West Devon & District Care & Support Limited

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Inspection report

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Ratings

Overall rating for this service	Good
Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Outstanding
Is the service well-led?	Good

Overall summary

The inspection took place on 11 and 13 March 2015 and was announced.

West Devon and District Care and Support Limited is a domiciliary care agency (known as DACCS) operating rurally in West Devon. It provides personal care to people in their own homes, who may be funded privately or through local authority commissioning. It does not provide a service to people under the age of 18. At the time of the inspection 38 people were receiving a service.

Summary of findings

Our previous inspection visit in April 2013 found that the agency needed to ensure staff received the training they required for their role. We issued a compliance action and the agency provided evidence in August 2014 that the necessary training was now provided.

The agency has 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. DACCS registered manager is also the owner.

People were protected through the agency's arrangements for staffing, recruitment, safeguarding of adults and medicine management. Risks were understood and managed in a way which protected people but promoted their independence. A social worker said, "The agency has always been good at spotting potential risks or hazards and taking prompt action to manage them."

Staffing arrangements were flexible where at all possible and people were happy the same staff were able to visit them.

Staff received a wide variety of training which ensured they were competent in their role. Training methods varied to meet different training styles. Staff felt supported in their work, which was monitored, and advice was always available. The registered manager ensured that best practice was sought and the agency was up to date with the best ways to meet people's needs.

People's health and welfare were promoted through staff vigilance in recognising when input from a health care professional was required. There was excellent communication and shared working between health and social care professionals and the agency.

People were fully involved in decisions about their care and the staff understood legal requirements to make sure people's rights were protected although capacity assessments were not always recorded.

People received care and were supported by care workers who respected them and were kind and caring. Privacy and dignity were upheld. The agency had been innovative in protecting people living with dementia by providing information in a way which promoted their dignity.

The agency was very responsive to people's individual needs, such as keeping family together. Personalised care and support was provided to enable people to remain independent but safe. This included liaison with other care services, care agencies, taxi firms, families and instigating and completing animal health care.

People were closely involved in their care planning and their views were sought through care reviews, pop-in visits and surveys. Any reasonable way of communicating was used, including email, diaries and Skype. There was a complaints policy but there had been no complaints.

The agency had systems to monitor the standard of service provided and assess and manage risk. There was an ethos of striving for continual improvement. There was a strong emphasis on valuing staff.

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 was safe.

Staffing arrangements ensured people received their visits as arranged but could be flexible in an emergency.

The agency's recruitment arrangements protected people from staff unsuitable to working in a care agency.

The agency staff understood how to safeguard people from abuse.

Risks were assessed and managed whilst supporting people's independence.

People were supported to receive their medicines as prescribed and in a safe way.

People were protected from infections and cross contamination.

Good

Is the service effective?
The service was effective.

People were fully involved in decisions about their care. Staff understood legal requirements to make sure people's rights were protected although capacity assessments were not always recorded.

Training ensured the agency staff would be effective in the role. Staff felt supported and received supervision of their work.

Where necessary for their welfare people's dietary requirements were supported by the agency's arrangements, such as prompting and passing on information.

Referrals were made quickly when people's health care needs changed.

Good

Is the service caring?
The service was caring.

The agency put a lot of emphasis on providing a caring, respectful, kind and confidential service for people.

Best practice in end of life care was assured through a hospice training programme in which the agency was involved.

Good

Is the service responsive?
The service was outstanding with regard to being responsive.

People's care needs were under continual assessment. The agency worked closely with other services to provide a joined-up and safe approach to meeting people's needs and preferences. The agency went the 'extra mile' to provide personalised care and support.

People's views were sought and any complaint would be used to improve the service.

Outstanding

Summary of findings

Is the service well-led?

Good

The service was well-led.

The standards expected were high, led by the registered manager and known by the office and care staff.

The quality of the service was under regular review and risks were understood and managed.

West Devon & District Care & Support Limited

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check 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.

