

Devana Care Ltd

Devana Care

Inspection report

The MAPP Centre
22-24 Mount Pleasant
Reading
Berkshire
RG1 2TD

Tel: 01183800822
Website: www.devanacare.org.uk

Date of inspection visit:
13 October 2020

Date of publication:
04 March 2021

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Insufficient evidence to rate

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Devana Care is a domiciliary care agency providing personal care to people in their own homes. They support older people, who may have a sensory impairment, dementia, mental health needs and/or a physical disability.

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. At the time of the inspection, four people were in receipt of personal care.

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

At the last inspection in September 2019 we found there were breaches of two regulations. At this inspection we found the required improvements had not been made and the registered person was still in breach of the same two regulations. These are, safe care and treatment and governance of the service.

Medicines were not safely managed. For example, handwritten additions to medicines administration records were seen which did not contain the information required of the National Institute for Health and Care Excellence guidance.

People were not always protected from the risks of harm. For example, risk assessments in people's care plans in their homes were not all up to date. This meant, when providing care, staff did not always have details of actions to take to reduce risks to people who use the service and keep them safe.

The registered person had not implemented an effective system to ensure their compliance with the fundamental standards. For example, the registered person failed to maintain an accurate, complete and contemporaneous record in respect of each person using the service.

Staff had received training in topics the registered manager considered mandatory. The registered person had not followed up on the recommendation made at the last inspection relating to referring to best practice guidance regarding staff training.

Employment checks, including criminal record checks had been obtained for new staff. Staff had received training in safeguarding adults and were aware of their responsibilities to protect people from the risks of abuse. They were able to state what action they would take in response to witnessing abuse, including contacting the local authority safeguarding team.

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.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (published 31st October 2019) and there were two breaches of regulations. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found enough improvements had not been made and the provider remained in breach of regulations. The service remains rated requires improvement.

Why we inspected:

We carried out an announced focused inspection to follow up on regulation breaches and a recommendation. This report only covers our findings in relation to the key questions safe, effective and well-led which contain those requirements.

The ratings for the key questions caring and responsive from the inspection in September 2019 were used in calculating the overall rating for the service. The overall rating for the service has not changed.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Devana Care on our website at www.cqc.org.uk.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work alongside the provider and local authority to monitor progress. We will 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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

At our last inspection we rated this key question requires improvement. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had made a recommendation about.

Insufficient evidence to rate

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Devana Care

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.

This was a focused inspection to check whether the provider had met the breaches of regulations identified in September 2019 in relation to Regulation 12 Safe care and treatment and Regulation 17 Good governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes, which may be in specialist housing.

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 it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. This included previous inspection reports, information received and notifications that had been sent to us and we sought feedback from the Local Authority. 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 to one person who used the service and we spoke with three members of staff including the registered manager, team leader, resources managers and support workers. We reviewed a range of records. This included three people's care plans and a variety of records in relation to the management of medicines and the service including audits, policies and procedures. We also reviewed staff training and supervision records.

After the inspection

We looked at quality assurance records and telephone conversations were held with one further member of staff and a relative of a person receiving support from the service.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

At our last inspection, the registered person failed to ensure the proper and safe management of medicines. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Not enough improvement had been made at this inspection and the registered person remained in breach of Regulation 12.

- People did not have individual instructions for 'when required' (PRN) medicines that were prescribed for them. This was a finding at the last inspection in September 2019 and had not been addressed.
- In addition, this was not in line with the provider's policy dated February 2020, in which it stated, "To ensure all PRN medication is given and taken as intended, there should be a specific plan for administration in the service users care plan, which can be kept with the MAR [medicines administration record] charts. This will state clearly what the medication is for and the circumstances in which it might be given." This was also not in line with best practise set out in the National Institute for Health and Care Excellence (NICE) guidance for "Managing medicines for adults receiving social care in the community."
- The above meant staff had no instructions on the use and administration of prescribed PRN medicines for individuals, potentially placing people at risk of harm.
- When the service had not received print out MARs from the pharmacy for newly prescribed medicines, staff wrote instructions by hand on the already printed MAR sheets. However, in four MAR sheets, the transcriptions did not specify the dose of medicine as required. Failing to state the required dose on a MAR sheet potentially placed the person at risk of receiving the wrong dose.
- In five instances, the signature of the person transcribing had not been added as required of the NICE guidance. These findings were brought to the attention of the team leader and resources manager, who took immediate action to ensure that dosages and signatures were added for those records.

We found no evidence that people had been harmed however, practices were not in place to ensure medicine was safely managed. This placed people at risk of harm. This is a continued breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Assessing risk, safety monitoring and management

- Although there were some in date risk assessments in people's files in their homes, people were not always protected from the risks of harm. For example, not all risk assessments in people's care plans in their homes were up to date. This meant, when providing care, staff did not always have details of actions to take to reduce risks to people who use the service and keep them safe.

- While the registered manager had reviewed and updated risk assessments within the last 10 months, this was not reflected within the people's homes where some risk assessments were dated from 2010 and 2012. Updated versions were available within the office, however, were not accessible to staff.

