

West Devon & District Care & Support Ltd

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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

West Devon and District Care and Support Limited is a domiciliary care agency which operates in rural West Devon. It provides personal care to people in their own homes. At the time of the inspection, 30 people were receiving a personal care service.

At the last inspection, the service was rated Good overall. At this inspection, we found the service remained Good overall.

Why the service is rated good:

People confirmed that they felt safe with care staff. One person said, "I feel completely safe with them." Staff understood how to safeguard people from abuse. Risk assessments were carried out to enable people to retain their independence and receive care with minimal risk to themselves or others. The service had safe recruitment practices which helped protect people from unsuitable staff. People were supported to receive their medicines safely and as prescribed.

People continued to receive effective care and support from staff. A comprehensive training programme ensured staff had the knowledge and skills to enable them to support people effectively. People confirmed they were always asked for consent before receiving care. Staff were aware of the Mental Capacity Act 2005 and worked within its legal framework.

People continued to praise the agency for providing a very caring service. One person said, "They're always nice and willing and always treat me with respect. I'd give them 20 out of 20."

People and their families confirmed that the service remained outstanding in their responsiveness to individual needs. The agency worked closely with other services to ensure that people's needs and preferences were always met. Health and social care professionals confirmed how flexible the agency was. One professional said, "They always try and accommodate what the client wants... I find them incredibly helpful." There had been one minor complaint since the previous inspection.

The service remained well led. A committed management team worked alongside care staff, leading by example and setting a high standard. They were well respected by staff. The quality of the service was under regular review using a range of effective monitoring systems.

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 remains Good

Is the service effective?

Good ●

The service remains Good

Is the service caring?

Good ●

The service remains Good

Is the service responsive?

Good ●

The service remains Good

Is the service well-led?

Good ●

The service remains Good

West Devon & District Care & Support Limited

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This was a comprehensive inspection. It took place on 12 and 19 July 2017 and both days were announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that there would be staff in the office.

The inspection was carried out by one adult social care inspector. The provider completed a Provider Information Return (PIR) in February 2017. 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 looked at the information in the PIR and also looked at other information we held about the home before the inspection visit.

This included records relating to delivery of care to individual people, including detailed risk assessments, care plans and medication records for three people. We also looked at three staff recruitment folders and a range of quality assurance checks and audits.

During the inspection we spoke with 10 members of staff, either face-to-face or on the telephone. This included the registered manager, the deputy manager, the care coordinator and an administrator. We also spoke with six people who received a service, two health and social care professionals and one relative.

Is the service safe?

Our findings

The service continued to provide safe care to people living in their own homes. All staff confirmed they had undertaken training in how to recognise and report abuse and were confident management would take appropriate action.

People said that they felt completely safe and comfortable with staff. One person said, "They have good knowledge of how to use the equipment I need. They always check my feet are in the right place so I feel very confident... (being assisted to stand) that's the main thing for me."

Effective recruitment systems continued to ensure that new staff were not allowed to start work until the relevant checks and references had been completed. This helped to ensure they were suitable to work with vulnerable people.

The service continued to use a comprehensive system of risk assessments covering specific issues such as moving and handling, falls, weight, allergies, and fluid retention. Information about risk was clearly displayed in each person's folder using a red, amber, green system to identify level of risk for each issue. A comprehensive assessment of each person's home was carried out before people started to receive a service. This helped to identify potential risks and actions staff should take to mitigate them.

Staff confirmed they had training in how to use equipment safely and what to do in the event of a fault. There were clear instructions, including photographs of equipment where required, in people's care folders. Regular spot checks were undertaken by the manager to ensure all equipment in use was safe.

There were sufficient numbers of staff to meet people's needs. Agency staff were not used because members of the management team were fully trained and able to step in to cover shortages caused by sickness or other absence.

Care workers who were responsible for administering medicines received training in how to do this safely. People who required assistance with their medicines confirmed they received them as and when needed. The service continued to use a monitored dosage system when possible in order to reduce risk.

Staff were issued with appropriate protective clothing and equipment to minimise the risk of cross-contamination. People confirmed that this was used in delivering personal care. One person said "They are very careful to wear gloves...they have a cream chart so they know where to put it...they are very, very careful with me."

Is the service effective?

