

Digital Home Visits Ltd

# Digital Home Visits - TCB - Torquay

## Inspection report

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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

### About the service

Digital Home Visits – TCB – Torquay is a domiciliary care service, supporting adults in the community who require assistance with personal care. The service merged with The Care Bureau in May 2021, now trading as The Care Bureau. The head office is in Leamington Spa. 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. At the time of our inspection there were 35 people receiving personal care.

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

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 felt safe and supported by staff in their homes. Comments included, "100% agreement that relatives were safe- in all aspects of care", "Total agreement for the caring, kindness and amazing staff that do their best, everyday" and "Completely safe, not a single worry."

Staff demonstrated an understanding of what might constitute abuse and knew how to report any concerns they might have.

People's individual risks were identified, and risk assessment reviews were carried out to identify ways to keep people safe.

Medicines were managed as necessary.

Effective infection control measures were in place.

People confirmed that staffing arrangements met their needs. They were generally happy with staff timekeeping and confirmed they always stayed the allotted time.

Staffing arrangements matched the support commissioned and staff skills were integral to this to suit people's needs. Where a person's needs increased or decreased, staffing was adjusted accordingly.

There were effective staff recruitment and selection processes in place. People received effective care and support from staff who were well trained and competent.

Care files were personalised to reflect people's personal preferences. Their views and suggestions were taken into account to improve the service. Health and social care professionals were regularly involved in people's care to ensure they received the care and treatment which was right for them.

Staff and management relationships with people were caring and supportive. Staff provided care that was

kind and compassionate. People commented, "The care is first rate so I would think they have had the training" and "Staff do everything well, so I think they have the skills and knowledge." Staff spoke positively about communication and how the acting manager worked well with them and encouraged their professional development.

A number of methods were used to assess the quality and safety of the service people received. The service made continuous improvements in response to their findings. Due to the recent unscheduled management changes, the organisation was reviewing all audits and processes.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The rating at the last inspection in May 2021 was Requires Improvement with breaches of Regulation 17 (Good governance) and Regulation 12 (Safe care and treatment). During this inspection of 9 February 2023 these breaches had been met and the rating has now improved to Good.

#### Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

#### 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?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Digital Home Visits - TCB - Torquay

## **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

The inspection was carried out by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### 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 but they were serving out their notice. An acting manager was in place and was working towards registration with the Care Quality Commission.

#### Notice of inspection

We gave the service 48 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 reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used all this information to plan our inspection. 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.

### During the inspection

We spoke with the acting manager, quality and monitoring manager and the regional manager. We reviewed a range of records. We looked at a variety of records relating to the care and support provided. This included 4 care files and 3 staff files in relation to recruitment, and various audits/reports relating to the quality and safety of the service. We requested a variety of records were sent to us relating to staff training and regards the management of the service. After our visit we sought feedback from three people using the service and relatives to obtain their views of the service provided to people. We received feedback from 5 staff. We continued to seek clarification from the provider to validate evidence found.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question Requires Improvement. At this inspection the rating has changed to Good. This meant people were safe and protected from avoidable harm.

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- The acting manager said they visited people at home prior to receiving a service, and pre-assessments were carried out to ensure the service could meet their needs. For example, when people returned from hospital another home assessment was completed to ensure they were up to date.
- People's individual risks were identified, and the necessary risk assessment reviews were carried out to keep people safe. For example, risk assessments had been carried out for moving and handling, falls and skin care. Each person receiving care had detailed risk assessments. For example, one person was recorded as being at risk of urinary infections, so staff knew to look out for any symptoms and take necessary actions.
- All staff felt confident they had enough information to meet people's needs. They commented, "Yes, all information about the clients' needs, disabilities, frailty, illness and mental health are written online so I am fully confident about each and every client that I visit and are aware that some require different or more help than others may."
- Risk management considered people's physical and mental health needs and showed that measures to manage risk were as least restrictive as possible. This included ensuring necessary equipment was available from other services to increase a person's independence and ability to take informed risks.
- There was evidence that learning from incidents and investigations took place and appropriate changes were implemented. For example, care plans and risk assessments were updated. Where incidents had taken place, actions had been taken in line with the service's policies and procedures. The acting manager gave us examples of how the service worked closely with people and their families to ensure they were safe and well and for support if there had been an incident. The involvement of other health and social care professionals was requested, where needed, to review people's plans of care and treatment. For example, one person had been assessed by an on-call occupational therapist.

Systems and processes to safeguard people from the risk of abuse

- People and relatives felt safe and supported by staff in their homes. Comments included, "100% agreement that relatives were safe - in all aspects of care", "Total agreement for the caring, kindness and amazing staff that do their best every day" and "Completely safe, not a single worry."
- Staff demonstrated an understanding of what might constitute 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 to the local authority, police and the Care Quality Commission (CQC).

- Staff had received safeguarding training to ensure they had up to date information about the protection of vulnerable people. Staff felt they had received enough training and said, "My manager talked through everything carefully and gave me a great understanding on how important my role would be. I understand the importance on making sure all the clients are safe and keeping information about the clients safe" and "Concerning safeguarding, I have learned loads and am always happy to learn more. I take this extremely seriously as anyone should."
- The acting manager demonstrated an understanding of their safeguarding role 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.
- There were clear policies for staff to follow. For example, the operations and monitoring manager had asked the policy company to include a policy on managing photos required during the course of care and information sharing confidentially. Staff confirmed they knew about the safeguarding adults' policy and procedure and where to locate it if needed.

