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De Vere Care - Southend on Sea

Inspection report

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Date of inspection visit:
13 December 2018
14 December 2018

Date of publication:
31 January 2019

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

De Vere Care Southend provides care services to people within their own home. Care services include personal care. The service provided are either through private arrangement, social services funding or clinical care group. The service covers Southend on Sea and surrounding areas in Essex. At the time of our inspection the service was providing personal care to 45 people.

Our last inspection of this service in May 2018 highlighted several concerns and we imposed conditions on the service that they could not take on new care support packages without prior application to the Care Quality Commission. The service was rated Inadequate overall and placed in special measures. The provider wrote to us to inform us of the actions they had taken since to improve the service. Significant improvements had been made since our last inspection, such as ensuring staff attend calls on time, improved recruitment processes and better managerial and provider oversight to ensure good care delivery and strong quality processes.

The 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. 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 the time of our inspection the manager was going through their registration process with the commission.

Staff delivered support effectively and care was provided in a way that promoted people's independence and wellbeing, whilst people's safety was ensured. Staff were recruited and employed upon completion of appropriate checks as part of a robust recruitment process. Sufficient numbers of staff enabled people's individual needs to be met in line with their assessed needs. Trained staff dispensed medications and monitored people's health satisfactorily.

Staff understood their responsibilities and how to keep people safe. People's rights were also protected because management and staff understood the legal framework of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

The manager and staff ensured access to healthcare services were readily available to people and worked with a range of health professionals, such as social workers, community mental health nurses and GPs to implement care and support plans.

Staff were respectful and compassionate towards people ensuring privacy and dignity was valued. People were supported in a person-centred way by staff who understood their roles in relation to encouraging independence whilst mitigating potential risks. People were supported to identify their own interests and pursue them with the assistance of staff. Person centred social activities took place within the service. A complaints procedure was in place and had been implemented appropriately by the manager.

Systems were in place to make sure that people's views were gathered. These included regular meetings, direct interactions with people and questionnaires being distributed to people, relatives and healthcare professionals. The service was assisted to run effectively using quality monitoring audits carried out by the senior management and the manager, which identified any improvements needed and actions were taken.

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.

People felt safe at the service. The provider's arrangements ensured that staff were recruited safely.

Office staff ensured that all care calls were carried out on time and people were communicated with when staff were running late.

People were supported by sufficient staff to meet their needs.

Medication was managed and stored safely.

Is the service effective?

Good ●

The service was effective.

Staff received an induction when they commenced employment with the service and attended various training courses to support them to deliver care safely and fulfil their role.

The service carried out Mental Capacity Assessment to assess people's ability to make informed decision in regard to care.

People had access to healthcare professionals as and when needed to meet their needs.

Is the service caring?

Good ●

The service was caring.

Staff knew people well and what their preferred routines were. Staff showed compassion towards the people they supported and treated them with dignity and respect.

People had been involved in planning their care as much as they were able to be. Advocacy services were available if needed.

Is the service responsive?

Good ●

The service was responsive.

Care was person centred and met people's individual needs.

Care plans were individualised to meet people's needs. There were varied activities to support individual's social care needs.

Complaints and concerns were responded to in a timely manner.

Is the service well-led?

Good ●

The service was well led.

Staff felt valued and were provided with the support and guidance to provide a high standard of care and support.

The service had several quality monitoring processes in place to ensure the service maintained its standards.

The service had a new manager in place who had prompt and responsive senior management.

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 was planned to check 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.

Inspection site visit activity started on 13 December 2018 and ended on 14 December 2018. It included reviewing all the documentation that was held in the office. We visited the office location on 13 and 14 December 2018 to see the manager and office staff; and to review care records and policies and procedures. The inspection was carried out by one inspector.

We gave the service 24 hours' notice of the inspection visit because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

As part of our planning we looked at notifications received by the Care Quality Commission (CQC). A notification is information about important events which the provider is required to send us by law. We also looked at safeguarding concerns reported to CQC. This is where one or more person's health, wellbeing or human rights may not have been properly protected and they may have suffered harm, abuse or neglect.

During the inspection we spoke with 5 people who used the service, two relatives, members of the senior management team, the manager and two of the office staff. We looked at records in relation to four people's care, five staff recruitment folders and the systems in place for monitoring the quality of the service.

Is the service safe?

Our findings

At our inspection in May 2018, we found there had been deterioration in staffing levels, call times and medication management, in addition we found the service was still not carrying all the necessary checks on staff before they commenced employment with the service. The service had been in breach of regulation 12 of the Health and Social Care Act 2014. At this inspection we found that improvements had been made and the service was no longer in breach of regulation.

