

Devon Home Care Limited

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Inspection report

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12 September 2016
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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

Devon Home Care Limited provides care and support to mostly older people, who live in their own homes. The services provided include personal care and domestic work for people living in Newton Abbot, Teignmouth, Dawlish and the surrounding areas.

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

We visited the office on 8 September 2016. We carried out phone calls to people and their relatives on 9 and 12 September 2016. We carried out home visits on 12 and 13 September 2016. At the time of this announced inspection 63 people were receiving personal care from the service. The service met all of our regulations at the previous inspection in April 2014.

People were happy with the staff who visited them. Comments included "I get on well with all of them"; "Some staff go above and beyond, they'd do anything for you"; "I can't speak highly enough of them" and "They're lovely".

Staff spoke about the people they cared for with compassion and concern. People told us staff were respectful and polite. We saw staff and people interact in a friendly way. People were pleased to see the staff. The staff knew people well and chatted with them with warmth. Staff checked if they could do anything else for people before leaving.

People told us they felt safe and comfortable when staff were in their home and when they received care. People told us "I feel completely safe" and "I feel comfortable". Staff knew how to recognise signs of potential abuse and understood how to report any concerns in line with the service's safeguarding policy. Safe staff recruitment procedures were in place. This helped reduce the risk of the provider employing a person who may be a risk to vulnerable people. People told us staff knew how to meet their needs. Comments included "They know how I like things to be done" and "They're very observant and know when I'm not well". Staff told us they were happy with the training they received. Staff told us they felt well supported and had regular opportunities to discuss their work.

Care plans were developed with each person. They described the support the person needed to manage their day to day health. Staff knew people's preferences and offered choices. They responded to people's requests and met their needs appropriately.

People told us staff were usually on time and had time to meet their needs in the way they wanted. People were provided with visit record so they knew which staff would be visiting them. Staff told us they tried to ring people with any changes, and the majority of people confirmed this happened.

Risk assessments had been undertaken for each person. These included information about action to be taken to minimise the chance of harm occurring to people. We saw risk assessments had been carried out in relation to mobility, epilepsy, medication, and skin care. Risk assessments relating to each person's home environment had been completed.

People were supported safely with their medicines and told us they were happy with the support they received. Staff completed medication administration record (MAR) sheets after giving people their medicines. The MAR sheets were audited to ensure people had received their medicines as prescribed to promote good health.

The service sought regular feedback. People told us they were asked for feedback over the phone, during visits and through questionnaires. People and their relatives felt able to raise concerns or make a complaint. They were confident their concerns would be taken seriously. People told us they didn't have any complaints. Comments included "No problems at all" and "They couldn't improve anything". Where complaints had been received they had been managed in line with the company policy. One person told us when there had been an issue in the past it had been dealt with promptly.

People told us the management were approachable and they were happy with the service. Comments included "I can speak to any of them" and "It's all going really well". Staff told us there was open culture. Staff said "You can come in and discuss things at any time" and "They're really welcoming, you can talk to any of them".

The registered manager was keen to develop and improve the service. They kept up-to-date with best practice and met up with other care providers to share good practice. Records were clear, well organised and up-to-date. An audit system was in place to monitor the quality of the service. Unannounced checks to observe staff's competency were carried out on a regular basis.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People were protected from the risk of abuse through the provision of policies, procedures and staff training.

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

Medicines were managed safely.

Is the service effective?

Good ●

The service was effective.

The service ensured that people received effective care that met their needs and wishes.

Staff were provided with effective training and support to ensure they had the necessary skills and knowledge to meet people's needs.

People were supported with their health and dietary needs.

Is the service caring?

Good ●

The service was caring.

People needs were met by staff with a caring and warm attitude.

People who used the service valued the relationships they had with care workers and expressed satisfaction with the care they received.

Is the service responsive?

Good ●

The service was responsive.

Care plans were developed with the person. They described the support the person needed to manage their day to day health needs.

Staff responded to people's requests and met their needs appropriately. The service was flexible and responded to changes in people's needs.

People were encouraged to give their views and raise concerns and complaints if the need arose.

Is the service well-led?

The service was well-led.

There was an open culture. The management team were approachable.

Records were clear and well organised.

An audit system was in place to monitor the quality of the service and make further improvements.

Good ●

Devon Home Care 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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection visit took place over the 8, 9, 12 and 13 September 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we wanted to make sure staff were available to speak with us. We made telephone calls to people and carried out visits to people in their own homes.

One social care inspector carried out this inspection. On the first day of our visit, 63 people were using the service. We used a range of different methods to help us understand people's experience. We spoke with nine people and three relatives on the phone. We spoke with two people and one relative during the two home visits we carried out. We spoke with seven staff and the registered manager. We looked at five care plans, medication records, three staff files, audits, policies and records relating to the management of the service.

