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De Vere Care - Southend on Sea

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

This inspection took place on 8 and 15 and 20 January 2016.

De Vere Care – Southend on Sea is registered to provide personal care and support to adults in their own homes in the Southend on Sea area.

There was 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.

At our last inspection in December 2014 we had concerns about medicines management. At this inspection improvements had been made and people now received their medication as prescribed. People's medication was now managed safely.

Staff had a good understanding of how to protect people from the risk of harm. They had been trained and had access to guidance and information to support them with the process. Risks to people's health and safety had been assessed and the service had up to date care plans and risk assessments in place to ensure people were cared for safely.

People received their care and support in a way that ensured their safety and welfare. Staff had been safely recruited in sufficient numbers. They had a good induction, regular supervision and training and felt well supported by the registered manager.

The registered manager and staff had a good understanding of the Mental Capacity Act (MCA) 2005 and were working within the principles of the MCA.

People were supported to have sufficient food and drink to meet their needs. People's care needs had been assessed and catered for. The care plans gave staff enough information about how to meet people's individual needs and how to care for them safely. People were supported with their healthcare needs; the service sought advice and guidance from healthcare professionals when needed. Staff treated people with kindness and compassion and maintained their privacy and dignity at all times.

People knew how to raise a concern or complaint and were confident that their concerns would be listened to and acted upon.

There was an effective system in place to assess and monitor the quality of the service and to drive improvements.

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.

Safeguarding procedures were good and staff had received training and had a good knowledge of how to recognise and report abuse.

Medication management was good. People received their medication safely as prescribed.

Is the service effective?

Good ●

The service was effective.

Staff received a good induction, regular supervision and training that was relevant to their role.

People were supported to have sufficient food and drinks to meet their needs.

Staff supported people to maintain their health and wellbeing.

Is the service caring?

Good ●

The service was caring.

People were supported by kind, caring and compassionate staff who treated them with dignity and respect.

There was information available about advocacy services should people need them.

Is the service responsive?

Good ●

The service was responsive

People's needs had been assessed and their care plans had been reviewed and updated to reflect their changing needs.

Staff had responded quickly to people's changing needs to ensure that their individual needs were met.

People were confident to raise any concerns or complaints.

Is the service well-led?

Good ●

The service was well led.

The registered manager and staff shared a vision to provide people with a good quality service.

There was an effective quality assurance system in place to monitor the service and drive improvements.

De Vere Care - Southend on Sea

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 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 8 and 15 and 20 January 2016 and was unannounced and carried out by one inspector.

Before the inspection we looked at any information that we held about the service including any notifications. A notification is information about important events which the service is required to send us by law.

We spoke with 10 people who used the service and one of their relatives, five care staff, the registered manager and the operations manager. We also spoke with involved health and social care professionals to obtain their views. We looked at records in relation to six people's care, staff recruitment and support records and the systems in place for monitoring the quality of the service.

Is the service safe?

Our findings

At our last inspection in December 2014 we had concerns about medicines management. Following the inspection the provider sent us an action plan describing how and when they would become compliant. At this inspection we found that improvements had been made and people received their medication safely. People told us that they were happy with the way their medication was managed. One relative told us, "I feel much happier now the agency has taken control of [person's name] medication. They are very forgetful and I was always worried that they would take too much or forget to take it at all."

All of the staff had received medication training and had annual updates to refresh their knowledge. The medication administration records (MAR) had been clearly completed and were checked for any errors when returned to the office. Regular monthly audits and checks on the medication system had been made and improvements implemented where necessary. For example, as a result of the findings of these checks the registered manager had recently put in place further weekly checks to ensure that the medication records were appropriately completed. A visiting professional told us that the registered manager had worked hard to ensure that the systems and processes in place for medication management were working well. People received their medication as prescribed.

People told us that they felt safe when the service's staff were in their homes. One person said, "My carer is lovely and I feel very comfortable when they are here. If I felt uncomfortable with any of the staff I would telephone the office and let them know." Another person said, "I feel at ease with my carer, they make me feel safe when they are here." Staff had received training in safeguarding and they demonstrated a good knowledge of how to protect people from the risk of abuse and how to report it. There was guidance and information available for staff to refer to if needed. The registered manager had dealt with safeguarding issues appropriately.

There were robust recruitment procedures in place. Staff told us that the recruitment process had included checks before they could start work. Staff's personnel files contained fully completed application forms, evidence of exploring any gaps in employment history, two written references, disclosure and barring checks and proof of identity. Staff had not delivered care until all of the checks had been carried out. This meant that people were supported by staff that were deemed fit to work with them.

