

Devana Care Ltd

Devana Care

Inspection report

Suite 44, Beacontree Court
Gillette Way
Reading
RG2 0BS

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

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement



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 inspection took place on 31 January 2017. This was an announced inspection as Devana Care is a small domiciliary care and supported living service providing support to people in their own homes. Therefore we needed to be sure someone would be at the office to assist with the inspection. At the time of the inspection four people received the regulated activity.

At the time of the inspection a registered manager was in post. 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.

Recruitment procedures were not always robust and the provider did not always have all the required information relating to staff. However, the registered manager took immediate action. Following the inspection they provided us with evidence of the required information and improvements they had made to the recruitment process.

Risks to people's well-being were assessed and guidance provided for staff to minimise risks. However, the management plan for the risks related to moving and positioning one person was not sufficiently detailed to ensure their safety. This was reviewed immediately and an updated management plan made available to staff.

People received support with their medicines when they required it and there was a system in place to manage medicines safely. There were sufficient staff deployed to provide safe and effective support to people.

Staff received training to ensure they had the skills to care for people safely and effectively. They were knowledgeable and showed awareness of how to keep people safe. They understood the policies and procedures used to safeguard people.

People's right to make decisions was protected. People and where appropriate their relatives and other professionals had been involved in making decisions about their care. Staff understood their responsibilities in relation to gaining consent before providing support and care. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible, the policies and systems in the service supported this practice .

People were treated with kindness and compassion. Staff were respectful and people's dignity was protected. People were supported to be as independent as possible.

Staff were kept up to date with information concerning people or changes to their support. Staff contacted health or social care professionals to seek advice when concerns were identified regarding a person's well-

being. People were supported to maintain a balanced diet and have sufficient to eat.

There was an open culture in the service. Staff were comfortable to approach the registered manager for advice and guidance. Staff felt supported, they had regular meetings with their manager and were provided with appropriate training. They said they were listened to and were confident action would be taken promptly to manage any concerns raised.

Regular feedback was obtained from people using the service. The quality of the service was monitored through a system of audits, which were used to make improvements. A complaints policy was available and people were made aware of it. No complaints had been received in the last year.

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 ●

The service was not always safe.

Recruitment procedures were not always followed effectively and information required by law was not held for all staff members.

Risks were assessed and monitored. There were sufficient staff to meet people's support needs.

Staff had received training in safeguarding. They demonstrated a good knowledge of safeguarding procedures and reporting requirements.

People were supported safely with their medicines.

Is the service effective?

Good ●

The service was effective.

People's right to make decisions was protected. Staff understood their responsibilities in relation to gaining consent before providing support and care.

Staff were well supported and had received training in the skills necessary to deliver support to a good standard.

Staff contacted health and social care professionals when necessary to seek advice regarding people's well-being.

Is the service caring?

Good ●

The service was caring.

People received kind and compassionate care from staff who knew them well.

People's right to privacy and dignity was maintained and they were treated with respect.

People were encouraged and supported to be as independent as possible

Is the service responsive?

Good ●

The service was responsive.

People had their needs assessed and were involved in planning their support.

Support plans reflected people's individual and personal preferences as well as their preferred routines.

People were asked to give feedback on the service. They were provided with information on how to make a complaint or raise a concern.

Is the service well-led?

Good ●

The service was well led.

There was a system to assess, monitor and improve the quality and safety of the service.

There was an open culture in the service. Staff found the registered manager approachable and said they took effective action when concerns were raised.

The staff team worked well together supported by the registered manager and operations director.

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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 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.

This inspection took place on 31 January 2017 and was announced. The provider was given notice because the location provides a domiciliary care and supported living service and we needed to be sure that senior staff would be available in the office to assist with the inspection. At the time of the inspection four people were receiving the regulated activity.

The inspection was carried out by one inspector and it is the first inspection of the service since it registered with the Care Quality Commission in February 2015.

Before the inspection we reviewed the information we held about the service. We reviewed the 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 contacted four health and social care professionals and received feedback from two. We contacted the local authority safeguarding team who had no concerns regarding the service.