Is the service safe?

Our findings

People and their relatives told us they felt safe when staff were in their home and when they received care. People told us "I feel completely safe" and "I feel comfortable". Some people had a key safe installed outside of their homes. This meant staff were able to access people's homes when they were unable to open their doors. People told us staff were careful to ensure their homes were secured on leaving.

Staff had completed training in safeguarding adults. Staff had a good understanding of safeguarding and knew how to recognise signs of potential abuse. They knew how to report any concerns in line with the service's safeguarding policy. Staff told us they felt confident the provider would respond and take appropriate action if they raised concerns. Staff also knew how to raise concerns outside of the service. One staff member told us they had raised concerns about one person and confirmed appropriate action was taken.

Risk assessments had been undertaken for each person. These included information about action to be taken to minimise the chance of harm occurring to people. We saw risk assessments had been carried out in relation to mobility, nutrition, epilepsy, medication, and skin care. Risk assessments contained enough information so that staff knew how to care for people safely. For example, the risk assessment relating to epilepsy gave staff detailed information on what to do if one person had a seizure. Risk assessments relating to each person's home environment had been completed.

People were supported safely with their medicines and told us they were happy with the support they received. Staff completed medication administration record (MAR) sheets after giving people their medicines. We saw that MAR sheets were fully completed. The MAR sheets were audited regularly to ensure people had received their medicines as prescribed to promote good health. Staff had completed medicines training. They carried blank MAR sheets so they could update the records if people's medicines had changed.

Recruitment practices were safe. The staff files included evidence that pre-employment checks had been made including written references, satisfactory police checks (Disclosure and Barring Service clearance (DBS)), health screening and evidence of their identity had also been obtained. New staff told us references and a DBS check had been completed before they started to work in the community. This helped reduce the risk of the provider employing a person who may be a risk to people.

The service had enough staff to carry out people's visits and keep them safe. People received a visit record each week so they knew which staff would be going out to them and when the visit would take place. Staff told us they had enough time at each visit to ensure they delivered care safely.

The service kept a record of any missed visits. We saw that all of these visits had been cancelled by the person as they did not need the care. This meant the service had carried out all visits as agreed.

There was an on call telephone number for people and staff to ring in the event of an emergency out of

office hours. The on call system was managed by senior staff and management.

The service had arrangements in place to deal with foreseeable emergencies. For example, there was a plan in place so that staff knew what action to take in events such as fire, flood, severe weather conditions, and loss of power. This included a list of emergency contact telephone numbers. The provider had a system in place to ensure visits to vulnerable people were prioritised.

Staff were provided with gloves and aprons and they told us these were freely available from the office. Records showed staff were provided with infection control training to ensure they followed good infection control principles.

Is the service effective?

Our findings

People told us staff knew how to meet their needs. People said "They know how I like things to be done" and "They're very observant and know when I'm not well".

New staff completed induction training before going out to visit people. The service had introduced the care certificate. All staff were completing the certificate. This certificate is an identified set of standards that care workers use in their daily work to enable them to provide compassionate, safe and high quality care and support. New staff worked alongside experienced staff to observe how people had their care delivered. Staff commented that the registered manager and senior staff were available to them, "They're always on the end of the phone" and "I can talk to any of them".

Experienced staff told us they were happy with the training they received. Staff told us they had completed training which was up-to-date in areas relating to care practice, people's needs, and health and safety. We saw that staff training certificates were kept in their individual files. All the staff we spoke with told us they felt well supported. Staff had regular supervisions with the registered manager to discuss their work. Appraisals were carried out to discuss staff's skills and plan their future development. Staff were encouraged to develop their skills and knowledge by completing diplomas in health and social care. Unannounced spot checks were carried out to observe the staff member's work practice.

Some people who used the service were living with dementia. We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA). The 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. The registered manager and staff had completed training in the MCA. They had a good understanding of the principles of the MCA.

At the time of our inspection, one person lacked capacity, and a relative held power of attorney for health and welfare. This meant they could make decisions in relation to their loved one's care. Other people had capacity to make decisions relating to their care. Staff told us they would inform the office if there were any changes in a person's ability to make decisions. People told us staff gained consent from people before carrying out personal care and respected people's choices.

Most people who used the service were able to contact healthcare services independently. Staff told us if they had concerns about people's health they would let the office know. They were confident action would be taken. Staff told us if someone was unwell during the visit and they needed to call the emergency services, they were able to stay with the person until the paramedics arrived.

Staff supported some people with their meals. We saw staff offer one person a choice of foods. Staff knew to contact the office if people did not eat enough or they had any other concerns in relation to eating.

Is the service caring?

