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# De Vere Care - Southend on Sea

## Inspection report

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### Ratings

#### Overall rating for this service

Requires improvement



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?

Requires improvement



### Overall summary

This inspection took place on 17 and 22 December 2014.

De Vere Care – Southend on Sea provides personal care and support to adults in their own homes in the Southend on Sea area.

The registered manager left the service in July 2014. It was managed by an interim manager until October 2014 when a new manager was appointed. 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 new manager has not yet applied to be registered.

At our last inspection on 17 and 18 September 2014, we asked the provider to take action to make improvements to people’s care and welfare, medicines management,

# Summary of findings

recruitment, staff support and training and quality assurance. They promptly sent us an action plan and have worked towards completing all of the actions in the plan.

During this inspection we looked to see if improvements had been made. The new manager had made improvements to all areas of concern but some improvements, such as for medicines management and quality assurance were still on-going.

People told us that they had not experienced as many late and missed calls as they had in the past. They said that this was an improvement.

People told us that their care workers treated them respectfully. They said that they were listened to and that they gave them the time they needed when providing them with care and support.

Risks to people's health and safety had been identified and there were plans in place to manage them. The care plans met people's needs and preferences and provided them with good support with eating and drinking and maintaining their health.

Care workers had received induction, training and supervision and they told us that the new manager was very supportive.

The new manager had put in place a system for checking the quality of the service. Further improvements were needed to ensure that people consistently received a safe and well-led service.

# Summary of findings

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

We always ask the following five questions of services.

### Is the service safe?

The service is not always safe and requires some improvements.

Safeguarding procedures were good and staff had received training and had a good knowledge of how to recognise and report abuse.

Medication practice had improved but still requires further improvement to keep people safe.

**Requires improvement**



### Is the service effective?

The service is effective.

There was a good induction process, staff were supported and they had received supervision and training relevant to their role.

People had sufficient food and drinks to meet their needs.

People were supported to maintain good health and had access to appropriate services.

**Good**



### Is the service caring?

The service is caring.

Care workers were polite, kind, caring and respectful.

Care workers listened to people and explained anything they were not sure about.

**Good**



### Is the service responsive?

The service is responsive

People's needs were assessed and their care and support plans had been reviewed and updated to reflect their changing needs.

Care workers had responded quickly when people's needs changed, which ensured their individual health care needs were met.

**Good**



### Is the service well-led?

The service was not consistently well led.

There is a manager in post but they have not yet applied to be registered with the Care Quality Commission.

Improvements had been made and are on-going. The manager had put systems in place to identify, address and learn from risks but further improvements are needed.

**Requires improvement**



# De Vere Care - Southend on Sea

## 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 inspection took place on 17 and 22 December 2014 and was unannounced.

The inspection team consisted of one inspector on 17 December 2014 and two inspectors on 22 December 2014.

We looked at notifications received by the Care Quality Commission (CQC). A notification is information about important events which the service is required to send us by law. We also looked at safeguarding concerns reported to CQC. This is where one or more person's health, wellbeing or human rights may not have been properly protected and they may have suffered harm, abuse or neglect.

We spoke with seven people who used the service, eight care staff, the manager and the area manager. We looked at records in relation to seven people's care, staff recruitment and support records and the systems in place for monitoring the quality of the service.

# Is the service safe?

## Our findings

At our last inspection in September 2014 we had concerns about Regulation 13 medicines management and Regulation 21 staff recruitment. The provider promptly sent us an action plan and had worked towards completing all of the actions in the plan.

At this inspection we found that although there had been improvements to the way people were supported with their medicines we still had some concerns about how the service recorded people's given medicines.

The medication administration record (MAR) sheets were clear and easy to read. The MAR showed the dose, strength and route of medicines had been included. The medication policy had been reviewed and updated and provided care workers with clear instructions. Most of the current staff team had received medication training and more extensive training to improve their medication practices was planned.

People told us that they were happy with the way their care worker supported them with their medicines. One person said, "The care workers remind me to take it. They sign the sheet after they give it to me." Another person said, "I get my own medication from the chemist and the care worker signs the record when I have taken it."

