

Circle Of Care (Devon) Limited

Circle of Care Office

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?

Outstanding ☆

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Circle of Care Office is a domiciliary care agency providing personal care to people in their own homes. At the time of our inspection there were 59 people who received a service. Not everyone who used the service received personal care. At the time of the inspection there were 40 people receiving 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.

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

People were supported by extremely kind and caring staff who respected their privacy and dignity. They received a person-centred service from staff who knew them well and were passionate about delivering good quality care. There were many examples where the service went above and beyond to achieve an outstanding quality of life for people in their own homes.

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.

Governance systems were comprehensive and regular audits were in place. Issues were identified and addressed promptly.

Staff had a good knowledge of people and any risks to their health and wellbeing. Risk assessments were sufficiently detailed and ensured people were safe.

People received all their planned care calls in a timely manner. The provider was actively recruiting and promoting careers in care in the community, and recruitment procedures were in place. People felt safe with the staff that supported them and safeguarding procedures were in place.

Systems were in place to reduce the risk of the spread of infection. Accidents and incidents were monitored, and reflective practice occurred to reduce the risk of occurrence and ensure lessons were learnt.

Staff received good induction and comprehensive training. Staff felt well supported and valued and received supervisions and spot checks to support them in their roles.

Where appropriate people were supported with their health care needs and their fluid and nutritional intake. There was good communication between health professional, staff, relatives and people.

People and staff were positive about the support they received from the management team. This led to good care been delivered and good staff morale.

Rating at last inspection

This service was registered with us on 20 April 2021 and this is the first inspection. The last rating for the service at the previous premises was Good, published on 25 April 2018.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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?

Outstanding ☆

The service was exceptionally 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.

Circle of Care Office

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 Health and Social Care Act 2008.

Inspection team

The inspection was carried out by one inspector. An Expert by Experience made telephone calls to people and their relatives. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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. There was a registered manager in post.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used all this information to plan our inspection.

During the inspection

We spoke with one person receiving a service and six relatives on the telephone about their experience of the care provided by Circle of Care. We visited one person in their own home. We spoke with seven members of staff including the provider and registered manager. We reviewed a range of records. This included four people's care records, four medication records, three staff files and a variety of records relating to the management of the service, including policies and procedures.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at policies and audits and additional evidence to support the inspection. We received further feedback via email from one staff member.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- Staff had knowledge of risks to people. There were clear risk assessments easily accessible to staff to ensure people were safe. Relatives and people told us, "[Staff] are very good, very helpful. They help me to be balanced before I walk with my stick", "I feel [person's name] is totally safe in their care. There haven't really been any problems. It has just been a huge adjustment to her accepting care. Everything is evolving. The whole thing is a process of understanding what needs doing. It is a live situation" and "[Staff] are brilliant, very helpful, good communication, always. We feel very safe with them".
- Environmental risk assessments for premises were carried out to ensure any environmental risks were reduced.
- The provider had a business contingency plan which provided guidance in the event of any risk situations for example, COVID-19 infections and staffing shortages.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse and felt the service was safe.
- Staff were confident in the process to identify, report and escalate any suspected abuse.
- The service had a safeguarding policy in place and the management were aware of the process to follow.

Staffing and recruitment

- Recruitment checks were carried out to ensure staff were of suitable character.
- The provider had systems, such as, call monitoring and regular staff checks in place to alert them to any late or missed calls. Staff responded promptly to any alerts sent to the office. The management team ensured all calls were covered and no calls had been missed. Office staff could monitor staff logging in and out of visits in real time.
- All staff in the office were trained to carry out care. They knew people well and often assisted and supported care workers out in the community.

Using medicines safely

- People received their medicines as prescribed. A computer system ensured people received their medicines safely and alerted staff to late or missed medicines so they could follow up with the care workers in the community. For example, when people declined medicines or were in hospital.
- Staff received medicines training and competency assessments to ensure they were competent to administer medication safely. One relative said, "They [staff] do the medications for [person's name], they do everything. They are well trained."

Preventing and controlling infection

- Measures were in place to reduce the risk of spread of infection. Staff wore PPE in line with government guidelines.
- The management carried out competency checks to ensure staff were following infection prevention control procedures.
- Risk assessments and procedures were in place in relation to the COVID-19 pandemic.

Learning lessons when things go wrong

- Reviews of accidents and incidents were carried out by the registered manager, this included reflective practice and lessons learnt.

