

Care-Away Limited

# Care Support Torbay & South Devon Branch

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Care Support Torbay & South Devon Branch provides personal care at an extra care housing scheme which comprises of two sites, Whitley Court in Paignton and Dunboyne Court in Torquay. 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. At the time of this inspection, 50 people were receiving personal care at Whitley Court and 27 people were receiving personal care at Dunboyne Court.

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

People felt safe and comfortable when staff visited them in their home. People were kept safe as potential risks had been assessed and managed.

People's needs were met by staff who had received regular training and support. Staff had the skills and knowledge to meet people's needs effectively. Staff told us they were well supported in their role.

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 treated with kindness, respect and compassion by care staff. People said, "They're just wonderful, I would call them angels" and "Staff are excellent." A health professional described staff as "brilliant".

People were involved in making decisions about their care and supported to maintain their independence. Staff worked with people to put together a care plan that was person centred and achieved their desired outcomes. People enjoyed taking part in social activities, going out in the local community, and spending time with family and friends.

The service was well managed. People said, "I couldn't ask for more", "I'm very happy" and "They're just wonderful". Staff told us they felt listened to and enjoyed working at the service. Quality and monitoring systems were in place to review and improve the service.

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

The last rating for this service was good. We carried out a comprehensive inspection (published 9 August 2017) and a focused inspection (published 15 November 2018) as we were made aware of a number of safeguarding incidents and concerns. At this inspection, we found people were being supported safely and

risks were well managed.

#### Why we inspected

This was a planned inspection based on the date of the last comprehensive inspection.

#### 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.

# Care Support Torbay & South Devon Branch

## **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 bought or 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 the registered manager would be in the office to support the inspection.

Inspection activity started on 6 January 2020 and ended on 7 January 2020. We visited the office location on 6 January 2020. We carried out phone calls to people on 7 January 2020.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. 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.

#### During the inspection

We spoke with 14 people who used the service about their experience of the care provided. We spoke with six members of staff including the registered manager, scheme co-ordinator, team leader and care workers.

We reviewed a range of records. This included five people's care records and medication records. We looked at two 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.

We contacted seven professionals and received feedback from five.

#### After the inspection

We continued to seek clarification from the registered manager to validate evidence found. They sent us minutes of meetings.

# 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 good. At this inspection this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe and comfortable when staff visited them. Comments included "Perfectly safe" and "I feel safe all the time."
- Staff had completed safeguarding adults training. They knew how to report concerns about people's safety. Staff told us they felt confident the registered manager would respond and take appropriate action if they raised any concerns.
- Where incidents had taken place, the management team responded appropriately and worked with the local authority safeguarding team to ensure people were safe. A professional told us they felt the care manager handled a difficult situation with compassion and integrity.

Assessing risk, safety monitoring and management

- Risk assessments had been completed for each person which considered personal care, risk of falls and the environment in which care was to be provided. Records gave staff guidance on how to reduce risks and were up to date.
- Where people had risks associated with health conditions their needs had been identified, assessed and acted on to keep them safe. For example, one person was a diabetic. There was clear guidance of what actions staff should take in relation to high and low blood sugar levels, how the person's blood sugar levels were monitored and what a safe level was.
- Regular checks were carried out to ensure equipment remained safe.
- Personal emergency evacuation plans (PEEPs) provided guidance for staff and the emergency services to safely evacuate the building in the event of an emergency.

Staffing and recruitment

- There were enough staff to complete the planned visits. People told us they received the support they needed and staff were usually on time.
- There was one staff member on duty overnight in each building to respond to emergencies. There was a regular contact system between the two staff members. Senior staff were on call and attended if there was an issue.
- The registered manager reviewed people's contracted support hours and contacted the local authority if they believed people needed additional support or a reduction in hours.
- Staff recruitment practices were safe. Checks such as a disclosure and barring (police) check had been carried out before staff were employed. This made sure they were suitable to work with people.

Using medicines safely

- Most people managed their own medicines. Where staff assisted people with their medicines, this was done safely.
- Staff had clear guidance on people's individual medicines. People received their calls visits at the right time to ensure medicines were given at the correct intervals.
- Senior staff carried out observations of staff administering medicines to ensure safe practice.

#### Preventing and controlling infection

- Systems were in place to prevent and control the risk of infection. Staff had completed infection control training.
- Staff used personal protective equipment to prevent cross infection when assisting people with personal care, for example, gloves and aprons.

#### Learning lessons when things go wrong

- The management team responded appropriately when accidents or incidents occurred and used any incidents as a learning opportunity. Accidents and incidents were regularly reviewed to consider possible trends or themes.