### Staffing and recruitment

- People confirmed that staffing arrangements met their needs. They were happy with staff timekeeping and confirmed they always stayed the allotted time. Good communication between the service and people receiving the service managed expectations well. People had recently been updated about the unplanned change in management which had affected the timeliness of answering office calls. The service was aware and managing this. The Torquay office was also the first in the company to trial a new staff handbook.
- Staff confirmed people's needs were met and felt there were sufficient staffing numbers. The acting manager explained staffing arrangements matched the support commissioned and people were matched with staff who had the skills to meet their individual needs. They added that people received support from a consistent staff team. This ensured people were able to build up trusting relationships with staff who knew their needs. There had been some recent staff shortages, but this was being managed. We were told staffing would be increased gradually as the service expanded.
- Where a person's needs increased or decreased, staffing was adjusted accordingly. The acting manager explained regular staff undertook extra duties in order to meet people's needs. In addition, the service had on-call arrangements for staff to contact if concerns were evident during their shift and they needed additional support. All staff spoke highly of the support they received, especially during the unscheduled departure of the registered manager. Contingency plans were in place to deal with adverse weather conditions and the Covid-19 pandemic.
- There were effective recruitment and selection processes in place. Staff had completed application forms and interviews had been undertaken. In addition, pre-employment checks, which included references from previous employers and Disclosure and Barring Service (DBS) checks, were completed. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

### Using medicines safely

- 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 carry out this task. Staff confirmed they were confident supporting people with their medicines. The acting manager checked medicine practice whilst working with staff in the community and via records and regular audits. This was then shared with head office. This was to ensure staff were administering medicines correctly. For example, medicine body maps were used to ensure medicine delivered via skin patches was



placed correctly.

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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Staff had received training in the MCA and understood how this worked in practice.

Preventing and controlling infection

- Staff had received training in infection control. This helped them to follow good hygiene practices during care and support. Everyone said staff were following good personal protective equipment (PPE) guidelines in relation to the COVID-19 pandemic.
- The provider supplied staff with masks, gloves and aprons to use when supporting people with their personal care. This helped to minimise the risk of infections spreading.
- Digital Home Visits circulated regular updates to staff on preventing infection and COVID-19, along with any new legislation/guidelines that would affect the way they worked. This ensured they followed best practice in order to keep people safe.

# 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 our last inspection we rated this key question Requires Improvement. At this inspection the rating has changed to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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; Continuous learning and improving care

- Systems were in place to monitor the quality and safety of the service. Audits were completed on a regular basis. These checks reviewed people's care plans and risk assessments, medicines, incidents, accidents and health and safety. This enabled any trends to be spotted to ensure the service was meeting the requirements and needs of people being supported. Where actions were needed, these had been followed up. For example, care plans and risk assessments updated and involvement of relevant health and social care professionals.
- To further enhance the systems in place to monitor the quality and safety of the service, the acting manager had been well supported by colleagues. We spoke to the quality and monitoring manager and Regional manager online during the inspection and the nominated Individual contacted us to ensure the acting manager was supported during the inspection. The nominated individual is responsible for supervising the management of the service on behalf of the provider. They had carried out a support visit with the acting manager the day before our inspection. The acting manager said, "As a small service we can be in contact with people on a first name basis and make sure they have good person-centred care." The acting manager knew people well and worked out in the community when required. A staff member was training to be the new care co-ordinator and was focussing on reviews and care plans.
- Spot checks were also conducted on a random but regular basis and were to be continued by the acting manager. These enabled them to ensure staff were arriving on time and supporting people appropriately in a kind and caring way. People and relatives said, "The care is first rate so I would think they have had the training" and "Staff do everything well, so I think they have the skills and knowledge." The quality and monitoring manager sent out new quality assurance surveys to all people receiving a service the day after our inspection to ensure peoples' views were current.
- The service was open, honest and transparent with people when things went wrong. The management

team and acting manager recognised their responsibilities under the duty of candour requirements and followed the service' policies.

- The service had notified CQC in full about any significant events at the service. We use this information to monitor the service and ensure they respond appropriately to keep people safe.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Staff spoke positively about communication and how the acting manager worked well with them, encouraged team working and an open person-centred culture. All staff were very complimentary about the support they received from the acting manager. We found them to have stepped up to the role at short notice and they showed a genuine understanding and caring attitude to providing the best service they could for people. Staff commented, "[Acting manager's name] has been doing a fantastic job. I truly don't know how he juggles it and always looks after us all. I love working for the Care Bureau, if I have any suggestions or ideas they are listened to. The team has got very close in the last few months and we all communicate, which helps improve the quality of care given." Another staff member said, "[Acting manager's name] has been so amazing over these last few months and it's been a pleasure to support him. He's so good at what he does and is happy to accommodate staff where needed. I love being able to help the clients and staff if they need it. It's the small things that you can do to make someone's life a bit easier. I'm always appreciated for what I do."
- Staff confirmed they were kept up to date with things affecting the overall service via team meetings, memos and conversations on an on-going basis. There was a staff private online group which staff used to share information and gain support out in the community. The Quality and Monitoring Manager ensured staff were kept up to date with the recent management changes. They had also sent out letters to people receiving a service to inform them of the management changes whilst the service recruited office staff to ensure people were responded to more promptly.
- People's equality, diversity and human rights were respected. The service's vision and values centred around the people they supported. The organisation's statement of purpose documented a philosophy of maximising people's life choices, encouraging independence and people having a sense of worth and value.

Working in partnership with others

- The service worked with other health and social care professionals in line with people's specific needs. Staff commented communication between other agencies was good and enabled people's needs to be met. Care files showed evidence of professionals working together. For example, GPs and community nurses working with the service. Regular reviews took place to ensure people's current and changing needs were being met. One health professional told us, "We have just completed a site visit for contract management with no concerns. The service has had some changes within their service to management, [an acting manager] has stepped up within the business and he has support from the operational and regional managers. They have a good recruitment strategy and intend to grow. From a quality point of view, I believe there are no concerns."