

Devon. C. Air Limited

Devon C Air Limited Homecare Agency

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

Devon C Air Limited Homecare Agency provides personal care and support to a variety of people including older people and people with learning disabilities, who have chosen to live in their own homes. The services provided include personal care, befriending, and domestic work. At the time of the inspection, there were 36 people receiving personal care from the service.

This inspection took place on 28 February, 01 March and completed on 29 June 2017. One adult social care inspector attended on the first and second day of the inspection but was unable to complete the inspection due to operational issues unrelated to the service. A second adult social care inspector returned to the service to complete the inspection on the third day.

This inspection was announced. The provider was given 48 hours' notice because we wanted to make sure the registered manager and staff would be available to speak with us.

At the last inspection, the service was rated Good overall. At this inspection, we found the service remained Good.

Why the service is rated good:

People received a service that was safe. The registered manager and staff understood their role and responsibilities to keep people safe from harm. Risks had been appropriately assessed and staff had been provided with clear guidance on the management of identified risks. There were enough staff to provide care safely and to support people. Checks were carried out on staff before they started work to assess their suitability to support people who use care and support services. People were protected from the risks associated with unsafe medicine administration because medicines were managed safely.

The service was effective in meeting people's needs. People's health and wellbeing were promoted and protected as the service recognised the importance of seeking advice from community health and social care professionals. People were supported to eat a healthy diet which promoted their health and well-being, taking into account their nutritional requirements and personal preferences. Staff received regular supervision and the training needed to meet people's needs. The registered manager, provider, and staff understood the principles of the Mental Capacity Act (MCA) 2005 and, worked to ensure people's rights were respected.

People received a service that was caring. People were cared for and supported by staff who knew them well. Staff were kind, caring and treated people with dignity and respect. People were involved in the planning of their care and were offered choices in how they wished their needs to be met.

The service was responsive to people's needs. People received person centred care and support which

promoted their health and wellbeing and enhanced their quality of life. People were aware of how to make a complaint and felt able to raise concerns if something was not right. The provider, and registered manager welcomed comments and complaints and saw them as an opportunity to improve the care provided.

People benefitted from a service that was well led. The vision, values and culture of the service were clearly communicated to and understood by staff. A comprehensive quality assurance system was in place. This meant the quality of service people received was monitored on a regular basis and where shortfalls were identified, they were acted upon. There was an open culture where people and staff were encouraged to provide feedback. Staff felt they received a good level of support and could contribute to the running of the service.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Devon C Air Limited Homecare Agency

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 checked 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 service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 28 February, 01 March and completed on 29 June 2017. One adult social care inspector attended on the first and second day of the inspection but was unable to complete the inspection due to operational issues unrelated to the service. A second adult social care inspector returned to the service to complete the inspection on the third day. The provider was given 48 hours' notice because the location provides a domiciliary care service; we needed to be sure that people would be available to speak with us.

Prior to the inspection, we reviewed the information held about the service. This included previous inspection reports and statutory notifications we had received. A statutory notification is information about important events, which the service is required to tell us about by law. Before the inspection, the provider completed a Provider Information Return (PIR). This form asks the provider to give some key information about the service for instance, what the service does well, as well as any improvements they plan to make.

At the time of the inspection, 36 people were using the service. We used a range of different methods to help us understand people's experience. We looked at care records for five people to check they were receiving their care as planned. We looked at how the service managed people's medicines, the quality of care provided, as well as records relating to the management of the service. These included three staff personnel files, staff training records, duty rotas, and quality assurance audits. We spoke with six people and four relatives and visited two people in their own homes. We also spoke with four staff, the registered manager, and the director. Following the inspection, we received feedback from two healthcare professionals the local authority's quality team.

Is the service safe?

Our findings

The service continued to provide safe care to people. People told us they felt safe and had confidence in the staff supporting them. One person said, "I'm very happy, all the staff are very nice." Another person said, "I do feel safe". They told us how staff made them feel safe by ensuring their home was secured by checking to make sure they had locked the door when they left. Relatives we spoke with felt family members were safer because of the support they received from this service. One relative said, "I feel comfortable knowing they're in the house, they are all very kind and helpful." Another said, "you can rely on them."

People were protected from the risks of abuse and avoidable harm. People and relatives told us the registered manager and director spent time with them on a weekly basis and continually checked if they were happy with the care they received. Staff had received training in safeguarding adults and demonstrated a good understanding of how to keep people safe. Staff were able to describe the action they would take if they thought people were at risk of abuse, or being abused. The policy and procedures to follow if staff suspected someone was at risk of abuse or harm were accessible. The service had a whistle blowing policy and procedure. This policy protected staff against detrimental treatment because of reporting bad practice. Staff were able to describe 'whistle blowing' and knew how to alert the senior management team about poor practice.

