

De Vere Care Partnership Ltd

De Vere Care Partnership - Chelmsford

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 ● |

Summary of findings

Overall summary

About the service

De Vere Care Partnership – Chelmsford is a domiciliary care agency providing care and support to people living in their own homes. At the time of inspection, the service was supporting nine people.

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

People received an assessment so care could be planned to meet their needs. People's protected characteristics such as their culture, ethnicity, sexual orientation, and gender and their preferred choice of gender of staff to provide their care were not integral to the assessment process.

We made a recommendation that the provider consider how to include these in their assessment process using good practice guidance.

People and their family members were very positive about their experience of using the service. There were enough staff to care for people and people were recruited safely. People were supported with their medicines as prescribed. Infection prevention and control measures were effective, including the safe management of COVID-19. Systems and processes worked to safeguard people from the risk of abuse. Learning was shared following any incidents.

Risk assessments were undertaken to ensure their safety and wellbeing. Staff received training and supervision to support them in their role. Support was given with a range of personal and practical tasks, and people's choices and wishes were respected. People told us they were supported to access health and other services as required, such as district nurses. Consent was considered as part of the care provided.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People told us they were treated with dignity and respect. Staff were warm, kind, and considerate. People were involved in their care arrangements and were able to make decisions about how care was provided.

Care planning was personalised and regularly reviewed. Staff built up good relationships with people and their family members to help them maintain their independence and stay living at home. People told us they did not have cause to complain but knew how to do so if required. End of life care was provided if needed.

Systems and processes were in place to ensure oversight and governance of the service, including a range of regular audits. People told us they found the office and management team helpful and available. There was a positive and open culture. People's feedback on care was sought through reviews and surveys.

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

Rating at last inspection and update

This service was registered with us on 14 December 2021 and this is the first inspection

Why we inspected

The inspection was undertaken as the service had not been inspected since it was registered.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

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 ●

De Vere Care Partnership - Chelmsford

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

This inspection was completed 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 and flats.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave notice of the inspection as we needed information about people who used the service and to ensure the registered management would be there to meet with us. Inspection activity started on 18 July 2022 and ended on 26 July 2022. We visited the office location on 21 July 2022.

What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority and other professionals who work with the service. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all the information we gathered to plan our inspection.

During the inspection

We spoke with three people who used the service and one relative about their experience of the care provided. We spoke with eight staff members including three care staff, the registered manager, monitoring officer, care coordinator, a director and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We had email information from one member of staff and spoke with a social care professional.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- There were systems in place to safeguard people. The registered manager knew how to raise safeguarding alerts to the local authority if they had concerns about a person's safety.
- Staff had received training in safeguarding people and knew what to do if they were concerned a person was at risk of harm. A staff member said, "I know the people I go to and anything out of routine I would notice. I would never ignore any signs that made me think this is not right."

Assessing risk, safety monitoring and management

- Assessments were carried out to reduce risk to people using the service, such as their mobility, falls, the home environment, nutrition and hydration, continence care, pressure ulcers, and medicines management.
- Risk assessments were clear and detailed and provided staff with the information and understanding of how to support people to be independent and safe. A staff member told us, "I have all the information I need about people's care, such as how to assist them in a hoist and making sure I do this in the right way so as not to cause any concern to them."

Staffing and recruitment

- There were enough staff to keep people safe. New staff were being recruited regularly and this was an ongoing process.
- Staff recruitment checks were completed including identification, referencing and disclosure and barring service (DBS) checks. We found some gaps in people's employment history and made the registered manager aware of this. Before the end of the inspection, they had corrected this, amended the wording on their application form and all staff's employment history was complete.

Using medicines safely

- People were given their medicines safely and as prescribed, and any support provided recorded on people's medication administration record (MAR). These records were regularly audited to check they were correct and there were no errors or gaps.
- Staff received regular assessments to check their practice and competency at giving people their medicines. All staff members we spoke with told us they had been checked that they were giving people their medicines correctly.

Preventing and controlling infection

- We were assured the provider was using personal protective equipment (PPE) effectively and safely. Staff told us they had enough stock of PPE and they followed the correct practices to keep people safe. A person told us, "The staff are always very clean when they arrive. They wear their masks and aprons and gloves and

wear things over their shoes when they come in the house."

- Staff were trained in prevention and infection control and explained to us how the training had been delivered, with ongoing advice and guidance being provided. Testing and vaccinations of staff followed government guidelines.
- The provider's infection prevention and control policy were up to date and included COVID-19 guidance and risk assessments.

Learning lessons when things go wrong

- Ongoing monitoring, analysis and discussions with the management team ensured lessons were learnt when things went wrong.
- The provider had a management system in place which gave an overview of complaints, accidents, and incidents, and recorded the action taken. The nominated individual told us, "We had a time when there were two late calls because of public transport delays. We put in place a system for staff who use public transport to be picked up for their calls by a staff member who worked with them and was a driver, using one of our fleet of cars. They are now able to complete their calls without delays. It works very well."

