

De Vere Care Partnership Ltd

De Vere Care Partnership - Southend On Sea

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

About the service

De Vere Care Partnership - Southend on Sea is a domiciliary care agency providing personal care to people in their own homes. At the time of the inspection there were 86 people receiving care.

Not everyone who used the service received 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 and relatives told us they felt safe with the staff. Although some people commented on the changes in the management team, they all said they were confident to raise complaints or concerns to the registered manager if required. Most people and relatives spoken with knew the name of the registered manager and told us they had visited them.

Care plans reflected person-centred care and identified people's needs and wishes. Risk assessments were comprehensive providing staff with clear guidance on how to mitigate risks.

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.

Staff spoke compassionately about their role and the people they cared for. People told us they were happy with the care they received, and staff were polite. Most people told us staff normally arrive on time and they have never had a missed call. When staff are going to be late, people are contacted to let them know.

Safe staff recruitment processes were followed. The necessary checks were made when new people commenced employment. Staff wore uniform and photographic identification badges.

Staff followed an induction programme and received training both online and practical face to face training. Staff told us the training was comprehensive and people said staff were competent.

The service did not have anyone receiving end of life care at the time of inspection. The registered manager had plans for staff to undertake training in end of life care and had recently developed a guidance policy.

Staff followed infection prevention and control procedures and were aware of donning and doffing of personal protective equipment (PPE). People confirmed staff wore PPE and disposed of it correctly. Staff were kept up to date with government guidelines in respect of the pandemic to ensure their practice was current.

Medicines were administered safely, and medicine administration records showed risk assessments had been conducted and people received their medicines as prescribed. The service had a staff member dedicated to medicines management. They conducted audits and had oversight of staff performance observations and training to ensure they were competent.

The registered manager spoke positively about the service and their plans for improvements. They were aware that due to the pandemic, staff were not always allocated the same people to visit. The registered manager recognised the importance of continuity of care and told us their plans were for people to receive care from the same staff group.

The management team conducted regular audits and provided oversight of staff through spot checks, supervisions and appraisals. People and relatives' views were monitored through telephone calls, surveys and visits by the management team.

The service worked closely with the wider professional support network including the GP, social workers and occupational therapist. The registered manager was aware of local services and would signpost people as additional support was required.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 12 April 2019 and this is the first inspection.

The last rating for the service under the previous provider was Good (published on 31 January 2019).

Why we inspected

The inspection was prompted in part due to concerns received about the management of the service. There had been several changes in registered manager and office management. A decision was made for us to inspect and examine any risks.

We reviewed the information we held about the service. We are satisfied the management is stable under the leadership of the current registered manager.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for De Vere Care Partnership – Southend on Sea on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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?

Good 

The service was 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.

De Vere Care Partnership - Southend On Sea

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 Care Act 2014.

Inspection team

The inspection team consisted of two inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. One inspector visited the service location. To support the inspection, one inspector reviewed records and contacted those using the service and those who were working with the service, to gain their view of the care provided.

Service and service type

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

The service had a manager registered with the Care Quality Commission. 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.

Notice of inspection

We gave the service a short notice period 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. Inspection activity started on 28 January 2021 and ended on 24 February 2021. We visited the office location on 04 February 2021.

What we did before the inspection

Prior to the inspection, we reviewed the information we held about the service. The provider was not asked to complete a provider information return prior to this inspection as this process had been suspended due to the pandemic. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with five people who used the service and eight relatives about their experience of the care provided. We spoke with eleven members of staff including the registered manager, monitoring officer, medication officer and care workers.

We reviewed a range of records. This included six people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

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 for this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us they felt safe with the staff who visited. They said that if they had any concerns they would report to the office.
- Staff had received training in adult safeguarding and were confident that if they reported an allegation of abuse it would be dealt with appropriately.
- There were policies and procedures for safeguarding and whistle blowing which provided clear guidance.
- The registered manager had raised safeguarding referrals appropriately in the past and investigations had followed correct procedures.

Assessing risk, safety monitoring and management

- Risk assessments were comprehensive and provided staff with clear guidance on how to mitigate risks. Risks were assessed for each aspect of care and the environment.
- Systems were in place to monitor safety. Where support equipment was required such as hoists or wheelchairs, care plans detailed safe procedures for staff to follow.
- The registered manager and monitoring officer undertook spot checks to ensure staff were following correct procedures.
- Audits were undertaken on risk assessments and they were reviewed and updated to ensure they met people's current needs.