During the inspection we visited one supported living house and observed staff supporting two people. We spoke with four members of staff including the registered manager, the operations director and two support staff. We were not able to speak with people who use the service as they were either unable to speak with us or unwilling to do so. We looked at records relating to the management of the service, including four people's support plans and associated risk assessments, policies and procedures, four staff files including recruitment records, training records and accident/incident reports.

Is the service safe?

Our findings

The provider did not always follow effective recruitment procedures. We were told that an enhanced disclosure and barring service (DBS) criminal record check was carried out for all applicants. This was to ensure they had no convictions that prevented them from working with vulnerable people. However, in one staff file we saw the provider had accepted a DBS which had been carried out by another provider over a year previously. They had not made any checks to ensure it remained valid. We raised this with the registered manager who took immediate action and following the inspection visit sent us evidence of an enhanced DBS application for the staff member. Furthermore they assured us the staff member never worked alone with people who use the service but they were always in sight of another staff member who had a verified DBS.

The provider did not have all the information required by the regulations for each member of staff. In the four files we reviewed we found employment histories were incomplete and gaps in employment had not been recorded or explored. For example, one person had no employment history from leaving school in approximately 1979 up to 2007. Services are required to seek evidence of satisfactory behaviour in previous employment. Although the provider requested references, they were not always obtained from appropriate sources or verified as accurate. In one file we saw the only reference obtained was from a close friend. This did not provide information on the applicant's behaviour in previous employment. Furthermore, there was no evidence that this information had been sought from another source. In another file a reference had been obtained from a social care employer. However, there was no evidence of its authenticity and the registered manager confirmed they had not verified it. This meant the provider was not operating safe recruitment procedures. However, there had been no impact on people using the service and the registered manager agreed to review the recruitment process. Following the inspection visit they sent us evidence of completed employment histories containing explanations of any gaps in employment.

People's individual risks were assessed. For example, those associated with the safe management of medicines and health conditions such as epilepsy. Other risks related to the home environment were also assessed, for example, the use of household chemicals or electrical equipment. Where necessary the risks were incorporated into the person's care plan and there were guidelines for staff to follow to minimise the identified risks. We noted from one person's file they required support when moving and transferring. However, there was no clear guidance for staff to follow in order to ensure the risks associated with this were managed safely. We raised this with the registered manager who took immediate action to ensure detailed guidance was incorporated into the support plan and staff were made aware. They sent us evidence of the risk management plan following the inspection.

People were protected from the risk of abuse. Staff had received training in safeguarding vulnerable adults and were able to describe different types of abuse and signs that may indicate it was taking place. They were clear on how they would report any concerns and one commented, "I've had the training and there are posters here for us so we know who to call." Staff were aware of the provider's whistleblowing policy. They knew the importance of reporting poor practice and said they would be happy to whistleblow if it was necessary.

There was a system to record accidents and incidents and staff were aware of the reporting processes they needed to follow if either occurred. The registered manager monitored accidents and incidents for trends and sought appropriate professional advice if necessary to reduce their occurrence.

There were sufficient staff to provide safe support. We reviewed the staff duty rotas and saw staffing levels were maintained in accordance with the support required by the people who use the service. When staff were absent due to sickness or leave other members of the team covered their shifts to maintain consistency. This ensured support was provided to people by staff they knew well. Senior staff were available for advice and support. Staff told us they were always able to contact the registered manager or senior staff whenever necessary.

People were supported to manage their medicines safely. The support they required with medicines was assessed and documented in their care plan. Whenever possible, people were supported to be independent in managing their medicines. Staff had received medicines training, they recorded when people had taken their medicine and the medicine administration records we reviewed were completed accurately.

Is the service effective?

