

# ND Care & Support Limited

# Buckfastleigh

## 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

This announced comprehensive inspection took place on 20 August 2018. The service registered with the CQC in September 2017 and this is the first time it has been inspected.

Buckfastleigh is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to older adults. Not everyone using Buckfastleigh received regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. At the time of this inspection 38 people were receiving personal care from the service. People who used the service lived in Buckfastleigh, Totnes, Newton Abbot and the surrounding areas.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.'

The registered manager had started working for the service in April 2018 and was still in the process of making a number of improvements to the monitoring and delivery of the service. In the months prior to our inspection there had been a number of staff changes and the service were in the process of recruiting new staff. A recent external audit had been undertaken and this had raised a number of concerns and areas requiring improvement. At the time of our inspection the new registered manager had implemented a number of changes to improve the service and were still working on a detailed action plan to rectify identified issues.

People and staff spoke highly of the new registered manager. Staff praised the changes that had been made since the new registered manager had started. They made comments which included; "Since (name of registered manager) has been appointed Manager, things have greatly improved."

We found that not all staff had received training in the Mental Capacity Act 2005 and their knowledge and understanding in this area had not been checked. However, we found staff worked hard to ensure people were able to make decisions and people's freedoms were promoted. We made a recommendation for the provider to review their induction package and their mandatory training to include thorough training on the Mental Capacity Act 2005 and a clear method of measuring staff understanding in this area.

People were supported by a caring staff team. People and relatives praised the support staff, the office staff and the management at Buckfastleigh. Comments included, "They are lovely", "Our regular carer is so very friendly" and "They uplift me when they come. I look forward to them coming."

People and staff benefited from a leadership team at Buckfastleigh which valued staff contributions, skills and achievements. This was demonstrated by staff ideas being implemented, staff being awarded

certificates for their good work and an employee of the month programme. This ensured best practice and good work was recognised.

People were protected from risks relating to their health, mobility, medicines, nutrition and behaviours. People's individual risks had been assessed and staff had taken action to seek guidance where required and minimise identified risks. Where accidents and incidents had taken place, these had been reviewed and action had been taken to reduce the risk of reoccurrence. Staff supported people to take their medicines safely where required and as prescribed by their doctor.

People told us staff were almost always on time and had time to meet their needs in the way they wanted. The registered manager worked hard to ensure people had consistent staff teams. This helped people develop trusting and comfortable relationships with staff and increase confidence in having staff in their homes.

Staff knew how to recognise possible signs of abuse which also helped protect people. Staff knew what signs to look out for and the procedures to follow should they need to report concerns. Safeguarding information and contact numbers for the relevant bodies were accessible. Staff told us they felt comfortable raising concerns.

Recruitment procedures were in place to help ensure only people of good character were employed by the home. Staff underwent Disclosure and Barring Service (police record) checks before they started work. Staff had the competencies and information they required in order to meet people's needs. Staff received sufficient training as well as regular supervision and appraisal.

People and their relatives were involved in their care and staff respected people's wishes. People's care plans were personalised and included information about how they liked things to be done. People told us they liked to be independent and staff respected this, offering help when needed. One person told us how they enjoyed going for walks on their own every morning and a member of staff from the service called them each morning to ensure they had returned safely. They said; "(Name of staff member) is amazing. She calls after my morning walk just to check I've got back in safely."

There was open and effective management at the service led by the registered manager and the provider. Staff felt supported and valued. An audit system was in place to monitor the quality of the service people received. Records were clear, well organised and up-to-date. Unannounced checks to observe staff's competency were carried out on a regular basis.

People, their relatives and staff felt able to raise concerns or make a complaint. They were confident their concerns would be taken seriously. People told us they didn't have any complaints. Where complaints had been received they had been managed in line with the company policy.

Further information is in the detailed findings below

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good 

The service was safe.

People were protected from the risk of abuse as staff understood the signs of abuse and how to report concerns.

There were enough competent staff to carry out people's visits and keep them safe.

Risks to people were identified and action had been taken to minimise these risks.

Safe and robust staff recruitment procedures helped to ensure people received their support from suitable staff.

### Is the service effective?

Good 

The service was effective.

People's rights were respected. Although some staff had not completed required training in the Mental Capacity Act 2005, this had not had a clear impact on people receiving support.