However, when we visited five people in their homes and looked at their MAR sheets we found that for three people their MAR sheets had not been fully completed. There were unexplained gaps and the codes that should have been used to explain the gaps had not been used correctly. This could mean that people may not have received their medication safely. After a discussion with the manager they immediately took action and carried out medication checks to ensure people's safety.

Recruitment procedures had improved. The employment application form had been reviewed and it now requested all of the relevant information. We saw that staff personnel files contained fully completed application forms, evidence of exploring any gaps in employment history, two written

references, disclosure and barring checks and proof of identity. Staff had not delivered care until all of the checks had been carried out. This meant that people were supported by staff that were deemed fit to work with them.

Although there had been improvements in staffing, we found that these had not always been consistent or sustained. Most people told us that staffing at the weekends had improved. One person told us, "Staffing improves for a little while but then it seems to go down again. They seem to take time off sick at short notice. Only this morning one of them was sick so I had to wait for my care as I need two people to support me with the hoist. They sent the monitoring officer to help the other care worker." This meant that people had to wait longer than necessary because of staffing problems.

The manager told us that two new weekend posts had been created to alleviate the weekend staffing problems. They said that they had advertised for two on call staff to work at busier times during weekends but unfortunately interest in the posts had not been good. Although there had been improvements in staffing, more improvements were necessary to meet people's individual needs and to keep them safe.

People were positive about how safe they felt. They told us that they always felt safe when their care worker visited them in their homes. One person said, "I feel safe with my care workers, they are all nice, kind caring people." Staff who we spoke with had a good knowledge of how to recognise abuse and how to report it. Safeguarding issues had been dealt with appropriately and staff had received safeguarding adults' training in their induction to the service.

The risks to people's health and safety had been identified and managed well. People told us that they had been supported to manage risks such as for the use of hoists, pressure area care and activities in the local community. We saw that risk assessments had been revised to address people's changing needs. For example one person had a decline in their pressure care needs and their risk assessment had been reviewed. There were clear instructions for care workers to follow to keep people safe.

# Is the service effective?

## Our findings

At our last inspection in September 2014 we had concerns about Regulation 23 staff training and support. The provider promptly sent us an action plan and had worked towards completing all of the actions in the plan.

At this inspection we found that improvements had been made to both training and staff supervision. Staff told us that they had received formal supervision recently and they said that the new manager supported them well. Staff had received training in medication, moving and handling and safeguarding people.

The induction process was good. People told us that they felt that staff knew what they were doing. Their comments included, “Nice care workers, they all seem to know what to do and were very good at it.” “The care workers seem to be doing a lot more training recently. They have had to rearrange things for me because of this.” We saw several prospective employees taking part in the new induction programme during our inspection visit on 22 December 2014 and the staff we spoke with thought their induction was very good. Staff told us that they had attended three days of training before working with people. They then shadowed an experienced member of staff who knew the people really well before working alone with them. The manager said that more in-depth distance learning courses such as for dementia, equality and diversity, medication and end of life care would be offered to staff when they had completed their probationary period.

People had been asked for their consent in line with legislation and guidance. They told us that their care workers always asked them for their consent before providing their care. They said that they or their relative had agreed and signed their care planning documents. The manager and the monitoring officer had received training in the Mental Capacity Act (MCA) 2005. The manager told us that all staff would receive this training in 2015. They said that none of the people currently using the service had required an assessment under the Act because they either had capacity or had families authorised to represent them.

People were supported to eat and drink enough to maintain a balanced diet. The level of support people needed with food and drink varied. People told us that the meals prepared by staff were tasty and nutritious. Some people needed light snacks and drinks prepared by their care worker. People said that these were freshly prepared and left safely for them to consume when they wanted them.

People were supported to maintain good health. They told us how their care workers had supported them when they had been unwell. For example one person said, “I was feeling ill and my care worker called my GP and arranged for them to visit me.” Another person said, “The girls (care workers) are quick to help me get any support I need such as helping me to arrange health appointments.” This meant that care workers were quick to respond to people’s changing healthcare needs.