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.

This is the first inspection for this newly registered service. This key question has been rated 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

- Pre assessments had been carried out before the provider started providing care. These used an electronic system which enabled office staff to ensure the visits could be accommodated and organised them using a map to ensure effective allocations for staff.
- People and their relatives told us they were involved in their assessments and care plans. One relative said, "They [staff] are really good. They understand Mum. They have good communication."

Staff support: induction, training, skills and experience

- Staff received comprehensive training to ensure they knew how to support people effectively. Staff were positive about the training they received. One staff member told us; "When an emergency happened, I felt confident and able to assist."
- People and relatives told us staff had the correct skills and knowledge. One relative told us, "They [staff] communicate well and keep in touch. They ask for my guidance about [person's name]'s care and they give care when she will accept it (person lived with a mental health condition). Staff keep in touch with me and are adaptable to [person's name]'s changing needs."
- Staff completed shadowing with more experienced staff and The Care Certificate as part of their induction. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- Staff received supervision and management carried out spot checks to support them in their roles. One staff member said, ". I always feel very backed up by the office staff especially when an emergency is happening, they are all very supportive and professional."

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

- People received support with their nutrition and fluid intake when appropriate. Care plans were detailed about how staff should support people in line with their likes and dislikes.
- People and relatives were happy with the support they received with their food. Feedback included "Circle of Care go above and beyond." For example, there was an online private communication group where relatives and people could contact staff if they chose to join. A relative told us, "I put on the group that Mum had run out of milk and a carer bought some in for her, and some bread."

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

- People and relatives were happy with the support provided. Comments included, "Staff are adaptable to

my needs. My care plan is adjusted as is needed. Staff help me to choose what I am doing. Sometimes I get sore legs, so they call the doctor or nurse if they need to. They apply cream when it is prescribed for me" and "Staff keep me informed and the carers pick up any problems really well and let me know straight away if they have called the doctor or anyone else to help. This is what I need to be sure she is ok. They recognise that communication is the key to everything."

- People and relatives spoke about how well the staff knew people saying, "Circle of Care are adaptable to peoples' needs. Since [person's name]'s stroke his mood has been a bit erratic at times and staff are amazingly good at reading his moods and are supportive of his needs." Staff knowledge about peoples' needs was good and this included the registered manager and provider who were very 'hands on'.

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 MCA 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.

- The registered manager had knowledge of the MCA and was aware of the need for decisions to be made in a person's best interest if they were unable to make those decisions for themselves.
- Staff gained consent before providing people with care. Relatives and people told us how people were never rushed and how staff were gentle in persuading and promoting peoples' independence. One relative said, "Staff take time to chat with [person's name]. They are good at persuading Mum to do things like personal care, which she doesn't like doing."

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.

This is the first inspection for this newly registered service. This key question has been rated Outstanding. This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

Ensuring people are well treated and supported; respecting equality and diversity

- People's equality, diversity and human rights were respected. The service's vision and values centred around the people they supported. The organisation's statement of purpose and service user guide documented a philosophy of maximising people's life choices, encouraging independence and people having a sense of worth and value. Our inspection found that the organisation's philosophy was embedded in Circle of Care. For example, people were constantly encouraged to lead rich and meaningful lives within their own homes and community.
- People and relatives spoke of how the service went above and beyond when delivering care. For example, every year Circle of Care deliver Christmas celebration hampers to all people living alone, delivering 29 hampers last year. The registered manager said, "I love doing it, we pack crackers and party hats and involve family if they pop in." Over Christmas all staff wore Christmas outfits to 'bring as much joy and happiness as we can'.
- One person told us how amazing care workers had been in spending time with them when they were lonely. They said staff didn't just do their care, they really cared about them as friends, helped them organise household jobs and were interested in their lives. This person had received support from a care worker who had sadly passed away. Circle of Care staff had supported them with good communication and helped them make a memorial in their home which the person showed us. This meant people had strong bonds with Circle of Care staff. All said how they were treated with kindness and respect by staff.
- People and relatives told us how kind and compassionate staff were. They said, "All the staff love [person's name] and they have a giggle with him. He always jumps when they apply his deodorant and it always makes them and him laugh." Other relatives commented, "It is mostly the same carers that tend to come, male and female. I don't have a preference because they're all good. They're very friendly and caring. They arrive on time" and "I don't think it [the care] could be better. I cannot think of how it could be better".
- Staff and the management really cared about people. They recognised when people may need additional support and organised this. The registered manager said, "I love my job. I worry about everyone. As long as we all try our best and do what we can, that's all that matters." The registered manager also said they tried everything to accommodate care for people and often had new relatives visiting the office who were desperate for agency support for their loved ones. Relatives said, "There was a time I needed some extra care and it was sorted out for the next day. They are so good".
- Staff prided themselves in knowing people and their families really well. One staff member said, "It really helps when all the office team know everyone. They can speak to health professionals confidently. Staff even know what people like on their shopping lists; we often pick up something off duty as we know people like it."

