Mr Ajvinder Sandhu

De Vere Care - Brent

Inspection report

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Date of inspection visit:
06 June 2017

Date of publication:
18 July 2017

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

We undertook this announced inspection on 6 June 2017. De Vere Care - Brent was newly registered in October 2016 to provide Personal Care services to people in their own homes. The services they provide include personal care, housework and assistance with medicines. At the time of inspection the service provided care for 17 people.

The service has a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are registered persons'. Registered persons have legal responsibility for meeting the requirements of the Health and Social Care Act and associated Regulations about how the service is run.

People and their relatives informed us that they were satisfied with the care and services provided. They informed us that people had been treated with respect and they were safe when cared for by the service. There was a safeguarding adult's policy. Care workers knew what action to take if they were aware that people who used the service were being abused.

Risk assessments had been carried out and these contained guidance for care workers for minimising potential risks to people. There was no record of accidents. The new manager stated that there had been no accidents involving people who used the service. Where an accident was preventable, guidance to care workers on prevention had been provided. The service had a policy and procedure for the administration of medicines. We were informed by the new manager that their care workers currently did not administer medicines to any of the people who used the service.

Care workers were caring in their approach and knowledgeable regarding the individual choices and preferences of people. Care workers prepared appropriate and up to date care plans which involved people and their representatives.

We were not confident that all care workers had been carefully recruited as some of their records did not contained all the required recruitment records. Two staff records contained only one reference and no explanations were given as to why additional references were not obtained. This means that people were at risk of being cared for by care workers who may not be suitable.

The service had an induction programme followed by on-going training in essential areas. We however, noted that the records of one care workers did not contain evidence of induction and the records of two care worker did not contain evidence of supervision sessions. This means that not all care workers had received the necessary support to assist them in their roles.

There were arrangements for encouraging people and their representatives to express their views and make suggestions regarding the care provided and the management of the service. Reviews of care had been carried out to ensure that people received appropriate care.

The service had a complaints procedure and people and their representatives knew who to contact if they had concerns. One complaint recorded had been promptly responded to.

The service did not have a comprehensive system of checks to ensure people received the care they needed. We were not provided with evidence of regular spot checks on care workers. In addition there was no evidence of regular monitoring of visits with follow up action for late visits to people. Audits of the service had only been started recently and we note that this had identified deficiencies that needed to be rectified.

We found three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what actions we told the provider to take at the back of the full version of the report

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

One aspect of the service was not safe. The service had a safeguarding policy. Care workers knew how to recognise and report any concerns or allegations of abuse.

Care workers were not carefully recruited as staff records did not contain evidence of all the required checks.

There were suitable arrangements for the administration of medicines. Infection control measures were in place and care workers observed hygienic practices.

Is the service effective?

Requires Improvement

Some aspects of the service were not effective. There was evidence that care workers had received essential training. The records examined did not indicate that all care workers had been provided with induction and regular supervision.

Care workers supported people in accessing healthcare services when needed. Nutritional needs were attended to and monitored when needed.

Is the service caring?

Good

The service was caring. The feedback received from people and their relatives indicated that care workers were highly regarded. Care workers treated people with respect and dignity.

The preferences of people had been responded to. Care workers were able to form positive relationships with people. People and their representatives were involved in decisions regarding their care.

Is the service responsive?

Good

The service was responsive. Care workers were able to meet the needs of people who used the service. The needs of people had been assessed.

Care plans addressed people's individual needs and choices. Regular reviews of care took place with people and their

relatives.

The service had a complaints procedure and people and their relatives knew how to complain.

Is the service well-led?

Requires Improvement

Some aspects of the service were not well led. A number of policies and procedures needed to be updated. Regular and comprehensive checks and audits had not been carried out.

People and their relatives were satisfied with the care provided but stated that they did not have enough contact with management to express an opinion.

Care workers worked as a team and with one exception, they expressed confidence in the management of the service.

De Vere Care - Brent

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.

The inspection took place on 6 June 2017 and it was announced. We told the provider two days before our visit that we would be coming. We gave the provider notice of our inspection as we needed to make sure that someone was at the office in order for us to carry out the inspection. One inspector carried out this inspection. At the time of this inspection the service had 17 people who used their service.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. In addition, we reviewed information we held about the service. This included any notifications and reports provided by the service to us and the local authority safeguarding team.