No new packages of care had been provided since the last inspection due to the condition we placed on the provider's registration. This enabled the provider to demonstrate sustained improvements and their ability to manage risks and support people's care safely when they take on new care packages. Support plans and risk assessments had been recently reviewed to document current knowledge of the person, current risks and practical approaches to keep people safe when they made choices involving risk. There were robust systems in place to reduce the risk of people being harmed. Any potential risks to each person had been assessed and recorded and guidelines put in place so that the risks were minimised with as little restriction as possible to the person's activities and independence.

Staffing rotas showed us there were sufficient staff on each day to meet people's assessed needs. The manager informed us that staffing levels at the service were based on people's individual needs. They added the service was continually recruiting staff to ensure there was a good bank of staff to cover sickness and annual leave. Staff informed that they covered care calls in the same geographical area and added this helped them to people's care calls within the best time possible with the hope of reducing the risk of having late calls or missed calls. Staff went on to say if they were running late to their next call they could call the office and provided another member of staff is available the office would arrange cover.

An effective system was now in place for safe staff recruitment. This recruitment procedure included processing applications and conducting employment interviews. Relevant checks were carried out before a new member of staff started working at the service. These included obtaining references, ensuring that the applicant provided proof of their identity and undertaking a criminal record check with the Disclosure and Barring Service (DBS). The manager informed that the service working on gathering new applications to ensure they had more staff when the service starts to take more staff, in addition this would people were receiving care in timely manner which had not been the case in the past.

People and their relatives told us they felt safe using the service. One person informed us, "My carers give me the reassurance I need to make sure I am safe, they always make sure I have everything I need before they go to their next visit". Staff we spoke to knew how to recognise the signs of possible abuse and how and who to report it to. Staff felt reassured that the manager would act appropriately in the event of any concerns. Records showed that, where issues or concerns had been reported in the past, they had been addressed appropriately. Records we reviewed showed that where concerns had been raised by either people, relatives or professionals the service had carried out into investigation and discuss these concerns with the local authority. Clear information was made available to people on how to report any concerns. The service had a policy for staff to follow on 'whistle blowing' and staff knew they could contact outside authorities, such as

the Care Quality Commission (CQC) and social services.

People and staff told us all medication was safely, administered by staff who knew them all. Medication administration records (MARS) we checked were correctly completed with no unexplained gaps of omission. Staff involved in the administration of medication had received appropriate training and competency checks had been completed in order for them to safely support people with their medications.

Following the last inspection in May 2018, the provider has employed a new manager, with a wealth of knowledge and experience within health and social care. The provider informed us that they identified that in order of the service to improve, stabilise and progress strong and knowledgeable leadership was required. As a result, we could see that improvements had been made. The manager also had an improvement plan that was in place and staff morale had changed. Staff were very positive about the future.

Is the service effective?

Our findings

This key question was previously rated requires improvement as the provider needed to sustained good care delivery. At this inspection we saw that improvements had been made since our last inspection and people and their relatives told us care was being delivered more effectively.

People told us they found staff to have a good knowledge and skill level on how to best meet their needs. One person informed us, "Since you(CQC) last spoke to me, I have to say the staff seem to have got better, they fully understand what support I need and are very knowledgeable about caring for people."

Staff told us they had attended training when they started working at the service. Staff confirmed that they also attended refresher courses as and when required. The manager informed us that they regularly reviewed staff's training folder and arranged for all staff to undertake necessary training modules. Records we reviewed confirmed this. Staff informed us that they also received regular supervision and this gave them the opportunity to sit down with the manager to discuss any issues they may have on a one to one basis.

Staff had regular supervision and meetings to discuss people's care and the running of the service and were encouraged to be open and transparent about any concerns they may have. Staff said, "We have informal and formal supervision at least once a month and if we need to speak to the management team we can speak to them at any time." The manager informed us that they regularly held discussions with staff to acknowledge areas of good practice and improvement which helped to improve the quality of care being provided.

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.

We checked whether the service was working within the principles of the MCA. Staff could demonstrate how they helped people to make decisions on a day-to-day basis. The manager informed us that they had, with the support of another staff member, visited, assessed and reviewed people's ability to decide and a support plan relating to this was now in place for each person where required. Records and MCA assessments, we reviewed confirmed this.

People informed us they were supported to have enough food and drink and were always given choice about what they liked to eat. One person we spoke to informed us, "Before they[staff] go, they make sure I have drinks and some food that I can eat during the day."

Is the service caring?

Our findings

This key question was previously rated requires improvement as the provider needed to sustained good care delivery of a period. At this inspection we saw that improvements had been sustained and care was being delivered well.

People told us they received a good service from kind and caring staff. People told us that the staff were always very positive and always seemed have their interests to heart. People also said they found most of the care staff to be respectful and care for them in a dignified way.