Our findings

The service continued to provide people with effective care and support. The company induction process was cross-referenced with the industry standard Care Certificate and covered all 15 elements.

The registered manager had completed a wall-mounted planner to check that all staff were receiving mandatory training, supervision and regular annual appraisal. Records of staff training, and staff themselves, confirmed that this was happening on a regular basis. One care worker said, "I think (the training) is good... There's always some sort of training going on here." Another care worker staff said, "they focus on making sure you are confident in what you're doing."

We saw evidence in the training room that care workers had received recent training in using appropriate equipment for manual handling. When staff joined the service, the training coordinator completed an assessment of each worker's learning style, undertook an analysis of existing strengths weaknesses and put in place a tailored learning and development plan. This was good practice and meant that staff were better motivated because they had personalised training which suited their preferred approach to learning.

A "Carer of the Month" scheme awarded vouchers to the care worker who received most positive feedback and this improved motivation still further.

The service continued to seek consent to care and treatment in line with legislation. People confirmed they were always asked for consent before receiving care. This was evidenced by signatures from clients on consent forms in their records. Staff were aware of the need to make referrals if they detected deterioration in people's mental health. A three-page assessment flow chart was used where care workers had concerns about a person's fluctuating mental capacity. The agency had raised concerns with the GP about someone who appeared to be losing mental capacity and a crisis meeting had been called where the GP formally reassessed capacity.

People were supported in maintaining a healthy diet. Dietary needs and preferences were clearly listed in each person's care plan, for example, the need for a low salt diet. The agency worked closely with other services to ensure that people's needs and preferences were always met. They were proactive in contacting ancillary health services on behalf of people where required in order to support them to maintain good health. Health care professionals confirmed they were contacted appropriately and in the timely manner.

The service communicated with clients and relatives where they had concerns. The wishes of the person receiving the service were always paramount. For example, a person asked a care worker to cook a food item even though the care worker advised them not to cook it as it had some mould on it. The person insisted so the care worker explained this would be at their own risk. This person was deemed to have capacity. The record showed the staff had observed when the person cooked it themselves and asked them to sign a record to say this was their wish. This respected the person's choice and also left a clear record of the event in case of any ill-effects.

Is the service caring?

Our findings

The service continued to develop and maintain positive caring relationships with people using the service. People said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.

For example, a relative commented, "Carers are always punctual, well-presented, display kindness, courtesy and professionalism at all times. I cannot think of any other agency which would provide such outstanding service." One person said, "I chat with them (care staff) ...I laugh with them every day." Another person said, "they have been absolutely brilliant with me... I like the cheerfulness ...they're easy to talk to and they are reliable." A third person said, "I think the service is absolutely wonderful. They are very respectful of me. If I've got any problems, they'll talk it through with me. I couldn't fault them. I'm perfectly, perfectly happy with them."

Another person gave written feedback to the service which said, "I find your staff very kind and helpful and enjoy seeing them every day".

People were involved in decisions about how they wished their care to be delivered from the initial assessment and at each review. Individual care plans were signed by the person receiving the service. Staff had an awareness of equality and diversity issues and were able to illustrate their knowledge with examples. The registered manager gave an example of care needs for someone with a specific issue being discussed with staff because they had raised a query about how to deliver care. The discussion was held in order to ensure staff knew how to preserve the person's privacy and dignity.

The registered manager would phone people once a week, if they wished to have this contact, to see how they were doing and in this way offered a very person-centred service. People were encouraged to do as much as possible for themselves to maintain a level of competence as long as possible. An example was given of where someone had ceased to use the service because the funding had been withdrawn but the agency maintained a watching eye on them in the community at the person's own request. This demonstrated a commitment to caring.

Is the service responsive?

Our findings

The service continued to be very responsive.

People and staff confirmed that the service was very reliable and flexible. Visits were of an appropriate length for the activities to be undertaken in an unhurried way. One person said "they don't rush me...they know everything about me, (they know) exactly what I need and I couldn't fault them."

Each person had a very detailed care plan that was tailored to meet their individual needs. This was based on an initial thorough assessment in the person's home. Care plans were then reviewed every month with the person. One person said, "At the end of each month they go through it with me... It is very personal to me." The care plan was placed in a folder which also included the daily records. Daily comments were made following each visit which enabled staff doing subsequent visits to understand each person's needs. One member of staff said the level of detail about each person enabled them to really get to know the individual needs. They said, "these folders are really helpful... It also makes our relationship with them easier."