We spoke with two people who used the service and three relatives of people who used the service. We also spoke with the new manager, contracts manager and four care workers. We obtained feedback from one social care professional.

We reviewed a range of records about people's care and how the service was managed. These included the care records for the five people who used the service, four staff recruitment records, staff training and induction records. We checked the policies and procedures and the insurance certificate of the service.

Requires Improvement

Is the service safe?

Our findings

One aspect of the service was not safe. We examined a sample of four recruitment records of care workers. Checks were undertaken prior to care workers starting work. These included completion of a criminal records disclosure, evidence of identity and permission to work in the United Kingdom. However, out of the four records, one did not contain any references. Two contained only one reference each. From the evidence provided, we were not confident that care workers had been carefully recruited. This is because the registered provider had not ensured that staff employed to work had all the required documentation and checks before working. This lack of essential checks is a breach of Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed.

People and their relatives who spoke with us stated that care workers took good care of people and people were safe when cared for by their care workers. One person said, "The carer is really good and does what she is supposed to do. She feeds my relative nicely. I trust the carer." A relative stated, "My relative seems happy with the carers and is safe with them. The carers are hygienic."

We discussed arrangements for the administration of medicines. The service had a medicines policy and procedure. Care workers had received training in the administration of medicines. However, the new manager informed us that care workers did not administer any medicines to people. She stated that care workers only prompted some people to take their medicines. This was confirmed by people and relatives we spoke with.

The service had a safeguarding policy. The safeguarding policy did not contain details of the role of the Disclosure and Barring Service (DBS). The DBS maintains a register of people who are barred from working with children and vulnerable adults and the service would need to notify them of care workers who are implicated in abuse. The new manager stated that the role of the DBS would be included. One safeguarding allegation had been reported to us and the local safeguarding team. The service had co-operated with the investigations. Care workers had received training in safeguarding people. They could give us examples of what constituted abuse and they knew what action to take if they were aware that people who used the service were being abused. They informed us that they could also report it directly to the local authority safeguarding department and the Care Quality Commission (CQC) if needed.

Risk assessments had been prepared for people and these contained guidance for minimising potential risks such as risks associated with self neglect, falls, pressure sores and home environments.

We looked at the records of care workers and discussed staffing levels with the new manager and contracts manager. They stated that the service had enough care workers to manage the workload. Care workers informed us that they had enough time to travel in between visits. People and their representatives stated that care workers usually arrive on time or close to the time expected.

Care workers we spoke with were aware of good hygiene practices such as washing hands and using hand gel to protect against infection. They said they had access to protective clothing including disposable

gloves, foot covers and aprons. People informed us that care workers followed hygienic practices and wore gloves and aprons when needed. The service had an infection control policy. However, this was not sufficiently comprehensive and did not include examples of common infectious conditions. The new manager stated that the policy would be updated.

We examined the accident and folder. No accidents were recorded. The new manager and contracts manager stated that there had been none.

Requires Improvement

Is the service effective?

Our findings

One aspect of the service was not effective. The service had a period of induction to prepare care workers for their responsibilities. New care workers we spoke with told us that they found the induction helpful. They had signed to indicate when induction had been completed. The induction programme was extensive. The topics covered included policies and procedures, staff conduct, safeguarding adults, communication and information on health and safety. The contracts manager informed us that their training department was in the process of introducing the 'Care Certificate'. The new 'Care Certificate' award replaced the 'Common Induction Standards' in April 2015. The Care Certificate provides an identified set of standards that health and social care workers should adhere to in their work. Following induction new care workers were shadowed by more experienced care workers to ensure that they were well supported.

We however, noted that the files of one care worker did not contain evidence that they had completed an induction. This meant that we cannot be confident that this care worker had been given all necessary information prior to them providing care for people.

We discussed the supervision of care workers with the contracts manager and the new manager. They were not sure as to whether care workers had received regular supervision. There was no spreadsheet or schedule indicating which care workers had received supervision and what was pending. Care workers we spoke with could not confirm that regular supervision took place. One record indicated that supervision had taken place. However, we noted that the records of two care workers did not contain evidence of any supervision sessions. We therefore were not confident that care workers had received appropriate support for their roles.

The registered provider failed to provide adequate supervision and evidence that all care workers had received a period of induction prior to starting work with people who used the service. This is a breach of Regulation 18 HSCA RA Regulations 2014 Staffing.