- Staff and the management team showed they genuinely cared about people. This included ensuring excellent end of life care in a person-centred way. To celebrate a person's life recently, the staff team had held a beautiful memorial on the beach with balloons, the person's favourite music and speeches. This enabled staff to feel supported through the bereavement after a long period of intensive end of life care. They had made dream catchers for the person to help with their bad dreams, which helped them sleep and following the person's passing, these were on a memorial wall in the office. All staff spoke of the positive impact and inspiration this person had been to them. The provider said, "Staff know what an impact they have on peoples' lives and how important their work is. We all teach each other and are here for a chat."
- Staff often undertook charity events to raise funds for charities related to the people they supported. For example, the registered manager had completed a sky dive and told us they had focussed on achieving their goal by thinking of the person. They said, "It was really intense support for this person, but we enabled them to die at home, so it was all worth it."
- Staff spoke highly of each other and management. One staff member said, "[Registered manager's name] has shown me what a caring manager is, welcoming and passionate. I have never felt so much part of a team." Another staff member told us, "The manager lives and breathes Circle of Care. The beauty of the work is that we all feel like family, including who we care for."
- Circle of Care also supported people in a holistic way, observing when families required additional support. When supporting a person through the end of their life they recognised that a family member with mental health needs required additional support. Working with the local authority, when the person passed away staff supported the family member, assisting with funeral arrangements and managing the property. Support was slowly reduced. The person said they could not have gone through the bereavement without Circle of Care. The registered manager said, "[Person's name] still gets upset but says they have a bigger family now, the Circle of Care family."

Respecting and promoting people's privacy, dignity and independence

- Staff understood the importance of promoting people's independence. This was part of the ethos of the service, so people could live at home for as long as possible. For example, one person was reluctant to accept support. To gain the person's trust staff talked about the person's love of gardening which they could no longer do. The person allowed staff to tidy up their overgrown garden to reveal the person's prized rose beds and then felt able to allow them to help them with personal care.
- One person suffered with debilitating anxiety and was unable to leave their house. Staff worked closely with them, starting with sitting at the front door chatting, then moving to the gate over time. The registered manager told us how one day the person had said, "OK let's go" and staff took her round the block to see an old friend. Staff held her hand as they met the friend with everyone laughing and crying with joy, now able to share a drink together. The person said, "You [Circle of Care] were right, no-one made a comment or looked or stared. I feel completely different." Staff were clearly proud of the difference they could make to peoples' quality of life.
- Another person with little family support had a severe road accident. Circle of Care were called at 3am and supported the person in the ambulance to hospital one hour away, packing their belongings and informing hospital staff of their needs. Staff continued to visit the person in hospital or on the phone to reassure them. They also arranged with the local authority to adapt premises in the registered managers' garden so they could be discharged to a suitable home whilst recovering. The person was supported to regain their independence and rehabilitate so they are now home again.
- People's privacy and dignity were respected. This included ensuring doors and curtains were closed and been respectful during personal care tasks.
- Records were stored securely to ensure confidentiality was maintained.

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

- People and their relatives told us they were fully involved in making decisions about their care. One person was becoming unsafe living on their own, regularly walking into other neighbours' houses confused, but they really wanted to remain independent in their home. The staff met with the social worker and agreed to constant care during the day which the person accepted. The registered manager told us since doing this they had seen the person become so happy. They loved the company, were sleeping well, eating well and putting on weight. Circle of Care had the cooker re-connected and now took the person on outings to the local donkey sanctuary, garden centres and out for lunch. Circle of Care had also thanked the neighbours for their support by organising a dinner party with them all. Neighbours felt they had their old friend back and now knew they were safe.
- People told us they were involved in their care plans and knew what was in them. There was a function to enable relatives to access care notes so they could be reassured especially if they lived some distance away. Staff and people receiving a service also received monthly newsletters. There were also notes written each week on peoples' rotas giving them information about local businesses they may require such as a gardener or handy man.
- Where people had had to make a decision about moving to a care home, Circle of Care staff helped them look in the local area. The registered manager said, "It's important they make the right decision for them. We help them visit a home and make sure it's a good one." One staff member had taken in a person's dog due to the move and enabled the person to still have a relationship with their beloved dog.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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