Safe recruitment processes were in place. We looked at the recruitment files for three staff and found checks had been undertaken prior to their employment. For example, references from previous employers had been sought, and Disclosure and Barring (police) checks had been completed. This helped reduce the risk of employing a person who may be a risk to people who use care and support services.

People and their relatives told us medicines were managed safely. One relative said, "they're on the ball [meaning staff] which gives me reassurance." People received their prescribed medicines when they needed them and in a safe way. Medicines were stored safely and medication administration records (MARs) were maintained accurately. MARs were audited daily by staff that checked to make sure people had received their previous day's medicines as prescribed and monthly by one of the directors. This helped ensure any potential errors were picked up immediately. People were also able to manage their own medicines if they wanted to and if they had been assessed as safe to do so. Staff told us they had received training in the safe administration of medicines. Records showed their competency was assessed through regular spot checks and annually through competency assessments, which were carried out, by the registered manager and/or the director.

People were kept safe because risks associated with their support needs. Lifestyle choices as well as those relating to the environment had been identified and action had been taken to minimise and reduce those risks. Where risks had been identified, management plans were developed to help ensure staff knew how to support people safely. For example, one person had risks associated with the management of their epilepsy. Support plans contained guidance and protocols for staff to follow when the person experienced a seizure. Staff received training in providing the required medicines and knew when and who to notify if the person's seizures were prolonged.

Although the service was not directly responsible for people's premises and equipment, the registered manager and staff carried out risk assessments and checks to ensure the physical environment was safe.

The provider had an infection control policy and procedures in place. Staff had access to personal protective equipment (PPE) to reduce the risk of cross contamination and the spread of infection for example, protective gloves, and aprons. Staff had received training in infection control and the spot checks of staff's care practices were used to ensure they followed good infection control principles.

The service employed enough staff to carry out people's visits and keep them safe. People told us they were supported by regular staff and knew them well. One person said, "I'm very happy with them they always arrive on time give or take five minutes and if I have any concerns I can ring the office." The registered manager told us they would not take on people's care if they did not have enough staff available to cover all their visits and provide emergency cover. Staff told us they had enough time at each visit to ensure they delivered care safely. There was an on call system for staff and people to ring in the event of an emergency outside of office hours. Staff told us this system worked well and there was always a senior manager available to provide advice and support.

Is the service effective?

Our findings

The service continued to provide people with effective care and support. People and their relatives praised the staff team and told us they received care and support from familiar staff who were knowledgeable, competent, and well trained. Comments we received included, "They are excellent," "Very good, nothing could be better", "They all know what they're doing" and "I'm very happy the staff bend over backwards to get it right". One relative said, "Were very happy with them, they arrive on time, you can rely on them, their excellent".

People were supported by well-trained staff that knew them well and had the skills to meet their needs. Records showed newly appointed staff undertook a comprehensive induction, which followed the Skills for Care, Care Certificate framework. The Care Certificate is an identified set of standards used by the care industry to help ensure care workers provide compassionate, safe and high quality care and support. A dedicated member of the management team spent time with new staff working through an induction program. This included training, reading people's care plans and shadowing with them to ensure a consistent high quality approach was established. Staff told us they had received an induction before working independently with people.

Records showed there was a comprehensive staff-training programme in place and staff confirmed they received regular training in a variety of topics. These included first aid, infection control, fire, moving and handling, food hygiene, safeguarding adults. Other more specialists training included palliative care [care of the terminally ill], pressure sore prevention, diabetes, and epilepsy. In addition, we saw staff were supported and encouraged to undertake and completed qualifications such as national vocational qualifications (NVQ) up to level 3 in care and level 5 in leadership and management. NVQ's are work based qualifications which are achieved through assessment and training. Staff said they felt supported and had received regular supervisions to discuss their work.

Staff had received training in the Mental Capacity Act 2005 (MCA) to help them to develop the skills and knowledge to promote people's rights, gained consent from people before carrying out personal care and respected people's choices. Staff understood people had the right to make their own decisions. One member of staff said, "We encourage people to make as many decisions for themselves as possible." The registered manager explained that most people using the service had capacity to make their own decisions, but was fully aware of their responsibilities under the MCA where people lacked capacity.

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. Where staff suspected people might lack capacity, mental capacity assessments had been carried out.