The inspection visits took place on 11 and 13 March 2015 and were announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure somebody would be available at the agency office. The inspection team consisted of one inspector 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. The experts area of expertise is the care of older people.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. Before our inspection, we reviewed the information in the PIR along with information we held about the agency, which included incident notifications they had sent us. A notification is information about important events which the service is required to tell us about by law. We sent questionnaires to 29 people using the service to obtain their views about the care provided and received 12 responses. We contacted three health and social care professionals to obtain their views about the care provided by the service.

During our inspection we spoke with 17 people who used the service, three people's families, seven staff, and the registered manager. We visited one person to check that their regime of medicines was being administered safely. We looked at records which related to three people's individual care, two staff files and policies which related to the running of the agency, such as medicine administration and safeguarding vulnerable adults.

Good

Is the service safe?

Our findings

People told us they felt safe from abuse and harm from their care workers and several said that when they asked the office not to have a certain care worker their request had been met.

Staff demonstrated a good understanding of what might constitute abuse and knew where they should go to report any concerns they might have. For example, staff knew to report concerns to the registered manager and externally, such as the local authority, police and the Care Quality Commission (CQC). One care worker said, "I would report it, possibly to the police." Staff had received safeguarding training, one method in use being a Devon Council training video, followed by group discussion. Staff told us they knew where to find the agency policies and procedures for whistle blowing and safeguarding adults from abuse. The agency had not had cause to report any concerns of abuse or investigate any whistle blowing and the CQC had received no concerns about, or from, the service. However, the agency had contacted the local authority for advice when advice was required.

The registered manager demonstrated a clear understanding of their safeguarding role and responsibilities. They explained the importance of working closely with commissioners, the local authority and relevant health and social care professionals on an on-going basis and we were given examples of close cooperation which protected people from harm, such as self-neglect.

Risks to individual people were identified and the necessary risk assessment reviews and actions to reduce risk were carried out to keep people safe. For example, each person had their home environment assessed for theirs, and the care workers, safety. Other risk assessments carried out included substance abuse, mobility and whether people's diet was adequate for them. One person's family told us how care workers were sharing involvement in the family's attempts to improve a person's eating, working together to prompt and monitor the diet received. One person recorded, "Care and support workers tell you who you can contact if they do not have the skills, equipment or authority to cover your disability. This ensured people were supported to be safe where the agency could not meet a person's needs. A social worker said, "The agency has always been good at spotting potential risks or hazards and taking prompt action to manage them."

Care workers explained how the security of people's property was maintained in light of different people entering the person's home. For example, some people had key safes and care workers were told the number, which they kept confidential.

The staffing arrangements ensured people received their visits when they were expected. Only one person mentioned a missed visit, which had been several months ago, and the agency office subsequently gave an acceptable explanation to them. They said there was no risk just an inconvenience. No one mentioned any risks or problems on the rare occasion that care workers had arrived early or late.

Care workers felt there were enough staff to meet people's needs and were satisfied with the way staffing was arranged, which they said worked well. One said, "I have never had a problem. I have plenty of time to get there and I have the same people regularly." Another said, "I have a half an hour gap now. I am very lucky because I have regular people (to visit)." A third said, "No issues and in an emergency we have the office details." One person told us, "When I was ill the carers looked after me really well and came in three times a day instead of just the once." The registered manager said that they were available and also covered staff sickness or a necessary change in a schedule of visits.

There were robust recruitment and selection processes in place. Recruitment files of recently recruited staff included completed application forms and interview records, whether they had any driving offences and their driving insurance status. In addition, pre-employment checks were completed, which included references from previous employers, health screening and Disclosure and Barring Service (DBS) checks. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. The agency also completed these checks with regard to children because there may be children at the homes they visit. This demonstrated that appropriate checks were undertaken before staff began work with people at their home.

Good

Is the service safe?

People requiring assistance with their medicines received them as planned. For example, one person needed ointments and patches to be administered but was able to administer their own tablets. Where assistance with medicines was required this was stated in the care plan and agreed with the person prior to any care worker involvement.