Staffing and recruitment

- The service had enough staff to meet the needs of the people they were providing care for. There had been a slight impact on staffing levels earlier in the pandemic due to some staff self-isolating, but the registered manager ensured every commissioned call had been completed. Some people told us staff arrived later than planned but staff never missed calls and stayed for the allocated time.
- Safe staff recruitment processes were followed. Staff files contained the necessary documents required including references and Disclosure and Barring System (DBS) checks.

Using medicines safely

- The service employed a medication officer who had oversight of the medicine procedure. This included ensuring orders were placed, people received their medicines from the chemist and people took their medicines as prescribed.
- Medicines audits are undertaken monthly. The service had a system in place to review the medicine administration records (MAR). If there were any signature gaps in administration, the medication officer would cross reference to assess which staff member had omitted to sign. This was then followed up.
- Staff received training in medicine administration from an external training provider. Staff were required to

pass an observed competency check. On-going observations were conducted to ensure continued competency.

- The medicine policy was comprehensive and provided staff with clear guidance.
- Medicine risk assessments were in place and identified how people liked to take their medicine and what support was required. No one was receiving covert medicine.

Preventing and controlling infection

- The service was following government guidelines in respect of the pandemic. Staff were notified of any changes to ensure they were working against the latest guidance.
- Staff had received training in infection prevention and control as well as donning and doffing of personal protective equipment (PPE).
- Staff told us they had enough PPE and were provided with the correct equipment to undertake their work safely. One staff told us, "We have bags of PPE. The registered manager [name] always makes sure we have enough."
- People confirmed staff always wore PPE and they told us, "Yes, gloves, masks, everything and they also use that sanitizer" and "They take their PPE off and dispose of in a bag when they go."
- Staff were regularly tested for COVID-19 virus infection. The registered manager had applied for staff to receive the vaccination against the coronavirus.

Learning lessons when things go wrong

- There had been several management and office staff changes which had been unsettling for the staff. The registered manager had taken note of when things had gone wrong in the past. Lessons learned were shared with the staff to continually improve care and service management.

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

- On receipt of the care package from the commissioners, the registered manager or monitoring officer carried out an initial assessment of the person's individual needs. Personal information was gathered to create a person-centred care plan.
- Risk assessments were undertaken to ensure staff had guidelines to follow to ensure people's needs were managed safely in line with standards and legislation.
- Where possible, people were offered a gender choice in respect of staff attending to their needs. One person told us, "I prefer female staff which they usually are." Another said, "I have different staff and often have a male but I'm okay with them all."
- People and relatives were involved in the care planning. People told us, "Of course, yes, it was all discussed, staff always write in the folder" and "The staff always fill in the folders every day and write up the MAR sheets. I often go through the folders to check what's been written down."

Staff support: induction, training, skills and experience

- Staff received an induction programme of both online and face-to-face training. They undertook practical training through shadowing experienced staff until they were confident. They were assessed as competent at the end of their training.
- Staff completed the Care Certificate. The Care Certificate is an identified minimum set of standards that sets out the knowledge and skills expected of specific job roles in health and social care.
- Refresher training of mandatory subjects such as moving and handling and safeguarding was provided to staff including any current topics such as information on COVID-19 pandemic.
- Staff received supervisions, competency observation and spot checks by the registered manager.
- People told us staff were skilled. One person told us, "Oh spot-on (skilled), yes. I'm unsure about how much training they get but I do know they have to wait with clients until an ambulance arrives." Another said, "Yes, they are well-trained."

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

- People were assessed for their nutrition and hydration needs. Risk assessments were in place to mitigate risks of dehydration and malnourishment.
- Risk assessments were in place to guide staff about how people took their diet, highlighting risks associated with eating and drinking.
- Staff assisted with shopping and preparing food where required.
- Staff had received training in food hygiene and nutrition and hydration. Staff told us they were aware of people who required monitoring of food and drink intake which was recorded on the food and fluid charts.

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

- People were supported to access healthcare facilities and relevant professionals. Care plans identified contact details of primary care professionals such as the GP and social worker to enable staff to call if required.
- The service worked closely with other professionals and made referrals for support and advise where necessary, for example the occupational therapist. People told us they were confident the registered manager would arrange for any assistance.
- Staff told us they were confident to call the emergency services if required. One person told us, "I'm sure they would call a doctor or a paramedic if there was a need." One relative told us, "They [staff] had to help when (relative name) had a fall they knew exactly what to do and stayed until the ambulance arrived."

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 Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

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 and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The service was working within the principles of the MCA and mental capacity assessments which formed part of the care plan. The registered manager had referred one person to the Court of Protection.
- People were assessed for their mental capacity during the initial assessment which then provided consideration when risk assessments were completed.
- Care plans identified a person's mental capacity was assessed for certain aspects of care such as medicine administration. Guidance was seen in one person's care plan instructing staff to observe for any deterioration in mental capacity.