# 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.

At the last inspection this key question was rated as good. At this inspection this key question has remained 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

- The service worked closely with the local authority's commissioning panel to consider the needs of people who may move to the service.
- Care assessments were carried out before people began to use the service. This included information about how people's health and medical conditions may affect them.
- Staff received information on how best to meet each person's needs in line with best practice guidance and people's preferences.
- When people's needs changed, care reviews were carried out.

Staff support: induction, training, skills and experience

- People told us staff knew how to meet their needs and understood their medical conditions.
- Staff told us they had the skills and knowledge to meet people's needs effectively. When asked about the training, staff said, "There's lots of training, that's something I love always progressing" and "It's really good." One staff member told us they had the opportunity to learn about people's medical conditions before meeting them. They said they had a good understanding and felt really well prepared, which reassured people. The registered manager had completed a course in further education. This meant they could provide training for staff as soon as a need was identified.
- Staff had opportunities for regular supervision. Staff told us they were well supported and were encouraged to further develop their skills.

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

- Staff supported some people with eating and drinking. People could choose to eat in their flat or at the onsite restaurant. Staff knew people's food preferences. A staff member told us how they supported one person with making choices in relation to their vegetarian diet.
- Staff knew to contact the office if they had any concerns in relation to eating and drinking.

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

- People were supported to maintain good health and had access to external healthcare support as necessary.
- The service worked with other professionals such as occupational therapists and social workers to ensure people received the care and support they needed. A professional told us the management team were quick to let them know if there was an issue. They said, "They've always been very supportive of every client I've had there." Another professional said face to face communication with staff and management was always

good. However, they felt sometimes information provided during telephone calls and visits was not communicated to staff. A third professional said, "I have always found communication with Whitley to be excellent, whether that is return phone calls and emails in a timely way and seeking to ensure care plans and carer logs are available to me with relevant information to assess an individual's needs."

#### 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 who used the service had capacity to make decisions about their care and support. Care plans were signed by each person and showed they consented to care and treatment.
- Staff had completed training in MCA and understood people's rights.
- People told us staff always asked for consent before delivering personal care.

# 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.

At the last inspection this key question was rated as good. At this inspection this key question has remained 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

- People were treated with kindness, respect and compassion by care staff. People told us they had developed positive, caring relationships with their regular staff. They said, "They're just wonderful, I would call them angels" and "Staff are excellent." A health professional described staff as "brilliant".
- People told us how staff did extra things to support them. For example, one person told us how staff would pop in and check on them between visits, have a chat and make them a cup of tea. Staff told us how they used any spare time to support people. For example, they had moved the furniture around in one person's flat so it was better for them. They spent time with another person sorting their clothes and tidying their wardrobe.
- Staff were available for people when they needed support. For example, one person told us they were worried about a hospital appointment. Staff went with them and talked with them throughout. They said this reassured them and kept them calm.
- When staff referred to people they supported, they spoke with genuine warmth and compassion. One staff member said, "You know everybody and you look forward to seeing their face in the morning. It's the little things you get to do that make their day."
- People had written compliments thanking staff for the care and support they received. Comments included, "You are always there for me no matter how busy you are" and "Thank you for all you do for me."
- People's cultural and spiritual needs were respected. Staff had completed training in equality and diversity. People were able to express their gender preference for staff and told us this was respected.

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

- People were encouraged to express their views. People told us they had met with staff at the start of the service to arrange their care plan and routine.
- People were involved in regular care plan reviews.
- People were given choices during their visits. For example, what they wanted to wear and what they wanted to eat.

Respecting and promoting people's privacy, dignity and independence

- People told us staff respected and promoted their privacy, dignity and independence. Staff knocked on people's doors and waited for them to answer.
- Staff encouraged people to maintain and improve their independence. There was evidence of care being reduced as people gained their independence. For example, one person had all their cupboards lowered so they could get to everything with their wheelchair. At the time of the inspection, staff proudly told us the

person was so much more independent. A health professional told us the person's move into the service had been a huge success and they had truly achieved independence.

- People were supported to maintain and develop relationships with those close to them and staff recognised the importance of family and personal relationships.
- People's personal records were kept secured and confidential. Staff understood the need to respect people's privacy including information held about them in accordance with their human rights.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained 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; 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

- Staff worked with people to put together a care plan that was person centred and achieved their desired outcomes. People's care plans were very detailed. They gave clear information about the support people needed to meet their physical, emotional, and social needs.

A staff member told us "They (people) build their support plan with us. It's about them and giving them the best quality of life." One person commented, "They go through it all, it's about what I want."

- Staff knew people well and told us how they matched people who had similar interests and arranged for them to meet. They commented "We've got so many friendships in here, older people and younger people all mix together." People said, "I love it here" and "We're like a family."

- People who lived at the service had set up their own committee. Monies were raised for events and items for people to use in the communal areas. We spoke with the person who had been involved in setting up the shop which sold small items people might need. They told us the registered manager had given them lots of support to get the shop up and running. They told us enthusiastically how they worked with other people to order supplies, set up the shop, and how much enjoyment the shop brought them.