Monitored dosage systems were used to reduce risk where ever this was possible. Care workers who administered medicines were trained in medicine management. This included work books and an exam paper. The agency medicines policy was available for reference. One person had a complex regime of medicines, which changed according to blood test results, and the care workers managed the situation in a safe way. People told us, “My partner gets the medication ready in pots and the carers hand it to me and they do note (that it has been given) on the chart” and “The “sitter” assisted with a midday tablet.” Other medicines said to be administered were various skin creams, which was said to be done effectively, with permission, and recorded in the file.

Care workers confirmed that they had the protective clothing they required, to minimise any risk of cross contamination, available to them. People using the service confirmed staff used the protective clothing when providing their care.

Good

Is the service effective?

Our findings

People said the care workers were able to meet their needs. One said, "No grumbles at all. I am delighted with the carers. I thank them for all the help they give me and I go on thanking them. I give them 10 out of 10." A person's family said, "Well-being? Yes, highly successful." People said that they were content with the competency levels of the staff. However, one made reference to what they believed was a training omission for a care worker in relation to drying between the toes of a diabetic person.

Care workers received an induction to their role. This meant that staff had started the process of understanding the necessary skills to perform their role appropriately and to meet the needs of the people using the service. One care worker said they had shadowed with various experienced staff and it was made "very clear" that this could continue for as long as they felt it was necessary. They said in one case they had asked for additional support when visiting a person with more complex needs and that support was given. One person said they had no issues with new care workers coming to provide their care with an experienced care worker giving advice and guidance. Staff also had induction sheets to complete as part of their induction process.

Care workers were very satisfied with the training they received. Their comments included, "Plenty of it"; "More than enough"; "Very good. There is always on-going training and refreshers" and "Fine and I have done other training of my choice." They confirmed they were able and supported to take qualifications in care to progress their careers.

Care workers received on-going support and supervision. One care worker told us, "I feel very supported if I have any queries and things are followed through." Staff received regular one-to-one supervision of their work and all said there was always somebody available in the office for advice and support. The registered manager said there were also regular staff meetings. A staff meeting held on 16 February 2015 covered subjects including paperwork and communication.

The registered manager had a variety of training methods in use, they told us this was because staff learned in different ways. Those methods included hands on experience and to that end many types of moving and handling equipment was available for staff to use for experience. In addition, a 3D model of a person lifting an object clearly showed the care workers how this affected their spine when lifting correctly and incorrectly. Other training methods included videos followed by discussion and work books. The room used for training had poems and cartoons displayed which were memorable and strongly enhanced the information staff received. These included dignity, privacy and dementia care.

Good practice was promoted in line with current research. For example, the registered manager was attending talks about an improved induction care certificate. Staff were attending the 'Six Steps' end of life programme which took one year to complete. The registered manager said this would then be integrated into the end of life care the agency provides. The registered manager was a 'Provider representative' for domiciliary care agencies in the area and also attended Skills for Care conferences to keep up to date with good training practice.

Care was not provided unless consent for that care had been received. Staff demonstrated an understanding of the Mental Capacity Act (2005) (MCA) and how this applied to their practice. The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best

interest decision is made involving people who know the person well and other professionals, where relevant. For example, one person did not recognise that their hygiene needs were not being met, and was refusing that care, and so the registered manager contacted social services to discuss how to proceed so that they could be sure they were complying with the MCA but protecting the person from self-neglect. The agency understood where people's families had been granted legal powers to act on their family member's behalf, for example, Lasting Power of Attorney. However, they did not record assessments of a person's capacity to make time and decision specific decisions where the person was unable to consent and their family did not have authorisation to consent on their behalf.

One person's family said how the registered manager came to their relative's home to discuss their family member's needs. That person was very vulnerable without support

Good

Is the service effective?

but did not really want care workers to visit. The family said, "(The registered manager) was very good and talked to (the individual) and dealt with the situation very well." Agency staff understood consent, capacity and the MCA.

People recorded their consent to all aspects of their care in their care plan and one person confirmed no care or support was provided without their agreement.