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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant 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

- People's needs had been assessed before they started to receive support. This information formed the development of the care planning arrangements.
- The assessment included people's physical, emotional, communication and health needs. These were reviewed so that people's changing needs were met. A person told us, "They came from the office and assessed me, what I needed and when, very nice people. A family member said, "It was all done so simply, came for a chat and took all [name of person] details. They have kept to their word of giving the care we needed.
- However, people's protected characteristics such as their ethnicity, culture, gender, sexual orientation was not discussed with them during the assessment stage or ongoing monitoring. Only a person's religion had been recorded. We discussed this with the management team who agreed to address this issue to ensure people's identity was considered as part of the provision of care.
- People's preferences for the gender of the staff member were not always discussed during the assessment and care planning. A person told us, "I wasn't asked if I preferred a man or woman staff member but would prefer a [gender of staff member]." A family member said, "They didn't ask us about this but [name of person] is happy with who comes, as we have both men and women."

We recommend the provider look at best practice guidance in relation to people's protected characteristics and how to manage people's choices about the gender of staff member to provide their care.

Staff support: induction, training, skills and experience

- Staff received effective training that equipped them with the right skills to carry out their roles. The training provided to staff met the Care Certificate standards. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. One staff member told us, "The company are very proactive around training. They paid for me to do my Level 3 in health and social care, so I am now qualified. It feels great."
- New staff had an induction when they started working and shadowed more experienced staff until they felt confident. One staff member said, "I shadowed [name of care staff member] for about 15 hours and met lots of people. This was a good introduction, so I knew most people and their situations before I worked with them. It really helped my confidence."
- People and their family members told us that they thought staff were skilled and knowledgeable. One person said, "I feel very safe with the staff, all of them. Absolutely, no worries about their skills and abilities. Lovely people too."
- The registered manager provided support, supervision and checks on staff competency. Staff told us they

were happy with the checks and open discussions during supervision. They could call the office at any time if they were unsure of anything and always received a positive response.

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

- People's dietary needs were assessed and outlined in their care records.
- Staff assisted people with food shopping, meal preparations and helping them to eat if needed.
- People's care plans gave detailed guidance regarding people's dietary likes and if they were at risk of choking, malnutrition or dehydration.

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

- Staff worked well with other professionals for example, district nurses and occupational therapists to support people's health and well-being. Referrals and actions taken were recorded. One professional told us, "I liaised with the service about meeting the staff at the person's home. The staff were attentive when showing them the sling and hoist and were competent in using it."
- People's care plans highlighted people's past and present diagnosis, conditions and any treatments they were receiving. Their health and wellbeing were monitored. Information was recorded and any concerns escalated quickly to health professionals.

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 MCA 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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA

- People's rights to make their own decisions were respected, staff were aware of and worked within the MCA. One staff member said, "We assume capacity unless there is a clear record to suggest otherwise."
- Staff liaised with families and professionals where needed. It was recorded in the care plans how people liked their care provided as well as the person or people who help make decisions on their behalf. The registered manager told us, "We are in the process of supporting a family to obtain Power of Attorney (POA) for their relative so they can make decisions for them legally in their best interests."
- Staff monitored people's day to day capacity and raised any concerns with the registered manager if a person's ability to make decisions changed.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant 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 and their family members were very positive about how kind, caring and considerate the staff were. One person said, "[Name of staff member] is lovely, well they all are but some people you just take too. Nice, genuine and warm people. I would be lost without them." A family member told us, "My [relative] gets on so well with [name of staff member], they chat about football and are very kind. Wouldn't change anything at the moment as all working well."
- Staff shared positive feedback with us how the provider and managers were caring and supportive. One staff member told us, "I like how things are. Communication is good and I speak with the office when I need to. [Name of staff member] is my supervisor and is very supportive and always willing to talk as is the manager." Another said, "The managers provide support that enables us to provide efficient care. They are highly approachable and are easily accessible to discuss any concerns."

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

- People and their family members told us, and records confirmed, people were actively involved in making decisions about the support they received. We saw people's views had been gathered during regular reviews, spot checks and surveys. A person told us, "[Name of staff member] will do anything. They are an especially good shopper, get receipts and good at special bargains! De Vere employ generally very nice people." Another person said "I have some lovely staff. [Name of staff member] goes out of their way to do things for me and it means a lot. If I ask them to do anything, then they do, even fixing things that are broken for example. Lovely, a credit to the company."
- Staff told us they felt involved in helping the service to develop. One staff member said, "We are asked our views about things to do with the development of the company and I feel listened to." Another said, "As a company they seem to want to hear our views too as well as those from people and their families."