- Since the previous inspection, the service had raised funds for a memory sharing lounge. Staff told us how much people enjoyed the quizzes, memory sharing, music and having a dance. Additional funds were raised so additional equipment could be purchased for the lounge. For example, one person who had recently moved to the service was interested in exercise and had arranged a wheelchair dancing session. When we spoke with them, they were very excited about this. They planned to donate the monies raised to the memory sharing lounge. A professional commented on the success of the weekly memory café. They said "Enjoyed by all, not just those with cognitive difficulties. Opening up opportunities to reminisce, share memories and laughter whilst forming friendships and sense of community."

- The service had built links with the local community. At a meeting, people showed an interest in children visiting. One person approached the local school and following some joint working, children visited the service every week. People really enjoyed spending time with the children and singing together. The service also had sheltered housing on the same site and one person had volunteered to do arts and crafts with people.

- Most people we spoke with told us they were happy to do their own thing. Lots of people were out in the local community during the inspection. One person told us they could get the bus from outside, straight to the town library. People told us they enjoyed reading and watching television. Another person told us how much fitter they were since moving in as they went for more walks. There was a range of activities at the service including bingo, coffee mornings, and games. People told us how much they enjoyed going to the onsite hairdressing salon. Events also took place at the service. For example, people and staff were keen to

tell us about the recent pantomime. They had made their own props and enjoyed taking part. The service had arranged a trip to a local garden centre where people had enjoyed a cream tea. Staff worked with one person who had not been out in six years and encouraged them to go on the trip. They enjoyed the trip and we saw photos of people smiling.

#### 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.

- People's communication needs were identified, recorded and highlighted in care plans. These needs were shared appropriately with others.
- Several staff had trained in sign language to communicate with and support people who were deaf. Another person would write down what they wanted as this was their preferred way to communicate.

#### Improving care quality in response to complaints or concerns

- People knew how to make a complaint. Each person had a copy of the complaints procedure in their home. People told us they hadn't needed to complain.
- Where complaints had been received, these had been investigated and responded to appropriately.
- People felt confident the registered manager would act to address any concerns.

#### End of life care and support

- No one was receiving end of life care at the time of our inspection.
- Care plans contained information in relation to individual's end of life wishes.

# 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 good. At this inspection this key question has remained 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

- People benefited from a well led service. People told us they were very happy with the service. When we asked one person if the service was well led, they responded "I couldn't ask for more". Other comments included "I'm very happy" and "They're just wonderful".
- Staff told us they felt listened to and enjoyed working at the service. Comments from staff included, "I love it here". When speaking about the registered manager, one staff member said, "(Registered manager's name) has been really, really supportive, she's been great" and "It's a real open door, (Registered Manager) has a really good relationship with us. Always takes the time to check we're ok and supports in any way she can."
- A professional told us how the management team and staff had demonstrated a real passion to develop the 'extra care' model and better support people to stay in their own homes.

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 registered manager was aware of their responsibilities to provide CQC with important information and had done so in a timely way.
- The registered manager understood the duty of candour in respect to being open and honest with people.

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

- People benefited from strong leadership and oversight. The management team knew people who used the service really well and worked alongside staff to deliver care. The management and staff structure provided clear lines of accountability and responsibility.
- We received positive feedback about the registered manager from professionals. One professional told us the registered manager provided strong leadership, brought a wealth of experience, was insightful and highly respected.
- Effective quality monitoring systems were in place to continually review and improve the service. Checks and observations to assess staff competency were carried out regularly. The provider carried out regular audits.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People were involved in the running of the service. People were asked for their views about the service informally, during reviews, and via surveys. People had the opportunity to attend regular meetings with the service and housing provider. This meant people could express their views about what was working well and what could be improved.
- Staff felt able to contribute their thoughts and experiences informally and through regular meetings. Staff were invited to complete surveys to give their feedback. Recent responses were positive.

#### Continuous learning and improving care; Working in partnership with others

- The registered manager was committed to improving care where possible. They kept up-to-date with national developments in the care sector. A professional commented "From my perspective the quality of care, communication, management and partnership working has improved in leaps and bounds over the last three and a half years."
- The registered manager regularly met with the managers from the provider's other services. They also attended the local manager's network meetings with other care professionals to improve information sharing and knowledge.
- The registered manager had developed effective working relationships with other professionals and agencies involved in people's care. For example, a professional told us there had been some issues with moving and handling for one person. The manager had offered to provide support on visits until the issues were resolved. This reassured the person and was helpful for the professional who wasn't able to attend. Another professional told us they had been able to reduce the number of meetings with the service due to their open and transparent manner. They commented "It really does feel as though we have true partnership working with both parties able to explore together opportunities to enhance the service further."