book (care folder) and ask what I like and how I want it done.”

Staff demonstrated empathy in their discussions with us about people. Staff had an understanding of the need to

encourage people to be involved in their care. They explained that people being involved in their care was important so they received the care and support they most needed.

Staff treated people with dignity and respect when helping them with daily living tasks. Comments included, “They are very good, they help me as much as they can” and “Some are better than others but on the whole they are always polite and respectful.” Staff said they maintained people’s privacy and dignity when assisting with personal care. For example, asking what support they required before providing care and explaining what needed to be done so that the person knew what was happening.

Staff relationships with people were caring and supportive and by doing extra things for people which mattered to them. One person said “I have fairly regular girls who come to me and cannot do enough for me. Today they took my sheets off my bed ready for the laundry.” The registered person had supported people to arrange a vacation; they accompanied the people on holiday and arranged for the required staff.

Is the service responsive?

Our findings

People and relatives said they were happy with how their or their relative's health and social care needs were being met. We looked at how the service assessed and planned for people's needs, choices and preferences. Initial assessments were undertaken for the majority of people by the registered person and designated senior staff prior to the service commencing. This enabled them to speak with the person and their relatives before the service started to ensure they could meet their needs. In some cases where an emergency support package was needed urgently, the registered person and staff ensured they gathered as much information as possible from the health and social care professionals involved. They ensured that a full assessment was completed as soon as possible to ensure people had the support they required. The registered person said, "We meet the service user within their own home before care is initiated, to carry out a care plan and a risk assessment of the client's needs, and how they wish for their needs to be met. A risk assessment is also carried out on the service user's home." Feedback from one health care professional said, "They have offered services on urgent/crisis cases ... They have been flexible with time and try to accommodate individual where possible ... offering a person centred approach to meet individual need."

Healthcare professionals confirmed that staff gave personalised care, treatment and support. Comments included, "I have worked with Circle of Care on numerous cases and always found them very helpful. They seem to work on a person centred approach, regardless of the situation. They appear to be resilient and have worked with some quite challenging people and their relatives in the past" and "The service Circle Of Care provides is cost effective and meets the client's needs in a person centred

way." One healthcare professional gave an example of how staff had supported a person, "One of the clients is undergoing significant behaviour changes linked to onset of dementia which has altered her night time routines and activities. Staff have followed guidelines and work to reassure the lady in what is a very confusing time for her."

Each person we visited had a care plan in place which was regularly reviewed and gave staff clear instructions with bullet points how to support people. For example, 'Say hello when you arrive and who you are. Ensure you check high risk areas for example, heels, shoulders, hip bones, ankles and sacrum ... check for redden, discoloured or darkened areas of skin and report any concerns to the office and ring the person's GP. Care plans included people's personal details, personal background, likes and dislikes, equipment needed hobbies and interests and medical events which had led to needing the agencies support. People were given the option of personal preferences, for example if they would prefer a female of male carer or either.

People could feed back their experience of the care they received and raise any issues or concerns they may have. The service tried to resolve all concerns before they became serious. One person said they had raised a concern about a staff member with poor time keeping. They said, "I did speak to them and it was all sorted out." People said they had confidence in the registered person to manage any concerns they may have and that they were always listened to. One person said, "Nothing to complain about very nice ladies." We were shown the records of one complaint which the provider had responded to in line with their policy. They had taken action to rectify the problem and implemented additional training and supervision with the staff involved.

Is the service well-led?

Our findings

People who used the service were very clear about who the registered person was and how they could contact them. They also said they knew the names of office staff members who were supporting the registered person. We received positive comments in respect of the registered person and their leadership style. The registered person was very passionate about delivering a good service and that it was important to get it right for each person they supported. They said, "I know my staff and I know they deliver a good service, I don't ask them to do anything I wouldn't do myself." One person praised the office staff for their flexibility in arranging their package of care. They said, "Very good, I have needed to change my plans over Christmas and straight away they have arranged to cover Christmas day, very good friendly bunch of girls."

Staff were also positive about working for the service. Comments included, "Brilliant people to work for I am really happy" and "Brilliant I love it- the support is really good... I had lost my confidence (prior to working for this service) and they have helped me regain some of it back."

Healthcare professionals said they found the management at the service had good communication and acted in a professional manner. Comments included, "They have been friendly, approachable and accommodating."

The registered person recognised the importance of gathering people's views to improve the quality and safety of the service and the care being provided. People said they had been sent a survey to complete to share their views on the standard of care. People's views and suggestions were taken into account to improve the service. One person said, "I did a survey not long ago I ticked good and excellent for everything ... we got something telling us saying everything was OK." People said they would recommend the service to other people looking for care in their own home. One person commented, "I have recommended them... I am so well looked after not a thing that happens that I don't like."

Staff said there was good communication between them and the registered person and the management team; this included regular team meetings and access to supervisions. They said the staff team worked well together and would help each other out to ensure people received a reliable service. A staff member said the team meetings were beneficial and that they were able to express their views. Staff meetings were well attended and staff had been advised of changes within the organisation and reminded about practice issues. For example, a meeting held on 3 December 2015 advised staff about the additions to people's careplans with bullet points advising staff to read. Also reminding staff about the importance of reporting concerns promptly to the office. Staff had been requested to complete a questionnaire in June 2015 and the responses were positive; staff felt 'Circle of Care were a good company to work for, and would recommend Circle of Care to prospective clients'.

Quality assurance checks were completed on a regular basis. For example, the management team reviewed people's care plans and risk assessments, as well as daily records and medicine records. This helped them identify where improvements were needed to be made. Where actions were needed, these had been followed up. For example, records from staff meetings held in October 2015 reminded staff, 'You have all been given a care plan update sheet, if you feel anything has changed with the care plan, please let us know asap and we can alter this.' Spot checks to people's home helped the registered person monitor that staff were supporting people appropriately in a kind and caring way. Office staff undertook regular telephone checks to ensure people were happy with the service they were receiving. They were asked whether people were happy with the staff that visited, whether they arrived in uniform and on time and that they wore gloves when needed.