Our findings

People received effective support from staff who knew them well. Staff had the knowledge and skills required to carry out the responsibilities of their job role. Staff received induction training when they began work. This included core topics such as health and safety, risk incident reporting and safeguarding vulnerable adults. The registered manager confirmed the care certificate standards (the minimum standards that should be covered as part of induction training of new care workers) were incorporated into their induction training package. As well as new staff undertaking the care certificate, the registered manager told us all staff were completing it. They told us this formed part of their professional development and refreshed their knowledge and skills. In addition, specific training relating to the individual needs of people using the service was provided. For example, epilepsy awareness, mental health awareness and specialised feeding.

New staff worked alongside experienced staff before working independently with people. The registered manager told us this gave the people who used the service an opportunity to get to know new staff and decide if they got on with them. It also enabled the registered manager to assess if the staff member was best suited to working with the person they were going to support.

Staff felt supported, they told us they had regular meetings to discuss their work. They were able to discuss and plan their future development and were encouraged to undertake recognised qualifications relating to health and social care. One said, "We have lots of meetings and they are really supportive, they are brilliant." Staff confirmed spot checks took place and their work was monitored. They told us any issues identified were either spoken about at team meetings if it was a general issue or during supervision if it related to a particular staff member. Staff praised the management team for always being available to support them. One member of staff said, "They will pick the phone up at any time and will always come out to help you if need be."

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.

We checked whether the service was working within the principles of the MCA. People's rights to make their own decisions, were protected. Staff confirmed they had received training in the Mental Capacity Act 2005 (MCA) and they understood their responsibilities. Staff sought people's consent before providing care and support plans identified the support people required to make decisions and stay in control of their lives. For example, one person's support plan stated, "If changes are needed staff will need to ensure I understand what is happening." Support plans also referred to others who could assist people in making decisions such as their reviewing officers, family members and other professionals.

The registered manager had a good understanding of the MCA and their responsibilities to ensure people's

rights to make their own decisions were promoted. They were aware of the legal safeguards within the MCA in regards to depriving people of their liberty. The registered manager was aware that applications must be made to the Court of Protection where people were potentially being deprived of their liberty in their own homes. At the time of the inspection one person had a Court of Protection deprivation of liberty order and the service was meeting the conditions of the order.

People were supported to maintain good health. Staff worked with them to support them in achieving positive outcomes related to their health. For example, people were helped to monitor their diet and eat healthily. When necessary people's nutritional intake was monitored to ensure they had sufficient to eat.

Is the service caring?

Our findings

People benefitted from being supported by staff who were kind and caring. We observed staff approaching people in a caring manner and offering them appropriate support. For example, during our visit one person became anxious. We observed staff provided reassurance and explanation to the person to relieve their anxiety. Staff were very motivated and clearly wanted to make a difference to people's lives. One staff member described how finding activities to enjoy with a person had made a difference to their life and helped them to feel settled.

People were involved in planning and reviewing their support. The registered manager told us this started at the initial meeting when they spent time discussing what outcomes a person wanted to achieve. Reviews were used to assess progress and discuss future outcomes. A social care professional told us the service worked hard to achieve positive outcomes for people and had worked particularly well with a person with complex needs.

People were supported by a consistent team of staff. The registered manager had taken care to match staff with people who have similar interests. For example, one person was supported to attend regular football matches as a season ticket holder. They explained this helped to build trusting relationships which enhanced the support provided for people. Staff knew people well and were fully aware of their preferences about how they liked things done. They knew and understood the importance of people's preferred routines and told us it was essential to know these small details to provide support in, "The best way we can".

People were treated with respect and their privacy and dignity were protected. Staff had received training in respecting people's dignity. They gave examples of how they did this when supporting people. For example, one staff member described how, for safety reasons they needed to be in the bathroom with one person when they were having a bath. They told us in order to protect the person's privacy and dignity they would busy themselves with something in the room so it didn't feel as intrusive for the person. We observed how staff knocked on people's doors and waited to be invited in. They spoke respectfully to people and we observed interactions were very positive. People appeared relaxed and comfortable in the company of the staff members.

People were supported to maintain their independence. Support plans clearly recorded what people were able to do for themselves and gave direction to staff to help ensure they provided support in a way that maintained the person's level of independence.