People and their relatives informed us that care workers were competent and they were mostly satisfied with the care provided. One relative stated, "My relative get the same carer who does a good job. I feel that the carer is competent." Another relative said, "From what I see the carer is excellent."

Care records of people contained important information regarding their background, medical conditions and guidance on assisting people who may require special attention because of medical or mental conditions. People's healthcare needs were monitored by care workers where this was part of their care agreement.

There were arrangements to ensure that the nutritional needs of people were met. Where needed, people's nutritional needs had been assessed and there was guidance for them and for care workers on the dietary arrangements and needs of people. We saw evidence that care workers had received food hygiene training. Care workers assisted a few people with meal preparation. One person who used the service and a relative stated that care workers were competent at preparing their meals. Care workers we spoke with were aware

of action to take if people were unwell or lost a significant amount of weight. They said they would notify senior staff or the registered manager.

Care workers had been provided with training to ensure they were able to meet the needs of people. We saw copies of their training certificates which set out areas of training. Topics included moving and handling, health and safety and the administration of medicines. Care workers confirmed that they had received the appropriate training for their role. The service had a training spreadsheet with details of training provided for staff. The new manager and contracts manager informed us that she would be checking to ensure that care workers had received appropriate training and updates when needed.

We checked whether the service was working within the principles of The Mental Capacity Act 2005 (MCA). The 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 contracts manager informed us that most people using the service had capacity to make decisions for themselves and where they did not have capacity then their next of kin or close relatives would be involved in decisions affecting them. We noted that assessments of mental state and mental capacity had been recorded in care records of people. The service had a policy on the MCA. Care workers were aware of the need for best interest decisions to be made and recorded when necessary. Care workers were knowledgeable regarding the importance of obtaining people's consent regarding their care, support and treatment. They stated that they sought the consent of people and their representatives when this was needed. This was confirmed by people who used the service and relatives. Some care workers had not received training in the MCA. The contracts manager and new manager stated that they would be discussing training with the training manager of the company to ensure that this training was provided.

Good

Is the service caring?

Our findings

People and their relatives informed us that their care workers were caring and they were able to communicate well and form relationships with their care workers. They made positive comments about their care workers. One person stated, "I am satisfied. My carer is pleasant. Communication is sometimes difficult but we can understand each other." A third person said, "My carer is nice, caring, respectful and competent." A relative said, "The carer is really good and talk nicely and speak the same language as my mother. My relative is happy with the care. "

Care workers had a good understanding of the importance of treating people as individuals and respecting their dignity. They were able to describe to us how they protected the privacy and dignity of people by ensuring that where necessary doors were closed and curtains drawn when attending to people's personal care. They said they would also first explain to people what needed to be done and get their consent.

The service involved people and their representatives in preparing and organising care for people. This was confirmed by people and their representatives and noted in feedback forms we examined. There was evidence of visits and discussions with people either face to face or via the telephone.

Care plans of people included important information about their individual needs and the type of tasks people needed assistance with. We saw information in people's care plans about their background, language spoken and their choice regarding the type of care workers they would like. The contracts manager stated that the service had a multi-cultural team and where possible, people were matched with care workers best suited to care for them. For example care workers would be matched with those of the same culture or religion. This meant that care workers had things in common with people who used the service. One relative told us that the allocated care worker came from the same country and cultural background and this meant that the carer got on very well with their relative. This relative stated that they were very happy with the care arrangements.

Care workers we spoke with had a good understanding of equality and diversity (E & D) and respecting people's individual beliefs, culture and background. They stated that they had been provided with training on E & D during their induction.

The service had a service user guide which was provided to people who used the service. The guide provided useful and important information regarding the service and highlighted important procedures and contact numbers. It also included information about the managers of the service, key contract terms and conditions.

Good

Is the service responsive?

Our findings

People and their relatives informed us that care workers provided the care needed and as stated in the care plans. They were satisfied with the care provided and they stated that care workers were responsive and helpful. One person said, "The supervisor has come to review my care. I am satisfied. The carer is punctual and does a proper job. I can telephone the office if I wish to make a complaint but I have no complaints." A second person said, "I am happy with the care. The carer does a good job." A relative said, "The carer did not come on one occasion. I telephoned them and they responded and have sorted it out now."

People's care requirements had been assessed before services were provided and this had involved discussing the care plan with people or their relatives and representatives. The assessments included important information about people's health, mobility, medical, religious and cultural needs. People's preferences, choice of visit times and the type of care worker they wanted were also documented. Care plans were then prepared and agreed with people or their representatives and signed by them. This was confirmed by those we spoke with.