People told us they were supported to see a range of health care professionals and were supported to attend appointments when needed. People's changing needs were monitored to help ensure their health needs were responded to promptly. Staff identified when people were unwell and contacted people's GP's or other health and social care professionals when required. Staff worked closely with a variety of

professionals to ensure people's needs were met. These included District Nurses, GP's, Occupational Therapists, Social Workers, and Mental Health professionals. People were supported to maintain a balanced diet and staff were aware of the importance of people having enough to eat and drink.

People's support plans contained detailed guidance on people's preferences, nutritional needs as well as any allergies. For example, we saw one person had a nut allergy and staff were aware of this. Records showed where staff had concerns in relation to people's appetite or sudden weight loss they had contacted the person's GP and followed the advice given.

Is the service caring?

Our findings

The service continued to provide caring support to people. People consistently told us the staff were very kind, caring, and friendly. Comments included; "Very happy, all the staff seem very nice", "Very friendly, they are more like friends", "We get on really well, nothing could be better" and "Their all very good, kind and helpful". Relatives were also very complimentary about the staff and management team. One relative said, "Their excellent, we are very happy with the care they provide. Another said, "All the staff I have met are people I can trust."

People told us they felt reassured because they received care and support from regular staff who were familiar with their needs and knew them well. Staff said they enjoyed working for the service. Staff spoke passionately and with compassion about the people they supported, and it was clear people had developed good relationships with the staff supporting them. When we asked people who used the service about their experiences, people consistently praised the staff for their support and the standard of care they provided. One person said, "I'm very lucky to have them, they always make time to sit and have a chat with me." A relative said, "Their excellent I have peace of mind when I know there with mum."

People told us they were involved in planning their care and records showed the service provided to people was based on their individual needs. When planning the service the staff took account of the support the person required, the preferred time for calls and where possible the care staff they liked to be supported by. People's views were respected and acted on and the managers always tried to match the skills of care staff to the person they were supporting. Where appropriate family, friends or other representatives such as advocate to act on behalf of the person using the service and were involved in planning care.

Staff told us how they took people's wishes and needs into account and tried to be as flexible as possible in accommodating any changes to visit times. One person told us the service they received was very flexible and said "staff always try their best to accommodate my needs. This often means that my rota needs to be changed weekly depending on what social engagements I have on, they really are very helpful and obliging."

People told us they were treated with kindness and respect, and staff cared about people's wellbeing and went out of their way to make people feel happy and offer them choice. Staff had a good understanding about people's likes and dislikes as well as important information about their past, interests, and relationships. Staff were mindful of people's need for privacy and when staff spoke with us about people they did so in a respectful manner.

During our home visit, staff were careful to protect people's privacy and they respected their wishes. Staff were calm, patient, and attentive to people's needs. We observed staff responding to people in a friendly, courteous manner and we heard people engaging in friendly conversation and laughter. Staff told us about numerous small gestures that demonstrated how the service and staff adopted a consistently caring and kind approach. One example we were told about was how staff had supported one person at short notice to be with their partner in hospital shortly before they passed away at no extra cost. Another was how the registered manager regularly did another person's ironing for them in their own time without charge.

Is the service responsive?

Our findings

The service continued to be responsive. People received individualised support from staff who knew them well. The registered manager carried out an initial assessment of each person's needs to help ensure the service was able to meet their needs and expectations. This information was then used to develop a support plan to help enable people to live independently within their own homes.

People's support plans were 'person centred' and informative. They provided staff with detailed information on people's likes, dislikes and preferences as well as their personal care needs and medical history. Each area of the plan described the person's skills as well as the support needed from staff or other services.

Staff said they knew people well and told us they had been asked to read each person's care plan to ensure they were fully aware of each person's needs before they started to provide care. They were guided to contact the office and speak with a member of the management team if they had any questions or concerns regarding people's care. It was evident from our discussions with staff they knew people very well and provided personalised care in a way, which met people's individual preferences and care needs.

For example, one person with sight impairment required staff to support them so they could live in their home independently. When we visited this person, we saw the staff supporting this person understood their individual care needs and explained how important it was not move things around. The person said, "my care staff have to be my eyes in matters such as reading labels on food and medication and reading all my mail; to make sure I am wearing clothes that are not stained and not eating food that is out of date. They take me shopping, accompany me on walks, and take me line dancing. These are all things, which I would not be able to do without them, so it is essential I have care staff who understand my needs."

Some of the people supported by the service at times displayed behaviours that may place either themselves or others at risk of harm. Support plans were detailed about these behaviours and staff were guided on how to reduce the risk of a situation escalating. People's support plans contained information for staff on recognising the early signs of people's distress and how to support people during these times. For example, records for one person identified that one of the triggers that may increase the person's anxiety was running out of certain things. We saw the service had put in place a protocol to alert them when these items were running low so they could be reordered thus reducing the person's anxiety in relation to this.