People's health and well-being was promoted through the agency's work. Health and social care professionals were complimentary about the agency's approach to meeting people's needs. One person's family said, "Extra time is taken when needed (the carer stayed for an extra half hour when he developed a sudden nosebleed, until it had ceased). If there are any health issues (eg. sore or suddenly swollen legs) we are alerted. (My father) is always kept properly washed and clothed, and asked what he would like for his meals." Another said, "It is safer now, for example, the care workers check she has taken her medicines and check the food supplies." Some families spoke of how the care workers prompted and assisted their relatives to take food and drinks and all said how well the care workers and office staff kept them informed. Examples included the registered manager using Skype to discuss one person's progress and any issues with their next of kin. The registered manager said, "If a person is not well, perhaps a change of personality, we talk to them about it and get their permission to call a GP, inform the (agency office) and contact their next of kin".

Good

Is the service caring?

Our findings

Without exception people said the care workers always treated them with respect, dignity and were caring and kind. People's comments included, "All very nice and I get on with them all"; "Lovely and friendly"; "Very nice, all of them all of the time"; "Lovely girls" and "Very, very good, nice polite and helpful". One person said, "They are my guardian angels." A health care professional recorded, "I do think the agency cares about the people they provide care for and strive to set high standards."

The agency ensured care workers received training appropriate to a caring and respectful service. For example, 'understanding values in personal care' and 'treating people with respect and gaining consent'. The PIR recorded: 'We use a limited amount of carers for each client. If they have special requirements we would try to have one to one care. We will ask what preferences they require and we will be transparent about what is available. When the staff first start with the client we make sure we communicate with client on any feedback. Each client has a book and within the book is a care plan and history of the client for information for carers.'

People said the care workers called them by their preferred name and respected their privacy and dignity, for example, closing doors and curtains when personal care was delivered. People said care workers never talked about other people they had visited and so they were confident the care workers did not talk about them to other people.

One person's family told us, "(My father) enjoys the visits from the range of staff, and we are satisfied that (the agency) supplies a caring service to enable him to stay in his own home." The registered manager told us, "We look at the person's well-being not only tasks, for example, if a person is anxious or in despair that comes first."

The agency had promoted people's dignity by using a flower symbol on care records where the person had a diagnosis of dementia, or similar condition where they might lack the ability to make decisions. This was to ensure it would be clear for staff providing the care and support without causing the person receiving the care and support any distress or embarrassment.

Without exception people said they were involved in decision-making about their care and support needs and people's involvement was documented. Transcripts of on-line conversations demonstrated how the agency was open to finding and using the most suitable methods for keeping people involved in decision making and informing families or health care professionals about people's welfare.

The agency was able to provide end of life care where this was required and in conjunction with local health care services. To that end the registered manager and a senior member of staff had undertaken a year-long training course in end of life care. The registered manager said this would ensure the care people wanted was provided and their family supported.

Outstanding ☆

Is the service responsive?

Our findings

People received a service individual to their needs and which promoted their well-being and safety. Each person received an assessment of their needs and some assessments were under frequent review. For example, continuing at home for one person had become unsafe, they were disorientated without their partner and had a pet. The registered manager worked in partnership with a local care home and the person's care manager to coordinate joint day care at the care home. The care workers helped the people prepare for the day care visit and stayed with them until their transport had arrived. The arrangement included the care home contacting the agency to say when the people were leaving and the care workers would arrive half an hour after the people returned home. This was so the people had some time to themselves when they returned but the support they needed would soon arrive. The care manager said, "(the agency) speaks on the phone to (the care home) if they need to hand something over- sometimes numerous times a week. They always keep me updated- so ring with any concerns. They have been willing to go the extra mile consistently. If I were ever planning to write a case study for good joined up work to manage two people with complex needs due to dementia this would be the case I'd use".

A social worker said, "I have nothing but praise for this agency to date. Everything that should be done has been done from day one. I recently reviewed a difficult case with (the registered manager) and someone's daughter and I think she managed it well- she brought a care worker with her who spoke very well and really helped us review some tricky issues." They said the registered manager was very committed to providing the best service possible for people.

One person with dementia would refuse food, believing they had already eaten. The family said the agency recorded everything and in addition the family kept a diary record of the diet they were aware the person had taken. The family and agency then shared information from those records for a coordinated approach to meeting the person's dietary needs. The person's family said, "The ladies are great when they go in. Their visits give me reassurance."