Care workers had been informed by senior staff of the service in advance of them providing care to any new person. Care workers told us that this happened in practice and communication with their office based staff was good. They demonstrated a good understanding of the needs of people allocated to their care and when asked they could describe the needs of people and their duties. Some people and their relatives stated that they had the same care workers who knew how to meet their care needs.

We discussed the care of people who had specific needs such as those with diabetes and dementia. Care workers were able to tell us what the particular issues, risks and needs of people were. For example, one care worker was aware of the type of diet this person needed and action to take if they noted that this person was becoming unwell. Another care worker told us that they were aware that people with dementia may experience memory problems and they would remind and repeat things to them. If people refuse to co-operate with personal care, they would be patient and give them time.

Reviews of care had been arranged with people and their relatives to discuss people's progress. This was noted in the care records of people. For example, in two care records examined, we saw evidence that care reviews had been carried out. People and their relatives confirmed that reviews of care took place. One person who used the service stated that a review had not taken place as they had only started using the service.

The service had a complaints procedure and this was included in their statement of purpose given to people or their representatives. People and relatives informed us that they had the office contact details but had not needed to make any complaints. One complaint was recorded. This had been promptly responded to.

Requires Improvement

Is the service well-led?

Our findings

Some aspects of the service were not well led. We did not see evidence of a system of spot checks carried out on care workers. This is needed to ensure they were competent and providing the required care. We saw no evidence of regular checks and audits carried out in areas such as supervision, staff records, care documentation, policies and procedures to identify deficiencies and ensure they were promptly responded to. Some policies and procedures such as the infection control policy and safeguarding policy were not sufficiently comprehensive. We were told by the contracts manager that team meetings had been held but they were not documented. The service had an electronic system for monitoring punctuality. However, there was no documented evidence of active follow-up action for investigating reasons why some visits were much later than agreed. The new manager stated that the visits times were changed by people who used the service. However, this change was not made on the electronic monitoring system.

The lack of effective quality assurance systems for assessing, monitoring and improving the quality of the service may affect the safety and quality of care provided for people and is a breach of Regulation 17 HSCA RA Regulations 2014 Good governance.

The contracts manager stated that the registered manager and locality manager had previously monitored the quality service but this was not always documented. The new manager and contracts manager stated that a written audit of the service had been started. They provided us with documented evidence of this and stated that improvements would be made to rectify the deficiencies.

People and their relatives did not provide any clear or definite view of the management of the service. One person who used the service stated that they were new to the service while another did not have any views due to lack of contact with management. Relatives also reiterated this view. A care professional stated that they had not received any complaints or any service concerns to date.

The service had a range of policies and procedures to ensure that care workers were provided with appropriate guidance to meet the needs of people. These addressed topics such as infection control, equal opportunities, safeguarding and whistleblowing. We however, noted that the safeguarding policy needed to include reference to the DBS and the infection control needed information regarding infectious diseases such as Hepatitis and Aids. The new manager and contracts manager agreed that these policies would be updated.

The service had not carried out a satisfaction survey. The contracts manager explained that the service was newly formed and a satisfaction survey would probably be carried out later on. The contracts manager stated that the service had however, obtained feedback about the views of people when they visited to review their care. Evidence of this was seen in the care records of people. Comments made by people or their relatives were recorded. This was also confirmed by some people we spoke with.

Care workers were mostly aware of the aims and objectives of the service. They stated that they aimed to provide a good service which met the needs of people, encourage independence and treat people with

respect and dignity. With one exception, care workers stated that senior staff were supportive and approachable. They indicated to us that they had received guidance regarding their roles and responsibilities. The service had a management structure with a registered manager supported by a branch manager. The branch manager had resigned from her post prior to this inspection. The contracts manager informed us that the registered manager was on leave at the time of this inspection. She also stated that there were plans for restructuring the management of the service and the new manager would be applying for registration with the CQC to become the new registered manager of the service.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance This registered provider did not have comprehensive quality assurance systems for assessing, monitoring and improving the quality of the service.

Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The registered provider did not ensure that staff employed to work had all the required documentation and checks before working with people who used the service.

Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The registered provider did not ensure that care workers received appropriate induction, support and supervision as is necessary to enable them to carry out the duties they are employed to perform.