People's support plan were regularly reviewed and updated to help ensure they accurately reflected the person's current care needs. People told us they were fully involved in developing and reviewing their care needs. Relatives told us staff actively encouraged their involvement in people's care and kept them fully informed of any changes. When a person's needs had changed, this was documented and additional guidance provided for staff.

The registered manager and director completed spot checks and visited people whilst staff were supporting them. These visits had a dual purpose: they were able to assess staffs' work performance and their interaction with the person and assess the person's view on how the service was performing.

The registered manager also contacted people on a weekly basis via telephone to see if people had anything they were concerned about or wanted to change with their current care package. This allowed them to gather regular feedback from people using the service and address issues in a timely manner.

People and their relatives told us they had no concerns over the care and support they received and felt able to make a complaint if something was not right. People knew who to contact if they needed to raise a concern or make a complaint. They had a copy of the service's complaints procedure and were confident their concerns would be taken seriously. When asked if there was anything within the service that could be improved. One person said, "Nothing could be better." Another person said, "If I had any worries I can ring them and they would be right on it,"

Relatives consistently told us they could not think of anything the service could or should do to improve the service they provided. Everyone we spoke with told us the registered manager and director regularly encouraged them to share their views and raise concerns. Records showed any concerns that had been received were investigated fully and people were happy with the outcomes.

Is the service well-led?

Our findings

The service continues to be well led. People, relatives, and staff spoke positively about the leadership of the service and told us the service was well managed. All the people and relatives we spoke with during the inspection said they would recommend the service to others. Comments included; "Their absolutely wonderful," "You could not fault them" and "Excellent." One person said, "I can ring them about anything their approachable, kind, and caring."

The service had a registered manager in post. 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 service had a positive culture that was person-centred, open, inclusive and empowering. The management team told us their vision for the service, which was to provide and maintain a high standard of personalised care, which was flexible to people needs. Staff had a clear understanding of the values and vision of the service and told us how they supported people to be as independent as possible and live their life as they chose. Staff spoke passionately about providing good quality care and had a real sense of pride in their work.

Both the registered manager and directors took an active role within the running of the service and had good knowledge of the staff and people they supported. Staff were positive about the leadership and management of the service and told us they felt valued and supported. The registered manager told us how they felt it was important to recognise 'outstanding practice' from staff who continually went above and beyond what was expected of them. As a result the provider had implemented a staff recognition scheme which rewarded staff for covering sickness. Staff told us this helped with morale, as they knew their hard work would be recognised and it motivated them to continuously strive for improvement.

The service worked well with other health and social care professionals to help ensure people's specific needs were met. Regular reviews took place to ensure people's current and changing needs were being met. Healthcare professionals told us the service was approachable, responsive and communication was very good. Information we received from the local authority's quality team showed they did not have current concerns about the service.

Staff and managers shared information in a variety of ways, such as face to face, by telephone and more formally through team meetings. Recent team meetings showed staff were provided with the opportunity to discuss people's care needs, share information, and identify any training needs. Staff told us the registered manager was keen to listen to their views and to improve the service

The management and staff structure provided clear lines of accountability and responsibility and staff knew who they needed to go to if they required help or support. The registered manager told us the service operated a 24 hour on call service, for people and staff to contact a senior person for advice, guidance, or

support. People and relatives told us this worked really well, one person said, "I can always get hold of someone if I need to."

We looked at the services' quality assurance and governance systems to ensure procedures were in place to assess, monitor, and improve the quality of the services provided. We found there was an effective quality assurance system in place to audit care practices and drive continuous improvement within the service. These included a range of audits and spot checks, for instance, checks of the environment, medicines, care records, accidents and incidents. The service also carried out a range of regular self-assessments as part of a subcontractor arrangement they had in place with another care provider.

People told us they were encouraged to share their views and were able to speak to the registered manager and director when they needed to. The registered manager annually sought people's views by asking people, relatives, and staff to rate the quality of the services provided. We looked at the results from the latest survey undertaken in January 2017, and found the responses of the people surveyed were positive. Comments included; "I think they are excellent in the management of all problems", "All the staff I have met are people I can trust", "They will do all they can to help" and "Well led."

The registered manager had notified the Care Quality Commission of significant events, which had occurred in line with their legal responsibilities. Both the registered manager and director were aware of their responsibilities under the Health and Social Care Act 2008, Duty of Candour, that is, their duty to be honest and open about any accident or incident that had caused, or placed a person at risk of harm.