Our findings

People were happy with the staff who visited them. Comments included "I get on well with all of them"; "Some staff go above and beyond, they'd do anything for you"; "I can't speak highly enough of them" and "They're lovely".

Staff spoke about the people they cared for with compassion and concern. Staff told us they enjoyed getting to know people and enjoyed chatting with them. People told us "We sit and have a chat" and "It's nice to have someone to talk to". People told us staff were respectful and polite. We saw staff and people interact in a friendly way. People were pleased to see the staff. We saw that staff used people's preferred name. The staff knew people well and chatted with them with warmth. We heard a staff member chatting with a person who was living with dementia. They talked with them about the person's life and their family. Staff explained what they were doing throughout the visit and regularly checked the person was alright. People told us and we saw staff asked if there was anything else they could do for people before leaving.

Staff found ways to communicate with people in a way they understood. For example, one person's care plan contained information on how they communicated their wishes. Staff knew the person and how to communicate with them. We saw staff supporting the person to make choices throughout their visit.

People told us staff respected their privacy and dignity. They said staff always attended to them kindly and discreetly. Staff completed training to help ensure they understood how to respect people's privacy, dignity and rights. During our home visits, staff were careful to protect people's privacy and they respected their wishes. Staff were calm, patient and attentive to people's needs.

People told us their independence was respected and they were involved in making decisions about their care. Care plans contained information about what people could do for themselves. We observed staff respected this during our home visits. Staff were aware that people could sometimes feel anxious or distressed. One staff member gave us an example of how they put music on to cheer one person up.

The service had received compliments from people and their relatives thanking them for their care, kindness and compassion. One relative had commented "Some of your ladies went way above and beyond what was expected of them".

Is the service responsive?

Our findings

People's needs were assessed and care plans were developed with the person. They described the support the person needed to manage their day to day care and health needs. Staff told us they would read the care plan before going out to a new person and confirmed each person had a care plan in their home. Staff knew people well and were able to tell us how they supported people.

During our home visits, we saw staff followed each person's care plan. They responded to people's requests, met their needs appropriately, and knew how they liked things to be done.

The service was flexible and responsive to changes in people's needs. For example, one person was having alterations to their bathroom. Staff quickly found a way to ensure they could carry out the person's care in private. The person and their relative were very happy with the support they received.

People told us staff were usually on time and had time to meet their needs in the way they wanted. Staff told us they rang people if staff were going to be late, and the majority of people confirmed this happened.

Staff were aware that some people may be at risk of social isolation. They told us some people didn't have family and might not see anyone other than their care staff. They said they always had a chat with people and would spend a bit of extra time with people if it was needed.

People and their relatives felt able to raise concerns or make a complaint. They were confident their concerns would be taken seriously. People had a copy of the service's complaints policy in their care plan file. This provided information on how to make a complaint. People told us they didn't have any complaints. Comments included "No problems at all" and "They couldn't improve anything". Where complaints had been received they had been managed in line with the company policy. One person told us when there had been an issue in the past it had been dealt with promptly.

The service sought regular feedback. People told us they were asked for feedback over the phone, during visits and through questionnaires. A survey had been carried out in March 2016. The service received 62 completed questionnaires. The responses were mostly positive and there were no suggestions for improvement.

Is the service well-led?

Our findings

People told us they were happy with the service and the management were approachable. Comments included "I can speak to any of them" and "It's all going really well".

The registered manager had completed a National Vocational Qualification (NVQ) in Management and an assessor's qualification. The senior care staff had completed a Level 5 Diploma in Leadership and Management. This showed the management team was keen to develop their knowledge and improve the service.

Staff knew their roles and responsibilities. The team included the registered manager, director, senior care staff, and an administrator who all had specific roles in the service. Comments from staff included "We have a good team" and "I love what I do".

Staff told us there was open culture. Staff said "You can come in and discuss things at any time" and "They're really welcoming, you can talk to any of them". Regular staff meetings were held to discuss updates and training.

Staff told us they felt valued by the management team. Several staff told us they were excited about the provider's new scheme which supported staff to lease and drive a new car. Staff commented "They're always there for me when I need them" and "They've helped me when things have happened in my personal life". An open afternoon was held every Wednesday. Staff were welcomed into the office for a coffee and a chat with the registered manager, senior, administrator and other care staff. This also gave staff the opportunity to discuss any issues.

The registered manager was keen to develop and improve the service. They kept up-to-date with best practice by accessing professional websites. They met up with other care providers to share good practice.

Records were clear, well organised and up to date. An audit system was in place to monitor the quality of the service people received. Records were checked when they were brought back from people's homes to ensure they had been completed properly. Care plans and staff files were checked to ensure they were complete and up-to-date. Unannounced checks to observe staff's competency were carried out on a regular basis.

The registered manager had notified the Care Quality Commission of events which had occurred in line with their legal responsibilities.