The registered manager was in the process of reviewing staff training needs and planning new training to meet the staff and people's needs.

People were supported by staff who sought advice from health care services to ensure their needs were met.

### Is the service caring?

Good 

The service was caring.

People and relatives were positive about the caring nature and attitude of staff who supported them.

People were treated with dignity and respect.

Staff supported people at their own pace and in an individualised way.

Staff knew people, their preferences and histories well.

### **Is the service responsive?**

**Good** ●

The service was responsive.

Staff were responsive to people's individual needs and these were reviewed regularly.

People were involved in developing their care plans and these described the support people needed to manage their day to day health needs.

People's communication needs were met. The service was complying with the Accessible Information Standard (AIS).

People were encouraged to make complaints where appropriate and these were acted on.

### **Is the service well-led?**

**Good** ●

The service was well-led.

The new manager had made improvements. Staff, people and relatives spoke highly of the manager.

There were effective systems in place to assess and monitor the quality and safety of the care provided to people.

Care workers were proud to work for the service and their contribution was recognised through reward schemes.

There was an open culture where people and staff were encouraged to provide feedback which was used to improve the service.

# Buckfastleigh

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider was 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.

This inspection took place on 20 August and was announced. We gave the service 48 hours' notice of the inspection visit to ensure we were able to speak with the registered manager and conduct home visits with people.

This inspection included phone calls and home visits to people who used the service and their relatives. We visited the office location to see the registered manager, speak with staff and review care records, policies and procedures.

One adult social care inspector carried out this inspection. Before the inspection we reviewed the information we held about the service. This included previous contact about the service and notifications we had received. A notification is information about important events which the service is required to send us by law. The provider also 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.

We used a range of different methods to help us understand people's experience of the service. We spoke with eight people who used the service and two relatives in total. We met two people in their own homes along with one relative and spoke with the others over the telephone. We spoke with six care staff and the registered manager.

We saw a range of records relating to people's care and support and looked at five people's care records in detail. We also looked at staff recruitment, training, supervision and appraisal records for three members of care staff and looked at records relating to the management of the service, including quality audits. We also reviewed how the service supported people with their medicines.

## Is the service safe?

### Our findings

Each person we spoke with told us they felt safe when receiving care. People made comments which included; "Oh yes I always feel safe" and "Of course I do (feel safe). They make me feel really comfortable." One person told us how they enjoyed going for walks on their own every morning and a member of staff from the service called them each morning to ensure they had returned safely. They said; "(Name of staff member) is amazing. She calls after my morning walk just to check I've got back in safely." This ensured people were supported to be as independent as possible whilst also managing their safety.

People were protected by staff who knew how to recognise signs of potential abuse. Staff confirmed they knew how to identify and report any concerns. Staff had received training in how to recognise signs of harm or abuse and knew where to access the information if they needed it. Safeguarding information and relevant contact numbers were displayed within the office for them to use if they needed to. We saw evidence staff had reported concerns appropriately when they had been concerned about people and these had been thoroughly investigated and recorded. One member of staff said; "We all report in if we see anything that shouldn't be happening with our clients or our colleagues. We make sure people are as safe as possible."

Recruitment practices at the service ensured that, as far as possible, only suitable staff were employed. Staff files showed the relevant checks had been completed. This included a disclosure and barring service check (police record check). Proof of identity and references were obtained as well as full employment histories, this protected people from the risks associated with employing unsuitable staff.

People who used the service had a variety of needs relating to their mobility, their skin integrity, health conditions, their mental health, their nutrition and hydration. People's needs and abilities had been assessed prior receiving support and risk assessments had been put in place to guide staff on how to protect people. The potential risks to each person's health, safety and welfare had been identified and staff had used specialist guidance to ensure these risks were minimised. For example, where one person had been identified as having a poor food intake this had been reported to the office staff who had in turn reported it to external healthcare professionals. Where guidance had been provided this had been shared with staff to better enable them to support this person and minimise the risks of them becoming malnourished. We did identify a small number of risk assessments which had not been completed although we found staff were aware of people's individual risks and how to manage them. The registered manager told us they would ensure completed risk assessments were created for people to ensure any new staff had access to clear, comprehensive guidance.