Not ensuring staff have access to up to date and accurate risk assessment and management plans placed people at risk of harm or injury. This is a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems and processes to safeguard people from the risk of abuse

- Two members of staff confirmed that they had received safeguarding training and were able to state what action they would take in response to witnessing abuse, including contacting the local authority safeguarding team.
- Training records showed all staff had received safeguarding training.

Staffing and recruitment; Preventing and controlling infection

- One new support worker had been employed since the previous inspection. A review of their employment documents showed that appropriate employment checks, including a criminal record check and check to make sure the applicant was not on the list of those barred from working with vulnerable adults, had been obtained.
- The registered manager said there were enough staff employed to meet people's needs.
- One person using the service and two members of staff said there were enough staff to provide the care needed.
- Staff were aware of current and up to date infection control guidance.
- The provider was accessing testing for people using the service and staff in line with government COVID-19 guidelines in place at the time of this inspection.
- The service had a business contingency plan which included COVID-19 in place to meet the support needs of people.

Learning lessons when things go wrong

- Incident and accident reports seen had been fully completed and signed by the reporting staff member, together with details of any action taken. The registered manager stated that staff made her aware of any incidents that had occurred, and any action taken or required.
- During the inspection, we pointed out to the registered manager that the incident forms were not currently signed by them. The registered manager took immediate action to ensure that in future, all incidents were brought to her to ensure that she signed them.
- Weekly audit records showed that incidents and accidents were being reviewed and copies of the audits were sent to the registered manager.

Is the service effective?

Our findings

At the last inspection in September 2019 this key question was rated as requires improvement. We have not changed the rating of this key question as we did not look at all key lines of enquiry in this domain. We only looked to see if the recommendation made at the last inspection was followed.

Staff training

At our last inspection we made a recommendation that the provider seek best practice guidance on delivering training that was appropriate and remained up to date. At this inspection we found the provider had not followed the recommendation.

- The registered manager stated she had plans to use training packages provided by an online company in the future. However, this had not been implemented.
- The provider's training did not include Skills for Care mandatory topics such as nutrition and hydration and oral health.

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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At the last inspection, the registered person had not established an effective system to enable them to ensure compliance with their legal obligations and the regulations. The registered person had not established an effective system to enable them to assess, monitor and improve the quality and safety of the service provided. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of Regulation 17.

- Although there were quality assurance systems in place, they were not effective in checking and ensuring the provider was meeting their legal obligations and the fundamental standards of care.
- The system in place had not identified the repeat breaches in relation to the proper and safe management of medicines or the management of risks.
- The registered manager stated that they were currently resourcing a quality assurance package that they hoped to implement in order to enhance current systems. However, this action had not been taken.
- The registered person failed to maintain an accurate, complete and contemporaneous record in respect of each person using the service. For examples, risk assessment records in people's homes were out of date.

The registered person had not established an effective system to enable them to ensure compliance with their legal obligations and the regulations. The registered person had not established an effective system to enable them to assess, monitor and improve the quality and safety of the service provided. This was a continued breach of Regulation 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

- Other weekly auditing checks had been undertaken which included, finance records, daily logs, health and safety, and incidents and specific care records. Any actions taken in response to findings were recorded on the audit sheets.

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

- The registered manager stated she had joined a 'Registered managers Network' in the Berkshire area in order to share experiences and good practice.
- The registered manager said that weekly keyworker sessions had been introduced. These meetings were to give people using the service an opportunity to comment on their support or raise concerns.
- Staff confirmed that frequent staff meetings were held. One commented "We had one about three weeks ago." They added, "I think communication [with management] is good, its got better." They also commented about the management and staff, "Everybody is so considerate and caring here. Everything is getting better."

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.

- The provider had a policy in place relating to duty of candour and the registered manager understood the importance of transparency when investigating something that went wrong.
- The registered manager was able to detail the action taken following a review of one incident whereby she arranged for a person to be referred to two separate health care services.

Engaging and involving people using the service, the public and staff; Continuous learning and improving care; Working in partnership with others

- Since the last inspection, the registered manager had sent out some satisfaction questionnaires to people using the service. Records of three satisfaction questionnaires completed by people receiving personal care were reviewed. The questionnaires had been sent out in January 2020.
- People were asked to rate the support they were given around the information they received, staff attitude, quality of care, how safe they felt with their carers and how satisfied they were with their care arrangements.
- Results indicated that those completing the questionnaires were happy with the support they received. Where people had made comments needing further exploration, the registered manager stated they had met with the people and taken action in response to their findings. However, there was no record available of those conversations.
- One relative described an issue they brought up with the registered manager about the support the person received. They said "It was dealt with immediately. The feedback was good, and they responded well."
- The registered manager was able to detail when the service has worked in partnership with multiple professionals for one person receiving care.

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:</p> <p>The registered person failed to ensure staff had the information they needed to mitigate any risks to service users.</p> <p>The registered person failed to ensure the proper and safe management of medicines.</p> <p>Regulation 12(2)(a)(b)(g)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>How the regulation was not being met:</p> <p>The registered person had not established an effective system to enable them to ensure compliance with their legal obligations and the regulations.</p> <p>The registered person had not established an effective system to enable them to assess, monitor and improve the quality and safety of the service provided.</p> <p>The registered person had failed to maintain accurate, complete and contemporaneous records in respect of each service user.</p> <p>Regulation 17(1)(2)(a)(b)(c)</p>