- People received person centred care from staff who knew them well. Electronic care plans were detailed and easily accessible in the community.
- People were involved in their pre assessments and care plans to ensure care was delivered in a way which they wanted. One person told us, "I know all about my care plan and the staff know what I like."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Staff were aware of people's communication needs and these were recorded. This included what actions to take to encourage people to do things for themselves and how to ensure people were comfortable with accepting care.

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

- People were supported with social activities and events. One relative said, "One staff member takes [person's name] out for a while every week. They really know how to help her. They are responsive to her particular needs. The carers often offer useful advice to me to help care for her which is useful."

Improving care quality in response to complaints or concerns

- People and relatives were aware of how to complain and felt confident to do so. The registered manager said relatives often popped in the office on the high street and staff tried to assist in any way they could. The office was a bright, welcoming space with a pet tortoise and fish. People and relatives said, "I know the managers and they communicate well. It is definitely well managed. I cannot think of any improvements to make; I am perfectly happy with the service they provide", "If I had concerns, I would contact the office. They are easy to contact directly" and "I don't think I can suggest any improvements. If I did have a complaint, I would talk to the managers first; but I've never had to talk to them. We have a care plan which is updated regularly."
- The provider had a complaints policy in place and the registered manager was aware of the procedures to follow in the event of a complaint.

End of life care and support

- Nobody was receiving end of life care at the time of inspection. The provider had received previous compliments of the support given to enable a person to stay at home at the end of their life. Circle of Care told us how they worked closely, meeting weekly, with the local hospice team which involved becoming trained in specialist medicine administration. The service worked hard to enable people to die at home if that was their wish.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Governance systems were in place to identify areas for improvement.
- There was additional office support to monitor governance and audits. For example, office staff had completed responsive audits to monitor how computer alerts were responded to and how person-centred care was provided. Call monitoring was very thorough and ensured areas with reduced phone signal were known and that staff had completed visits.
- Audits of person-centred care records had resulted in additional staff training and improved record keeping in a more person-centred way.
- We received positive feedback about the management team. Feedback from people and relatives included; "It is the best move I have made for [person's name]'s benefit. Circle of Care are a good company and I will always blow their trumpet. I would always recommend them" and "It is definitely well managed. I cannot think of any improvements to make; I am perfectly happy with the service they provide."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Satisfaction surveys had been carried out with clear action plans to address any issues such as timing of visits or particular care staff.
- There were regular staff meetings. All staff spoke about how Circle of Care promoted good team working. Staff enjoyed getting together and praised the support they received. The registered manager and office staff said how important it was to value the staff. They ensured that messages of encouragement and praise were sent to staff all the time.
- The service had received compliments about the support given to people, the caring nature of staff and the approachability of the management and office team.
- The provider worked in partnership with health and social care professionals to ensure people received the support they required.
- Circle of Care worked closely with the local authority, promoted the 'Love Care' recruitment to care careers initiative and encouraged openness with other agencies in the town through an online group.

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

- People and their relatives were positive about the support given by the service.
- Staff were well supported by the management team which led to good staff morale. Staff enjoyed talking

about how proud they felt when people were receiving the support they needed, celebrated peoples' achievements and championed promoting a career in the care industry. Feedback from staff included "I love working for Circle of Care as I feel as a company, they invest their time in the people themselves, it's not all about the paperwork. They genuinely care and go above and beyond in ensuring clients are safe, happy and well. I wouldn't want to work anywhere else."

- The registered manager and provider were very proud of their staff team and praised how staff had 'stepped up' during the pandemic. Staff were rewarded with wine, chocolates and monetary bonuses. They were appreciated for going above and beyond and told us examples of where individual staff had done particularly well in their work, grown and delivered excellent care.

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 understood they're responsibilities under duty of candour to inform people if and when things go wrong. They promoted an open culture where any issue could be discussed.