# Is the service caring?

## Our findings

People received a service from kind and caring staff. They told us that their care workers had time for them and treated them well. Staff we spoke with were knowledgeable about people's diverse care needs and preferences.

People told us that their care workers listened to what they had to say and respected their differences. We heard care workers talking with people and they did so in a kind and caring manner. They spoke to people respectfully and showed kindness and compassion. People experienced a service that met their individual needs.

People had been able to express their views and be actively involved in their care and support. One person told us, "I make my views known and have phoned the office if in doubt about anything." Another person said, "The office staff explain anything I am not sure about and they give me any information I need, when I need it."

People's preferences and personal histories had been recorded in a document entitled, "How I Like My Care." It detailed family and friend's involvement and outlined people's wishes and preferences and informed care workers of what to do and of what not to do to support the person with their day to day care needs.

People told us that their care workers encouraged them to remain as independent as possible. They said that their care workers supported them in a dignified manner. One person said, "All of my care workers are very good, they are always polite and give me the time I need to do things, because I am a little slow now." This meant that people experienced care that empowered them to retain their independence for as long as possible.

# Is the service responsive?

## Our findings

At our last inspection in September 2014 we had concerns about Regulation 9, people's care and welfare. The provider promptly sent us an action plan and had worked towards completing all of the actions in the plan.

At this inspection we found that improvements had been made to the care planning system. People told us that senior staff had carried out their assessment of needs and that they had been fully involved in planning their care. One person said, "My care plan meets my needs at the moment and they regularly check if it needs changing." Another person said, "I decide what help I need when the care worker visits. It is all in my care plan and they make any changes to it when they need to. I am happy with my care plan." Care workers who we spoke with told us that the care plans informed them of what they had to do but that they always asked people if they needed anything else before they left.

The service was responsive to people's changing needs and had clearly documented any actions they had taken. One person told us that they had been suffering with a chesty cold and that as soon as their care worker noticed they had not been well, they had phoned their GP and requested a home visit. This was detailed in their daily notes to ensure that the next care worker followed up any required actions. People received personalised care that was responsive to their needs.

People's experiences, concerns and complaints were listened to and acted upon. People told us that they knew how to make a complaint. They said that if they had any concerns they would either tell their care worker or phone the office and speak with the manager. The complaints records showed that complaints had been dealt with appropriately. People experienced a quick response to their complaints and the service learned from them and made adjustments accordingly.



# Is the service well-led?

## Our findings

At our last inspection in September 2014 we had concerns about Regulation 10, assessing and monitoring the service. The provider promptly sent us an action plan and had worked towards completing all of the actions in the plan.

At this inspection we found that improvements had been made. A new manager was in post and they had made improvements to the systems and processes that were in place.

An internal audit of the service's systems and processes had taken place on 16 December 2014. Outstanding actions from the previous audit (dated 18 November 2014) had been noted and showed the expected date for completion.

The December audit had identified issues requiring improvement such as for staff training and supervision. Other areas checked at the audit included missed visits, punctuality of visit times, complaints, safeguarding and incident/accident records. There were clear dates set for actions to be taken to achieve improvements.

Staff told us that they had participated in meetings and that the manager was open to suggestions and ideas of how to improve the service and they said that the manager was, "Firm but fair."

The manager told us that they had not yet applied to be registered with the Care Quality Commission. They said that they had started work for the service in October 2014 and that they intended to apply for their registration as soon as their probationary period had been completed and their appointment was confirmed.

People were complimentary about the manager. They told us that they had received a questionnaire recently asking for their views about the service they had received. They said that the service had improved and that their care workers were all helpful, kind and very nice. One person had highlighted an issue about call times and the manager had spoken to them directly to rectify the issue. The person said that they were happy with the outcome. Staff who we spoke with said that the new manager was brilliant. One staff member said, "We talk regularly to review the progress of the service improvement plan." Another staff member said, "There is a good on-call system for out of hours so that I can get advice and support when I need it."