People's right to confidentiality was protected. Staff received training in maintaining confidentiality and record keeping. People's personal records were kept securely in the service's office or on the computer system, which was only accessible by authorised staff.

Is the service responsive?

Our findings

People had their support needs assessed before they received a service from Devana Care. This helped to ensure the service could provide the appropriate support and to find out about people's personal preferences and needs. This assessment then fed into the person's support plan which detailed how the support was to be provided. Support plans were discussed with each individual and opportunities were provided for them to amend or request changes. People had their support reviewed regularly depending on the complexity of their needs. This was at least annually but for some people reviews were conducted quarterly. The registered manager explained that people were fully involved in the review process and when appropriate professionals were also involved as well as others who had a significant part to play in the person's life.

If people's needs changed this automatically triggered a review. Staff informed us they were always made aware of the latest information relating to people's support needs and their plans were regularly updated. One staff member said, "We use group chat (a messaging service on their mobile phones) to make sure we're all up to date with any important information."

Support staff arrived on time and stayed for the full duration of the support visit. The registered manager informed us there had been no occasions when staff had missed a support visit. We saw that people's support plans provided information for them to use to contact the management team should a support worker not arrive.

The provider had a clear complaints policy which was available in people's support files. People were routinely asked if they were happy and satisfied with the service during review meetings. They were encouraged to feedback on how they were supported by staff and to raise any concerns they may have. Staff were aware of the procedure to follow should anyone raise a concern with them. A social care professional told us staff and managers responded well to any requests they made. There had been no formal complaints made since the service began operating in 2015.

The registered manager and the operations director visited people regularly. The operations director carried out quality checks during the visits made to people and asked for their feedback. In addition, people were encouraged to visit the service's office at least once a month. This again gave opportunities for people to raise any concerns and provide their views on the service. It was clear people's views were valued by the service and when appropriate people had an advocate to ensure their views were represented.

Is the service well-led?

Our findings

There was a registered manager, registered with CQC to manage the service. The registered manager was aware of the legal requirement to notify CQC about significant events that affect the service.

We found an open culture at the service and people benefitted from a staff team who told us they were happy and enjoyed the work. The registered manager encouraged staff to go to her for advice and support whenever they needed to. Staff were happy to do this and one told us, "It's brilliant, I can get advice anytime I need it." Staff praised the leadership they received and said they worked well together, "It's like a big family." Another staff member commented, "We help each other out, we all get on."

Staff had opportunities to say how the service could be improved and raise any concerns they had. They told us they felt listened to and said the registered manager dealt effectively with any issues raised. One commented, "We have approachable employers and we're listened to. We can give our opinions and views anytime." Staff who provided support to people within a supported living house had their own separate team meetings to enable them to focus on the specific service and people's needs. Topics discussed at these meetings included safeguarding people, the quality of the service, people's changing needs and meaningful activities for people.

There was a system in place to assess, monitor and improve the quality and safety of the services provided. The manager had a clear vision of how she wanted to develop the service and make improvements. For example, they had recently developed a quality survey questionnaire which they planned to use to gain insight into people's satisfaction with the service. They were also exploring how technology could assist them in planning and delivering the service to better meet people's needs.

The operations director and registered manager planned events such as service user review dates, staff training, one to one meetings and appraisals. Events were entered onto the staff duty rotas to ensure they were aware of when they were required to attend. One staff member told us, "They let you know when anything is due like training. We are always kept up to date."

Quality monitoring included aspects of the service such as incident recording, care documentation, medicine records and communication records. The operations director conducted these audits and reported on them identifying any discrepancies. Staff told us and we saw records which indicated issues were then discussed at the next team meeting or individually with staff members during one to one meetings. Areas for improvement had been identified from the auditing process. For example, incident reporting required detail of the actions taken to be recorded. A new form had been designed to record these.

Accurate and complete records for each person using the service were kept. They contained details of people's individual needs and preferences and provided guidance for staff. Staff completed daily communication records. Those we reviewed recorded the support provided to people and reflected the care prescribed in their support plan.