There were enough competent staff to carry out people's visits and keep them safe. The management team were able to provide additional cover when needed. People had a regular staff team and spoke highly of the staff who supported them. People received a rota each week so they knew who was visiting them and when the visit would take place. People were able to tell us who was visiting them next and what time this visit would be.

The provider used a mobile monitoring system which staff logged in to and out of during each visit. The

system raised an alert at the office if staff were late arriving or leaving a visit. Staff told us they had enough time at each visit to ensure they delivered care safely. Staff said they usually had enough time to travel between visits. People told us staff arrived on time to their appointments and if not then they were always notified. There were processes in place to audit the visit times in order to investigate any late visits.

There was an on-call telephone number for people and staff to ring when the office was closed. This was manned by members of the leadership team who provided support either over the phone or in person when needed.

Arrangements were in place to deal with foreseeable emergencies. The registered manager had a plan of the action to be taken if events such as severe weather conditions and staff shortages affected the visiting schedule. Visits to people who may be at risk were prioritised. All visits were carried out to people with high dependency needs.

People were supported safely with their medicines and told us they were happy with the support they received. People were able to manage their own medicines if they wanted to and if they had been assessed as safe to do so. All staff were trained in medicines management and regularly had their competencies checked. A member of the leadership team told us they audited people's medicines during regular visits to their homes. They told us they had recently reviewed their medicines procedures and had introduced a new form for staff to complete when people were prescribed antibiotics. This enabled them to better assure themselves people took their prescribed medicines when these did not form part of the usual monthly cycle.

Where accidents and incidents had taken place the registered manager had reviewed these and taken action to ensure the risks of reoccurrence were minimised.

## Is the service effective?

### Our findings

People spoke highly of the care and support they received from staff. Comments made included; "Everything I want doing, they do for me", "They're really helpful" and "I'm looked after very well."

People's relatives were very complimentary about their loved one's care and the competency of the staff. Comments included; "Without exception. They have all been great."

We found that not all staff had received training in the Mental Capacity Act 2005 (MCA). This had not been part of the service's induction package or mandatory training. The registered manager told us they were in the process of reviewing the mandatory training and the staff training matrix. They told us they were going to be undertaking an advanced course in the MCA in the weeks following our inspection and would be organising training for all staff in this area. As of April 2018, the service who outsourced care packages through Buckfastleigh, had been undertaking all new staff inductions. We saw that MCA was part of the topics covered during this induction meaning all staff recruited after April 2018 would have undertaken this training. We spoke with staff about their understanding of the MCA and they told us how they promoted choice and encouraged people to make decisions for themselves.

We recommend the provider review their induction package and their mandatory training to include thorough training on the Mental Capacity Act 2005 and a clear method of measuring staff understanding in this area.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We checked whether the service was working within the principles of the MCA.

Staff supported people to make decisions for themselves and at the time of our inspection no specific decision had been made on someone's behalf. The registered manager was aware that should this be necessary, there were formal processes to follow.

People benefited from effective care because staff had access to training and support to enable them to meet people's needs. Staff told us they were happy with the training they received. Comments included; "I feel I've had enough training. I could ask for more if I wanted. Nobody has needs I can't meet" and "We have induction and up to date training." At the time of our inspection staff undertook a comprehensive induction programme through the outsourcing service. When this was completed they completed a number of shadow shifts with more experienced staff and were monitored to ensure their performance was acceptable prior to working on their own with people. The leadership team undertook regular spot checks to ensure staff were working to the high standard they expected.

Staff were receiving regular supervisions and appraisals. During supervisions staff had the opportunity to sit down in a one to one session with their line manager to talk about their job role and discuss any issues they

had. These sessions were also used as an opportunity for the manager to check staff's knowledge and identify any gaps and training needs.

Staff supported some people with their meals. Staff told us they always offered people a choice of their preferred foods and we observed staff offering a choice of dishes during our home visits. Staff knew to contact the office if people did not eat enough or they had any other concerns in relation to eating.

Most people, or their relatives, who used the service were able to contact healthcare services independently. Staff told us if they had concerns about people's health they would ring the appropriate professional themselves or let the office know. They were confident action would be taken. We saw evidence of occasions when people were not well and staff had supported them to seek advice. For example, one member of staff told us about an occasion when they had identified one person's mental health had deteriorated. They had contacted the person's relatives, the office and mental health professionals in order to provide this person with the most appropriate form of care.

