

Starcare Limited

# Deva Point ECH

## Inspection report

Deva Point  
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06 March 2020  
11 March 2020

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Deva Point ECH is an extra care service consisting of 62 apartments accommodating people aged 55 and over within a large purpose built building. At the time of the inspection 25 people received personal care. 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.

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

People received a caring service and felt supported and valued as individuals. People told us they were treated with respect and staff upheld their dignity during care visits. People were supported by staff who knew people well and trusting relationships had been formed.

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 were involved in developing their care plans which were person centred and changes were made as people's needs changed.

Staff supported people to access a wide range of activities which enabled them to pursue their social and leisure interests and reduced the risk of social isolation.

Systems were in place to manage risks to people's health and wellbeing and medicines were managed safely.

The service was well-led and staff felt well supported by an open and honest culture. The provider also worked with other professionals and organisations to ensure positive outcomes were achieved for people.

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

This service was registered with us on 11 March 2019 and this is the first inspection.

### Why we inspected

This was a planned inspection to provide Deva Point with its first CQC rating.

### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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 effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Deva Point ECH

## 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 Care Act 2014.

#### Inspection team

This inspection was carried out by one inspector.

#### Service and service type

This service provides care and support to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is rented and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care and support service.

The service had a manager registered with the Care Quality Commission. 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.

#### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the registered manager would be in the office to support the inspection. We also wanted to be sure people would be at home to speak with us.

Inspection activity started on 06 March 2020 and ended on 11 March 2020. We visited the office location on both of these days.

#### 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. The provider was not asked to

complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with four people who used the service and two visiting professionals about their experience of the care provided. We spoke with six members of staff including the provider, registered manager, care manager, quality support officer and care workers.

We reviewed a range of records. This included six people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

# Is the service safe?

## Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to protect people from the risk of abuse. Staff received training and understood the actions they must take if they felt someone was being harmed or abused.
- Referrals had been made to the local authority safeguarding team when abuse had been suspected and investigations had been completed.

Assessing risk, safety monitoring and management

- People's needs were appropriately assessed; and care plans had been developed to minimise any risk to people's health and wellbeing.

Staffing and recruitment

- People told us there were enough staff to meet their needs and that staff were reliable. One person told us, "I have regular carers and they are generally on time. They let me know if there is a problem."
- Recruitment procedures were safe. Pre-employment checks were carried out on all staff before they started employment.

Using medicines safely

- Medicines were managed safely and people received their medicines as prescribed.
- Medicines were only administered by staff who had the correct training to do so and comprehensive records were completed. Regular checks on the competency of staff to administer medication were undertaken by the senior care team to ensure staff administered medication safely.
- There were clear 'as required' medicine protocols for those people on this type of medicine. This meant staff had sufficient guidance on how and when to administer these medications.

Preventing and controlling infection

- Systems were in place to protect people from the risk of infection. Staff used personal protective equipment (PPE) such as gloves and aprons when providing personal care.

Learning lessons when things go wrong

- There was a robust system in place to monitor and review accidents and incidents. Accidents and incidents were reviewed on a regular basis by the registered manager and the director of operations. This enabled them to analyse trends and identify any lessons learnt.
- Staff demonstrated that they understood how to respond to, record and report incidents and accidents safely.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed before they received a service. This information was used to develop risk assessments and care plans which reflected current standards and best practice guidance.
- People confirmed they had been able to discuss their care needs and wishes with staff before the care package started.

Staff support: induction, training, skills and experience

- New staff completed a detailed induction to the service and spent time shadowing more experienced staff to ensure they understood their roles and responsibilities. One staff member told us, "The shadowing was really important."
- Staff received the training they needed to support people. Staff spoke positively of the training they received and told us it made them feel confident to do their job well.
- Staff received support from their line managers through regular supervision and observations of their practice.

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

- Staff were aware of people's nutritional needs and had clear information with regards to this. This included where a person needed to consider risks to their diet caused by medical conditions such as diabetes.

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

- The registered manager and care staff worked with other agencies to ensure people received consistent, effective and timely care. Their input and advice was clearly reflected in people's care plans. One person told us, "[Staff] have got me back on track. They got the occupational therapists in and I am getting a new bed."
- People also confirmed they were supported to access their GP and other health services.