Respecting and promoting people's privacy, dignity and independence

- People told us their dignity and privacy were maintained and staff were respectful. One person said, "It is really hard when you are in a vulnerable position, but my staff make it as okay as possible when providing personal care. I can't do anything about it, but they make it bearable with their consideration and acknowledging how it must be for me." Another person said, "[Name of staff member] goes that little extra all the time, for example, watering the garden when my [family member] is not available to do it. It helps me feel independent to stay at home. I can't say a bad word about them and have recommended them to other people."
- Staff were able to tell us about the way they worked with people. A staff member said, "I feel every day I make a difference and feel it's a privilege as I get things from people too. People always say thank you and

you feel appreciated. One person said to me when i had been away, "Oh I have really missed you." I had to turn away for a moment as I got a bit teary. Makes me know I am doing the right job."

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

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

- People's physical, sensory, mental health, personal care and social care needs were thoroughly assessed, and their care plans were regularly reviewed. People's oral health and ways of communicating were also recorded.
- People told us staff were very responsive to their needs. Care plans were written in a person-centred way, easy to read and updated as their needs changed. Daily notes were written after each visit and provided details of tasks undertaken.
- Care and support given enabled people to remain living in their own homes. One person said, "I treat them [staff] as my friends, they do what I ask, always wear their mask and badge. Can't fault them. Even when some things are difficult, they take it in their stride, always flexible." Another said, "Very helpful to be able to stay at home."

Meeting people's communication needs

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

- The registered manager was aware of their responsibilities under the AIS. People's care records contained information about their ways of communicating and their preferred methods.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to maintain family and social relationships, hobbies and interests.
- Staff told us of their involvement in helping people. Comments included, "Time spent with people is precious, we are not just in and out, we use all the allocated time and talk with and spend time with people, that is just as important." And, "The company is very family centred, so they focus on helping people to stay at home with their families. That's what we do."

Improving care quality in response to complaints or concerns

- People told us they knew how to raise a complaint, should they need to. Comments included, "I did make a complaint and I was listened to and it was all smoothed over. I understand they had to follow their safety procedures." And, "All is going well, not needed to complain."
- The provider's complaints process demonstrated that when complaints had been received, they were

investigated, responded to and lessons learnt as a result.

End of life care and support

- People's end of life wishes, and arrangements were not discussed or recorded in their care plan. The registered manager told us they did not have anyone on end of life care, so this was not an area that was discussed unless needed. If palliative care was required, it would be discussed with the person and their family and added to their plan of care. The registered manager agreed to look at how people's views could be part of the care plan process in liaison with them and their family and record the discussion. This would enable staff to be aware of and follow people's wishes.
- Staff had received training in how to care for people at the end of their life. The provider told us they would be able to respond to people's needs to receive end of life support at home, without having to go into hospital, if that was their request.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People and their family members said the service was responsive and well managed. One person said, "I can honestly say that I am safe and well cared for by a friendly and professional service." A family member told us, "They are a company who are providing lovely staff to help us stay at home. Nothing is too much trouble."
- The provider invested in their managers and staff by promoting and encouraging ongoing personal and professional development and training.
- Staff were very positive about the service and they all worked as a team. Morale and communication were good between care staff and management. They said they would recommend it as a place to work. Comments included, "The people we support always have cover. That's because the managers give attention to staff and people, we and they are not just a number." And, "I have learnt so much over a short period of time and my confidence is booming. Thank you De Vere."

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 registered manager was aware of their legal responsibilities and was open and honest in discussing when things had gone wrong. Records showed how they had dealt with incidents and accidents and how to prevent them from happening again.
- Services that provide health and social care to people are required to inform the Care Quality Commission (CQC), of important events that happen in the service. The provider was aware of their responsibilities to submit relevant notification appropriately to CQC.

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

- The service was well-led. The day to day running of the service was coordinated and managed by a registered manager, with support from staff with clearly defined roles such as monitoring and compliance, training and human resources as well as administration support. This provided a clear staffing structure and staff were clear about their responsibilities.
- The provider had effective quality assurance systems in place. The audits we saw included daily records, medicine management records, care plans and risk assessments. The provider used various trackers to monitor staff's training, accidents, safeguarding concerns and other occurrences. These were discussed during management and team meetings.

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

- People and their family members were able to feedback their views during spot checks, regular reviews and surveys. All felt able to call the office if needed. There was regular contact with people so that any concerns could be dealt with quickly. One person said, "I have met the management people and they are very friendly and caring."
- Satisfaction surveys for staff, people and their family members were undertaken and the service had received a good response with good outcomes. Any improvements or feedback was discussed, these were fed back to the staff and put into action. Where people were complimentary about a staff member, they were given the praise and points were awarded towards being 'carer of the month' where they received a monetary gift.
- Staff were listened to, involved and there was good communication across the service.
- Staff worked closely with other professionals. Records showed referrals made, actions taken and good outcomes for people.