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 Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- Staff spoke with compassion when describing their role. They told us, "It's the little things that count when caring for people, make every visit count" and "We are here for the benefit of the people we care for."
- People we spoke to were generally positive about the care they received. One person told us "They [staff] are all gentle, patient and kind. I have great confidence in them." Another said, "They [staff] are always polite and respectful." A relative said, "Yes, the staff have the right attitude, respectful."
- Most of the people and relatives told us staff arrived on time and stayed for the duration of the planned visit. There were some comments about lack of continuity of staff and visit times. One person said, "There are often different staff" and "We don't worry who comes as long as they know what they are doing" whilst another said, "I pretty much have the same staff." There were no missed calls.
- Relatives told us they were involved in their relative's planning of care and had access to the care plan which was held at the person's home.

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

- People's views on likes and dislikes was captured in the care plan. Risk assessments had been put in place when required to support people to access decisions safely.
- People were involved in their plan of care.
- At each visit people were offered choice and asked if they required any further assistance. One person told us, "Yes they leave things tidy and check if I want a cup of tea before they leave."

Respecting and promoting people's privacy, dignity and independence

- Care plans identified how to promote a person's independence. One staff member said, "I have had to learn to stand back and let them [people] try. I encourage independence but reassure them that I am always there."
- People and relatives told us that staff treated them with dignity. One person said, "They're respectful and polite."
- Staff told us the importance of treating people with dignity and promoting independence.

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; 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

- Care plans were person-centred. Information was obtained in relation to the person's social history which included their conversation topics, hobbies and interests and their normal daily routine. The pandemic had effected activity access and some daily routines.
- Where support was required, it was documented clearly in the care plan, for example if the person required assistance with mobility or exercises.
- People were offered choice at every visit.
- Care plans identified people's values, faith beliefs and cultural background.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Care plans identify any communication needs a person may have. Vision and hearing ability was documented and guidance in relation to the wearing of glasses or hearing aids.
- Some people using the service required additional assistance such as pictures on flash cards to enable choice to be made.
- White boards were used by staff to record diary notes for some people as a memory aid.

Improving care quality in response to complaints or concerns

- The service had a complaints policy and procedure in place.
- The complaints log identified that complaints had been taken seriously, investigated and actioned with lessons learned.
- People were given the Service User Guide which had information about the service and how to make a complaint. People told us they were confident to raise a complaint.

End of life care and support

- The service was not supporting anyone with end of life care at the time of inspection.
- Some staff had received training on end of life care. The registered manager had arranged for staff to undertake end of life training online.
- The registered manager told us the provision of end of life care was an area they were developing and had recently prepared a guidance document for staff.

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.

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

- Care records were person-centred and risk assessments were completed and reviewed regularly. People told us they were given choice and staff who attended were respectful and promoted their independence.
- The registered manager visited people in their home which provided them with an opportunity to speak directly to management and express any concerns.
- The registered manager undertook spot checks to observe staff performance which was part of staff supervision and identified any training needs that may be required.
- We spoke with the registered manager about comments made by some people regarding lack of continuity of staff. Many visits were delivered by the same staff although this had not always been possible during the pandemic. The registered manager told us this was an area they were focused on to improve and planned for staff to be allocated to the same people to provide continuity of 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; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There was a management structure in place and the registered manager told us they received support from the provider.
- The registered manager was clear about their role and understood duty of candour and their legal responsibility. They spoke positively and enthusiastically about the service. They were aware of the challenges they faced and had already made improvements to the management of the service. They were confident they would continue to enhance the service provided.
- The service worked closely with the local authority in respect of safeguarding referrals to ensure any future risks were mitigated. A record of safeguarding referrals was seen, and investigations had been completed.
- The registered manager forwarded statutory notifications to the Care Quality Commission in a timely manner when required.
- There were audits in place to enable monitoring of the service.
- Staff told us the registered manager was approachable and they were confident to raise any concerns or ideas and said they would be listened to. One staff member said, "I am confident with [name] management, they always go above and beyond."
- Staff spoke with compassion when describing their role and understood the importance of maintaining the expected standards of care.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics. Continuous learning and improving care. Working in partnership with others

- The registered manager was open and honest when explaining how they were working towards improving different areas of service management.
- The service worked closely with other professionals and made referrals for support and advice such as to the occupational therapist and social worker.
- Views of people and relatives were gathered through telephone calls, surveys and from direct visits.
- Care plans identified people's social history and likes and dislikes. The pandemic had restricted activities however the care plans contained information for staff on how to support people in relation to their interests.