The service had a very strong, person-centred culture that was acknowledged by everyone we spoke with. Care plans were personalised to everyone's needs. The service worked closely with all professionals and relatives to undertake specific ways of providing care for all the people using the service and this was recorded in the care plans. Since the last inspection the management team had held several progression meetings with the local authority. Emails we reviewed confirmed this include a recent local authority confirmed the service moving in the right direction.

Staff knew people well, their preferences for care and their personal histories. People and their relatives were aware of their support plans and had review meetings with the management team to identify any needs or wants they may have, along with their overall well-being.

People confirmed that they were involved in their care and support and participated in care planning reviews. The manager informed us that where people did not have support from friends or relatives they would request advocacy services to support them. An advocate is a someone who supports a person to have an independent voice and enables the person to express their views when they are unable to do so for themselves.

Is the service responsive?

Our findings

This key question was previously rated requires improvement. At this inspection we saw that improvements had been sustained and delivered care was responsive to people's needs.

People's care and support needs were well understood by staff. This was reflected in detailed support plans and individual risk assessments and in the attitude and care of people by staff. Staff informed us they encouraged choice and control for people in relation to their individual preferences about their lives this included community interests and meals.

The manager or office staff met with other health professionals to plan and discuss people's transfer to the service and how the service would be able to meet their needs. They used the information they gathered to make changes to people's support plans. The manager told us the service carried out a comprehensive assessment of people's needs when they started using the service and this was reviewed as and when people's needs changed.

The manager showed us new support plans that she had started to introduce since coming into the service. The support plans were more robust and detailed and gave more of a true picture of people's needs. Staff informed us this had made it easier to care for people, because they were now being supplied with more information which was often only available to office staff. People's needs were discussed with them and a support plan put in place before they started to use the service.

Relevant incidents were recorded and monitored. It was clear people's support was provided flexibly based on their changing needs. Each person's care plan included information on how to respond to situations, moods and specific behaviours. Care plans were regularly reviewed as required.

The service had policies and procedures in place for receiving and dealing with complaints and concerns received. The information described what action the service would take to investigate and respond to complaints and concerns raised. Staff, people and relatives knew about the complaints procedure. Staff told us that if anyone complained to them they would either try and deal with it or notify the registered manager. Complaints we reviewed confirmed this.

Is the service well-led?

Our findings

At our inspection in May 2018, we found the service had not established effective systems and process which assessed, monitored or mitigated risk to people using the service. Our findings at this inspection led to the Commission taking urgent action. The service had been in breach of Regulation 17 of the Health and Social Care Act 2014.

The provider wrote to us and told us how they were going to improve and meet the regulatory requirements. At this inspection we found the service made significant improvements and the provider and manager were actively looking for ways in which to improve the service. To drive improvement the provider was working closely with the local authority commissioning team. The provider and manager held meetings on areas of improvement and reviewing improvements already made, to ascertain if they are having a positive impact on people using the service.

The provider sent us a monthly action plan after the inspection in May 2018. The provider acknowledged that after our inspection in May 2018, they realised that several aspects such as ensuring staff were paid on time, monitoring and accurately recording of people's changing needs had been neglected. A contingency plan was now in place to ensure that funds would always be available to pay staff. And the previous concern presented due to failure to follow up invoices which left the service with no funds to pay staff. Staff we spoke informed that since the last inspection they had been paid on time. In addition, they now had more of direct contact and communication with the provider, so staff felt assured that they had someone to talk to always.

The provider informed us imposition of special measure helped them identify and get a true understanding of what was required to provide a good service. Since our last inspection they had implemented robust and effective monitoring systems, which involved the manager, carrying out regular audits such as medication, infection control and care plans. Actions arising from the audit were detailed in the report and included expected dates of completion and these were then checked at the next monthly audit.

People benefited from a staff team that felt supported by the manager. Staff received positive feedback, encouragement and motivation from their management team. Staff we spoke to informed of the positive shift in the service that was being provided by the service. One member of staff informed, "We can see that the service we are providing has improved, the manager has been very prompt to arrange training for us and also now get paid for training which doesn't happen in most places."

People and relatives felt at ease discussing any issues with the manager and staff. The manager informed us that they held meetings with relatives and the people using the service as this gave the service an opportunity to identify areas of improvement and gave relatives an opportunity to feedback to staff; be it good or bad. And had been something they learnt from the previous role and saw the value of it so implemented this immediately when she joined the service.

During the inspection the manager informed us that the service was in the process of recruiting a care coordinator to support with the running of the service. Staff said this helped them to assist people to

maintain their independence and showed that people were being well cared for by staff who were well supported in undertaking their role.

We found the provider and manager to be open, transparent and highlighted their own errors and areas which needed to improve, to ensure the service was running smoothly and continually improving the care delivered to people. People felt that staff and the management team were approachable.

Personal records were stored in a locked office when not in use. The manager had access to up-to-date guidance and information on the service's computer system which was password protected to help ensure that information was kept safe.