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 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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- People had signed their care plans to confirm they agreed with the care they would receive. They confirmed staff always sought their consent before providing care.
- Where concerns arose about a person's capacity to give consent or make a choice, care records contained assessments of capacity and the outcome of any decisions made in a person's best interests.



# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- We observed warm and friendly interactions between people receiving care and staff. Staff were committed to providing high quality care. One staff member commented, "I treat people how I would like to be treated."
- People spoke positively about the care they received. People told us, "[Staff] are so helpful and polite," "It's absolutely perfect. I like having carers come in," and, "The staff will come and have a joke."
- Staff considered people's protected characteristics under the Equality Act 2010. Religious and cultural needs were identified when developing care plans.

Respecting and promoting people's privacy, dignity and independence

- Staff encouraged people to do as much as they could for themselves and were able to describe the importance of maintaining people's independence. One staff member commented, "It gives people peace of mind, and we are a button call away."
- Privacy and dignity was also respected. One person told us, "Staff always ring the doorbell before they use their fob." Staff could describe how they provided support that upheld people's dignity. People we spoke with confirmed this and told us staff always closed doors and curtains during personal care.

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

- People were fully involved in decisions about the care and support they received. Where appropriate, family members were also involved. One person told us, "At first, we had problems, but now I couldn't be happier."

# Is the service responsive?

## Our findings

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

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

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

- People received personalised care which reflected their needs and preferences. Care plans were person centred, and captured people's personal histories and specific wishes in relation to the care they received. One person told us, "I wouldn't change anything about my care, it's fantastic."
- Staff developed trusting relationships with people and demonstrated a clear understanding of people's needs. One staff member told us, "It's hard work, but I love knowing you have made a person happy. It could be a cup of tea or quick chat and you could be the only person they see. You bond with people."
- Staff told us care plans were clear and easy to follow and they were kept informed of any changes. Care plans were visible in people's apartments as well as on hand held electronic devices which enabled staff to refer to them instantly when needed.
- Care plans were reviewed on a regular basis in response to changes in need.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The communication needs of people were assessed and reflected within support plans.
- The service information was available in different formats so that people had access to information in a way they would understand. For example, one person used a pictorial diary to plan their week and make decisions about the activities they would like to participate in.

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

- The service considered people's social and cultural interests when developing care plans and supported people to pursue their personal interests. The registered manager described how they worked closely with the on-site housing provider to ensure activities were available. All activities were advertised in communal areas and announced through a speaker system across the building. This encouraged people to become engaged and reduced the risk of social isolation.

Improving care quality in response to complaints or concerns

- There was a system in place for recording complaints which was widely publicised in service user guides and in the main reception area of the scheme.

- Records confirmed no formal complaints had been received, however people confirmed they were aware who to speak to if they needed to raise a complaint.

#### End of life care and support

- Staff at Deva Point were not currently supporting anyone with end of life care.
- End of life care training was available to staff and where appropriate, care plans contained appropriate information about people's wishes and feelings in respect of this aspect of their care.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

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

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

- People told us that the service was well led and well managed. One person commented, "I find [the provider] better than the other agencies and staff are all very good."
- The registered manager told us that since the new provider had taken over the running of the service it had improved. The registered manager said, "It feels [the provider] listen to us and help us improve. They are committed to tenants and also the carers".
- Staff also spoke positively about the management team and one commented, "The managers are great."
- The provider had initiatives in place to reward and recognise staff including an opportunity for staff members to attain badges and other incentives such as fob watches. One staff told us it made them feel valued.

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

- The provider demonstrated a hands on approach during the inspection and there was a robust framework of governance underpinning the service. Audits and other checks completed by the registered manager, director of operations and senior care staff were effective in identifying and driving improvements.
- The registered manager understood their responsibility for notifying the Care Quality Commission of events that occurred within the service and we saw that accurate records were maintained.

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

- People confirmed that they were encouraged to offer feedback about the service through regular contact and care reviews.
- Staff were engaged and motivated and felt valued in team meetings. Staff felt there was an open and honest culture to share their views and felt they were listened to.
- The registered manager worked closely with the on-site housing provider and external professionals to ensure good outcomes were achieved for people.