## Is the service caring?

### Our findings

We received positive feedback from everyone we spoke with about the caring nature of staff. People made comments including; "They are lovely", "Our regular carer is so very friendly" and "They uplift me when they come. I look forward to them coming." People's relatives commented; "They're all really nice. They listen and they care."

People were involved in all aspects of their care and support. Staff encouraged people to make choices in as many areas as possible. One person told us how they had chosen what they got support with that day, what they ate for breakfast and what hot drink was made for them.

People told us they had been involved in planning their care and support. People's care plans were personalised and included information about how they would like things to be done. People's independence was promoted and care plans told staff to encourage people to do as much for themselves as possible. People told us staff supported them to be independent and offered them help where they needed it. People's care plans highlighted what they were able to do for themselves and how staff should support and encourage them to maintain these for as long as possible. For example, where people were able to take part in their own personal care, staff were instructed on how to support this.

Staff were highly motivated and were inspired to offer kind and compassionate care. Staff told us the registered manager instilled these values into them and regularly checked they were meeting the standard expected. The registered manager ensured that where staff had provided high quality care which went above and beyond, this was celebrated and shared with the rest of the staff team. Regular spot checks were undertaken whereby management staff would observe staff performance and seek the views of the people receiving care. These checks asked people about the caring nature of the staff and if improvements were required. This ensured staff delivered a consistently high level of kindness and caring. Each month a member of staff was named 'Carer the Month'. This ensured staff felt appreciated, other staff were shown examples of best practice.

One member of staff told us with pride how they had been presented with a certificate for outstanding palliative care. They told us; "I am really passionate about palliative care and they noticed. I got some very nice feedback from some family members so they gave me a certificate and told me I am suited for it and will be the main palliative care person. It makes me really happy." A member of the management team told us; "I wanted (name of carer) to feel supported and encouraged in the good work he did. Families gave brilliant feedback about the care he gave so I wanted him to feel good about himself. Not just from me but from the whole company. I made sure he got a certificate to show we value great care."

People benefited from small, regular staff teams who they had built relationships with over time. Staff told us how much they enjoyed spending time with, and caring for the people they supported. They made comments which included, "I'm happy in my work. I get the chance to meet clients and their families which I enjoy immensely" and "I see regular people. You grow to know them so well you love them."

All staff told us they enjoyed their role and were passionate about achieving the highest quality of care for each person. They told us how the recent change in management had improved the quality of the service being provided and the level of support they received. They made comments including, "I have found ND Care (Buckfastleigh) very good to work for" and "I think we have the makings of a great team going forwards."

Staff worked hard to build strong relationships with people's relatives as well as people receiving care. One member of staff said; "We always keep in touch with people but also with their relatives. For example, even though (person using the service) is in hospital now I am going to go and speak to her son. We build strong relationships with families and need to support them. I always check if families are ok and ask how ex clients are doing. It's important."

## Is the service responsive?

### Our findings

People, their relatives and staff told us they were confident people were receiving the best possible care from Buckfastleigh. People using the service had a variety of needs and required varying levels of support. People had needs relating to their physical health, their mental health and their wellbeing.

People received care that was responsive to their needs and personalised to their preferences. The registered manager told us they matched care staff with the people they supported as much as possible. They told us they regularly reviewed people's care and asked them for their views on the care staff who visited them. This was to ensure people were supported by people they shared interests and personalities with in order to ensure they were comfortable and happy having support staff in their home.

People's needs were assessed before they started using the service and these needs were regularly reviewed. The registered manager and office staff undertook regular visits to people in order to assess their care package and ask them for their views. People confirmed this had taken place and felt confident their support needs were understood and their care plans up to date. Each person's care plan was regularly reviewed and updated to reflect their changing needs.

The registered manager had recently taken on the role and had worked hard at reviewing people's care plans and making them more person-centred.

The provider had introduced an electronic care planning system. Staff could view each person's care plan summary on their phone. The system was secure so that only staff could access this information. This included essential information for staff to know about people's needs and risks to them as well as practical information such as key safe numbers. This meant the service was able to respond rapidly to changes in people's needs. Where concerns were identified, these could be quickly communicated to the office staff and care staff.