People said that they felt there were generally enough staff. They told us that their regular carers did not 'let them down'. Some people had issues when their regular carer was not working as replacements were sometimes late. One person said, "I waited for half an hour and they still did not turn up so I went out. They are fine when it is my normal carer but it can be a bit unreliable when they are off." The registered manager told us that staff had fixed rounds where they were able to consistently keep to the agreed timings of their visits. When they were not working other staff had to cover their visits around their own regular calls. The registered manager said that this meant that there may be delays for some people, some of the time. The call logs showed that the frequency of missed and late calls had decreased. The registered manager told us, and the records confirmed that they constantly monitored missed and late calls and did their best to minimise them.

People told us that staff supported them to manage risks such as for the use of moving and handling equipment and for pressure area care. For example, referrals had been made to the appropriate professionals such as district nurses and occupational therapists where required. There were risk assessments and management plans in place describing clearly how staff were to manage them. Staff told us that the management plans provided them with good instructions on how to deal with any risks to people's health and safety and how to keep them safe.

Is the service effective?

Our findings

People were supported by well trained and supervised staff. People told us that they felt staff had been trained and knew what they were supposed to do. One person said, "All the staff must get training as they seem to know what they are doing." Another person said, "My carer is very experienced and knows just what to do to support me."

There was a good induction process where staff had received basic training for their role. Staff told us that their induction was good and that it enabled them to carry out their work effectively. One staff member said, "In addition to all of the training I received I shadowed a more experienced member of staff before I worked alone. This helped me a lot because I was able to ask about anything I was not sure about." The training records showed that staff had received training that included, first aid, safeguarding people, moving and handling, medication and health and safety. The registered manager told us, and the records confirmed that staff attended three days of training before they worked with people.

Staff told us that they felt well supported. One staff member said, "I have been working here for a few months now and I love it. The manager is very good and there is always someone at the end of the phone if I need advice or guidance." Another staff member said, "The support and training that I get is good and I have access to all that I need like gloves and aprons."

People had been asked for their consent in line with legislation 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 Act 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA. People told us that staff always asked for their consent before providing their support. One person said, "They (staff) always ask if it is ok before they do anything for me." Care plans were signed and dated to show that people had agreed with their contents. Staff demonstrated a good knowledge of the MCA and were able to explain when it should be applied. The registered manager told us that they had received training in the MCA and that the local authority had undertaken assessments where necessary. They said that the people they supported either had the capacity to make decisions or had family members who were authorised to represent them.

People were supported to eat and drink enough to maintain a healthy diet. The level of support people needed with food and drink varied. People told us that the meals prepared by staff were generally microwaved ready meals and that they enjoyed them. Where people needed light snacks and drinks prepared for them, staff left them within easy reach to ensure that the person could quickly access them when required.

Where required, people were supported to maintain good health. Most people had families and friends who supported them with their general healthcare. The registered manager told us, and the records confirmed that one person received a regular weekly call to check on their health and well-being. People told us that staff would help them with health related issues if and when needed. Staff told us that people's needs were reviewed regularly so that any healthcare issues were identified and catered for quickly and effectively.

Is the service caring?

Our findings

People said that the staff were kind and caring. They told us that staff were nice, respectful and treated them well. One person said, "I really like my regular carer. They treat me so well and make sure that I have all that I need. They are very understanding and listen to what I say and do what I want them to do." Staff had a good knowledge about the needs of the people they cared for. They referred to people in a respectful, kind and compassionate way. They told us about people's individual needs and preferences and how they met them. People told us that staff responded to their diverse needs respecting their individual preferences.

People told us that they had been actively involved in their care and support. One person told us, "I am fully involved and know to speak up if I have something to say about my care." Others told us that they would telephone the office if they wanted to know anything.

There was information available to staff about people's preferences and a short personal history together with a document entitled, 'How I like My Care' that explained people's wishes. Staff told us that the information was good. They said it was especially helpful where people had some difficulty communicating their needs.

People told us that staff treated them with dignity. They said that the input from staff helped them to retain their independence. One person said, "If I did not have [name of staff] come to help me I would be more dependent on my family. They help me to maintain as much independence as possible." Another person said, "I am always treated with dignity. They [staff] respect my property and ask me if I am able to do things for myself before they do it for me." This showed that people were encouraged to retain their independence for as long as possible.

The registered manager told us that people had used advocacy services in the past where they had no friends or relatives to speak up for them but that there were none in use at present. There was information about advocacy services available in the office and the operations manager said that leaflets would be given to each person who used the service in case they needed it in the future. An advocate supports a person to have an independent voice and enables them to express their views when they are unable to do so for themselves.

Is the service responsive?