For example, one person had wanted to regain as much independence as possible following a hospital admission. The service helped them to set targets for regaining personal skills such as taking their shower by themselves. Service was recently reduced from seven days a week post hospital down to three days per week. This was seen as great success as this meant the person had improved their independence.

The focus was always maintained on the person receiving the service. One person said "They give you back your dignity." The registered manager explained there was sometimes a tension between what the family wanted and what the person receiving care wanted. They said, "We ask them what they want... Family's ideas are sometimes different." This enabled them to deliver a person-centred service.

Staff were able to get to know people well as the service covered a small rural area. Wherever possible, people were able to express their choice of care worker. This was enabled by the registered manager allocating a pool of three or four care workers to each person using the service, two being the main staff with the other staff supporting people when their usual care workers were sick or on holiday.

A healthcare professional said, "(The service) tends to keep to consistent carers. They (people) get to know the carers and they (people) like that because they (staff) can recognise when people are not having a good day." They continued, "(the service) always tries to accommodate the times the client wants... They rejig their rotas to do that." One family member said, "We like that (team of carers) because you get to know them very well and they get to know you very well." Another person said, "It's better for me that you don't get too many changes. I like it not being too many different people."

The service produced a newsletter for people (and families) which gave people information about the service. It also gave information about important issues such as how to spot symptoms of particular illness or disease. Other useful information for people using the service included the opening hours of the pharmacy during holiday periods. The registered manager said that the aim of the newsletter was to help

foster a sense of community among sometimes isolated people; "We want them to feel part of us and have something to look forward to." This was evidence of an exceptionally responsive service in a rural community where communications can be difficult. People were able to vote on 'Carer of the Month'. They were also encouraged to give feedback or to raise a complaint or concern.

The registered manager made a regular weekly phone call to people using the service to listen to their experiences, concerns and any complaints. Because the registered manager was in weekly contact with most people in this way, she was able to, maintain an exceptionally honest and open approach to handling concerns or complaints. People using the service confirmed that they had found it extremely responsive in handling any concerns. The survey from July 2017 showed that no one in the sample had made a complaint in the previous 12 months. The registered manager said there had been one complaint. This concerned someone missing a lunchtime visit because the member of staff had not been able to pick up a message due to lack of mobile phone signal.

Each person using the service has a 'query form' in their folder which was used to inform management of minor changes. For example if they wanted to increase the number of visits or would prefer to use a certain type of soap or cream. This was a good way of ensuring that the service was responsive to people's needs.

Is the service well-led?

Our findings

The service continued to be well led. 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 a clear vision for the service and promoted a person-centred, open culture. Members of the management team often worked alongside care staff. The registered manager said "I feel we work as a team... managers go on training too." Members of staff were very positive about the management of the service. One person said, "It's a really good company to work for. We've got good values, we are caring and management always follow things up...they always get straight onto it." Another care worker said, "I feel really comfortable asking questions. I normally speak to (name of manager)... I could go to her with anything... She's lovely." This was confirmed by a different member of staff who said, "I feel they communicate with us really well. It really is an open door policy here, you can just come in here when you need to talk "

The registered manager had set clear objectives for the service; one of which was to encourage people to maintain their independence as long as possible. Objectives were set with each person, with outcomes to achieve, which were monitored by the service. Many staff commented on how promptly management responded to any issues raised. Managers led by example by working alongside care staff and modelling good practice.

The service continued to use a range of quality assurance mechanisms to ensure delivery of high-quality care. The registered manager regularly looked at ways to improve service delivery. One new development was to keep a folder of blank replacement forms in each member of staff's car so that documentation could be maintained up to date.

Another new system was used by the administrative assistant in the office. A record was kept of all incoming calls which could then be used as to track a potential decline in a person's condition.

Regular unannounced "spot checks" were also undertaken by members of the management team.

The registered manager was a member of several local networks and was held in high esteem by health and social care professionals. A questionnaire had been sent to people using the service and their families in July 2017 when 92% said they were completely satisfied with the service. This was based on a 30% response rate. A staff survey had been undertaken at the same time and received an 87% response rate.