Care plans are a tool used to inform and direct staff about people's health and social care needs. People were aware that a copy of their care plan was in the agency file in their home and some said they had discussed it but could not say with whom. People said they were satisfied that the content described their needs and how they were met. For example, the care plans included: food, drink and diet; waking and dressing; health and medical care and handling risk. The care plans provided detailed and clear information about the person's needs and how care workers were to meet those needs. Each plan was regularly reviewed and included a date for the next review.

A care manager told us, "(The agency) has been as flexible as possible and willing to stay in there even when it's been tough. They have dealt with a flea infestation and also a boisterous (pet) with good grace. They have increased their support as needed and although sometimes they have not had the staffing levels to cover i.e. late visits each day, they have added them in emergency situations. They have always worked hard to allocate a small team of carers who (the people using the service) recognise. Those carers work really, really hard and go as far as looking for (the person) in the local area if they arrive for a visit and cannot find them."

People gave other examples of the services responsiveness to their needs: "When I had problems with my private cleaner wanting higher pay and more hours (a person) from the office came out and saw both of us and sorted it out"; "The carers are marvellous people. Nothing is too much trouble for them"; "I have no complaints. I am more than pleased and would recommend (the agency) to anyone" and "I was in hospital for four months but still had the same carers when I returned home."

The majority of people said they knew how to make a complaint if they needed to. A copy of the agency complaints procedure was included in each person's file. The registered manager told us they had not received any complaints (in the recent past) and the Care Quality Commission has received no complaints or concerns about the agency. People confirmed the agency listened and responded to their views, through visits, care planning and a survey. One person said, "They are terrified of me but we do get on fairly well. I do need to know about the people they send, their background and where they fit in the company".

Good

Is the service well-led?

Our findings

People using the service, staff and health and social care professionals had confidence in the agency. Without exception people told us they knew who to contact in the agency if they needed to. They said the information they received from the agency was clear and easy to understand. A social worker said, "I think the agency benefits from being a small family run business which we can trust, and who are good to work with and their communication is good". Care workers, asked if the agency was well-led said, "Yes. We provide a good and safe service. I feel very supported if I have any queries and things are followed through"; "Yes, oh yes"; "Yes. Anything I need changing for a service user it gets done. Everything flows" and "Calls are responded to and you can trust that things are followed up (by the office)." Staff were proud of the service they provided one describing it as "outstanding".

The agency was well resourced, for example, there was a wide range of training materials available for use at any time and care workers had a personal alarm to protect them. The agency was friendly, for example, staff were involved in Red Nose Day events. The agency arrangements protected people using the service, for example, staff confirmed there was a person they could contact any time of the night or day and the information they needed was always made available. The agency looked after the welfare of care workers, for example, each was provided with a private health care package, depending in their length of service.

There was a strong emphasis on continuing improvement. For example, ensuring current, good practice was in use through sourcing information, spot checks on staff practice, regular staff supervision, staff meetings and being available for advice. The service looked for ways to be innovative, for example, using cartoon posters and poems to enforce important messages to staff.

The quality of the service provided was monitored. Most people said they had been asked what they thought of the service and people's opinion of the service had been surveyed through feedback forms. The survey questions included: 'If carers have been delayed has the office let you know?'; 'Are we providing the services that you expect from your contract and service plan?' and 'Does receiving our service help you to keep your independence?' The responses had been collated so any issues could be identified. The majority of responses were positive. For example, 89% said they were completely satisfied with the agency's services. Any negative comments or responses were followed up. For example, some people said they did not know how to make a complaint so the registered manager had decided to move the complaints policy to the front of people's file so it was easier to find.

The agency is required by commissioners from the local authority to monitor the time care workers arrive and leave each visit. This involved care workers telephoning on arrival and when leaving. The agency had chosen to widen that monitoring and had purchased the same arrangement for people privately funded. The registered manager said she did not see why some people should receive a better service than others.

The registered manager, also the owner, set the high standards expected of care workers and the agency as a whole. They were supported by office staff working to the same standards. They ensured they were able to meet their conditions of registration and they kept appraised of changes in the care industry, for example the new regulations which come into use on 1 April 2015.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.