Staff told us the system worked well as they had up-to-date information before they visited people. Staff told us they never saw people without having detailed information about them. Comments from staff included, "I get the information I need about people. The coordinators all know people's needs. I have the information I need to care for people safely. Definitely" and "We know most things about them and call up the coordinators before going in if we want to know more about people." Staff knew people well and could tell us about people's specific needs, their histories, interests, how they communicated and the support they required. Staff recorded the care they provided at each visit and we saw these records were detailed and clearly written.

People's communication needs were met. The service was complying with the Accessible Information Standard (AIS). The AIS is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. Each person's initial assessment identified their communication needs, while determining if the service could meet their needs. Each person's support plan contained details of how they communicated

and how staff should communicate with them. Staff demonstrated they knew how best to communicate with people.

People were supported to make as many decisions relating to their care and daily living as possible. They were encouraged to share their views and raise any concerns they had. People told us they felt encouraged to phone the office and always felt listened to. One person told us about a time they had phoned the office in order to ask the staff to make their bed in a slightly different way in the mornings. They told us that all care staff now made their bed the way they wanted. This had enabled this person to have as much control as possible over how their care was delivered and demonstrated how the service listened to people's views and acted on them.

People and their relatives felt able to raise concerns or make a complaint. They were confident their concerns would be listened to and acted on. People had been provided with a copy of the complaints policy and the procedure to follow. People's comments included; "I can always call the office if I want to complain but I have nothing to complain about."

People at the end of their lives were supported to have a comfortable and dignified death. People's preferences and choices were discussed with them and their families, where appropriate. The registered manager and staff told us they had supported people so they could stay in their own homes where this was their wish. The service had recently named a particular staff member to provide regular care to people who were receiving end of life care.

## Is the service well-led?

### Our findings

Prior to our inspection the service had received an audit from the service who outsourced with them and this had identified a large number of issues which needed resolving. The new registered manager had responded to this audit and to ongoing issues with the quality of care being provided by reducing the area the service covered, reviewing all people's care plans, conducting surveys to gain people's views, undertaking checks, audits and making improvements.

The leadership at Buckfastleigh consisted of the registered manager, two care coordinators and a field care supervisor. The new registered manager had started at the service in April 2018. It was clear the new registered manager had had a positive impact on the service provided and on the staff morale. Staff spoke highly of the new registered manager with comments including, "I have seen vast improvements since (name of registered manager) has come in", "Things are getting better and better by the day. She's really good" and "Since (name of registered manager) has been appointed Manager, things have greatly improved."

People benefited from a high standard of care because Buckfastleigh had systems in place to assess, monitor and improve the quality and safety of care provided by the service. Regular checks were undertaken of visit times and duration. Regular checks were also undertaken in relation to people's care plans, risk assessments and records. Where these audits and checks had highlighted areas of improvement, the registered manager had taken action. Records were clear, well organised and up to date.

The culture at the service was caring and focused on ensuring people received person-centred care. Staff told us they were supervised and any poor practice was picked up and discussed. The registered manager told us they ensured their ethos and values were demonstrated by the wider staff team. They told us these related to person centred care and promotion of independence. One staff member said of the registered manager, "She expects a certain level of care. We get spot checks."

The registered manager and the provider had 'open door' policies and encouraged people, relatives and staff to share their views and ideas with them. One member of staff told us how they had suggested creating a new form to record administration of anti-biotics. They told us the registered manager had listened to their idea and had been extremely positive about it and encouraged them to go ahead and implement this. This had ensured the member of staff felt valued and boosted their confidence whilst also working towards improving the service people received.

There was a strong emphasis on continuous improvement and seeking people's views. Regular surveys were sent out to seek people's views and people were regularly visited in their homes by a member of the leadership team. During these home visits people were asked for their views about the care staff, the office staff, the quality of the support they received and asked about any changes they wished to make. This ensured people's views were at the forefront of the work being delivered.

Staff were positive about the support they received from the wider leadership team at the service.

Comments included, "I can call anytime and talk to them about anything" and "(Name of one of the leadership team) is so approachable and helpful. She really listens and helps. She knows everything about every person because she is so caring."

The registered manager was aware of their responsibilities in ensuring the Care Quality Commission (CQC) and other agencies were made aware of incidents, which affected the safety and welfare of people who used the service.