Our findings

People received personalised care that was responsive to their needs. People said they were very happy with the service they received when their regular carer was working. They said that they received a responsive service that was quick to meet their changing needs. One person said, "[name of staff] is such a good carer who is quick to notice if something is not quite right and they act straight away to ensure I get what I need." Other people told us that their regular carer's were fantastic. However, some people told us that at times, when their regular carer was on holiday or off sick, they had received either missed or late calls. One person said, "It can be a bit hit and miss when my regular carer is off." Another said, "I can understand that staff will go sick at short notice and appreciate it is sometimes difficult for them [De Vere Care - Southend] to get people to me on time. The registered manager told us that the service always did their best to cover people's calls when staff were sick at short notice and that at times communication had been difficult due to staff not informing the office in time. They said that this had been the subject of discussion at staff meetings and that they were closely monitoring visit times.

People told us, and the records showed that they had a full assessment of need carried out by senior staff which was based on their local authority referral. The assessment informed the care plans and included risk assessments such as for people's mobility, falls, nutrition and pressure area care. There were clear management plans on how the identified risks were to be managed. Staff told us that the risk management plans contained sufficient detail about how to care for people safely.

People told us that they had been fully involved in the care planning and risk assessment process. One person told us, "It was a senior member of staff who did my assessment. They were very thorough and asked me if I was happy with it and they regularly ask me if anything has changed." Another person said, "I was asked what I wanted the staff to do and when my needs changed staff amended my care plan so that all staff, and not just the regular ones, knew what to do." The care plans and risk assessments had been regularly reviewed and updated to reflect people's changing needs.

Staff told us that the care plans were very descriptive and told them what they needed to know to care for people safely. One staff member said, "I always check if people need anything else before I leave." The daily logs were detailed and informative and provided sufficient information for staff to follow up on any actions. One staff member said, "The daily logs give me enough information about what has happened on the last visit. I always check if there is anything I need to do differently."

People told us that they knew how to complain and that they felt comfortable raising concerns with the registered manager. They said that if they had any concerns they would either tell their carer or telephone the office and speak with the registered manager. There was a complaints policy in place which had clear timescales of when people could expect to receive a response. The complaints records showed that complaints had been dealt with appropriately. The registered manager told us that they learned from complaints and made improvements to the service to prevent a re-occurrence.

The service had recently received a compliment from the relatives of a person they cared for. The

compliment read, "They [staff] are not only good at their job, they go the extra mile to ensure [person's name] is happy." The person said, "The [staff] make me laugh and cheer me up."

Is the service well-led?

Our findings

There was a registered manager in post and they were available in the office on a day to day basis. They had a good knowledge about the people who used the service and were able to tell us about people's changing needs and how they were met. People and staff were very complimentary about the registered manager and said they were open, fair and approachable. Staff told us that the registered manager was very supportive and a good role model.

People told us that the quality of their care was good. One person said, "My regular carer is fantastic, they know what I need and they give me a good quality service." Others said, "On the whole not a bad service, I would definitely recommend it." And, I have no complaints, I am treated with dignity and respect by staff and they are kind and caring." And another person told us, "They [staff] are fabulous. I am very happy with the quality of the service." All but one of the people we spoke with said they would recommend the service to others.

People told us that they had been asked for their views about the service. The registered manager told us that they carried out quarterly surveys of 25% of people who used the service. This meant that over a 12 month period all people using the service had been afforded an opportunity to comment on the quality of the service provided. The last survey had taken place in December 2015 and appropriate actions had been taken to address any issues. For example, two people had said that the office had not advised them when staff were delayed or running late. One of the people was very forgetful so the service had arranged to inform another service who could pass the message on to the person to put their mind at rest.

People and staff told us that the service had improved since the registered manager took up her post. They said that they were a good manager, who listened to others and took action when necessary.

The registered manager had carried out monthly audits on medication, training, supervision and health and safety, which included incidents and accidents. The operations manager had carried out monthly compliance checks. The areas checked included, medication, recruitment, training, supervision, care files and risk assessments. Areas for improvement had been identified and plans had been put in place and checked to ensure that the improvements were made.

The registered manager had a clear vision to provide a good quality service and staff shared her vision and told us they felt well supported to deliver it. Staff told us, and the records confirmed that they had regular staff meetings. The issues discussed included care practices, missed and late calls, medication charts, training, uniforms and personal protective equipment. Staff told us that they had the opportunity to raise any issues they felt were necessary at the meetings. Staff described the manager as 'firm but fair'.

People's personal records were securely stored to keep information safe and their record management was good. The registered manager had access to up to date information on the service's password protected computer system.