

Circle Of Care (Devon) 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? | Good ● |
| Is the service well-led? | Good ● |

Summary of findings

Overall summary

This comprehensive inspection took place on 28 March 2018 and was announced. The registered person was given short notice because the location provides a domiciliary care service and we needed to be sure that someone would be in.

Circle Of Care (Devon) Limited provides personal care to people in their own homes. They were registered with the Care Quality Commission in December 2012 as a domiciliary care service.

The service provides personal care to a range of older adults and younger adults living in their own houses and flats in Exmouth and the surrounding areas. These included people living with a dementia, a physical disability or sensory impairment. There were 35 people receiving a personal care service from the agency. Although the majority of people using the agency received a regulated activity, some received support visits only. CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. The time of visits ranged from 30 minutes to one and a half hours, with the frequency of visits from once a week to four times a day. There were 32 full and part-time care staff employed.

At our last inspection in March 2016 we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Why the service is rated Good:

The provider of the service was also the registered manager. A registered manager is a person who has registered with CQC to manage the service. Like registered persons, 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. They were supported by a deputy manager and a management team.

People using the service, their family members, staff and health care professionals were happy with the care and praised the service provided. People were protected from abuse and harm because staff had a good understanding of how to respond to concerns. All of the management team would step in to provide personal care to people if required.

People received a service from staff that were recruited, trained and supported to provide a safe and effective service. All visits had been met and people were informed if a care worker might be late. Risks were assessed and managed in a skilled way to promote people's welfare.

People received their medicines as needed and the service sought any health care advice from health care

professionals.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Staff demonstrated an understanding of their responsibilities in relation to the Mental Capacity Act (MCA) 2005. Where people lacked capacity, mental capacity assessments were completed and best interest decisions made in line with the MCA. People's legal rights were upheld. They were involved in all decisions about their care, which was regularly reviewed.

The agency provided a service which was caring, respectful and promoted people's privacy and dignity.

People had confidence that any issue or complaint would be handled according to the provider's policy.

The registered manager was very experienced and led by example. They had a range of quality monitoring systems in place which were used to continually review and improve the service. People's and staff views and suggestions were taken into account to improve the service.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

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|----------------------------------------------------------------|---------------|
| Is the service safe? The service remains good. | Good ● |
| Is the service effective? The service remains good. | Good ● |
| Is the service caring? The service remains good. | Good ● |
| Is the service responsive? The service remains good. | Good ● |
| Is the service well-led? The service remains good. | Good ● |

Circle of Care (Devon) 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 28 March 2018 and were announced. We gave the agency two days' notice of the inspection visit because the management team are often out of the office supporting staff or providing care. We needed to be sure that they would be in. This was a routine comprehensive inspection carried out by one adult social care inspector.

Inspection site visit activity started on 28 March 2018 and ended on 6 April 2018. It included phone calls to people who used the service and their relatives and obtaining feedback from healthcare professionals who were involved with the service.

We used information the provider sent us in the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information in the PIR along with information we held about the agency, such as notifications. A notification is information about important events which the service is required to tell us about by law.

During our inspection we spoke with eight people who used the service or their family representatives. We spoke with eight staff which included the registered manager, care co-ordinator manager, quality assurance manager, administration manager, senior care staff and care staff. Following the inspection we spoke with people using the service, relatives and health and social care professionals who worked with the service.

We looked at two people's care folders, health and safety and the monitoring of quality. We looked at the

agency's survey results, staff training and records of staff meetings. We also reviewed policies which related to the running of the agency.

We contacted five health and social care professionals and received responses from two of them.

Is the service safe?

Our findings

The service remained safe. People were protected from avoidable harm and abuse that may breach their human rights because the provider had effective safeguarding systems in place. Staff had completed training in safeguarding. They had a good awareness and understanding of abuse 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 registered manager would respond and take appropriate action if they raised concerns.

Risks had been assessed for each person and were safely managed. Risk assessments had been undertaken for each person. Risk assessments had been carried out in relation to falls, nutrition, skin care, and mobility. Risk assessments relating to each person's home environment had been completed. Where concerns were identified, action had been taken to reduce the risks to people.

The registered manager said they had a full team of staff to be able to meet their contractual requirements. Therefore there were enough competent staff to carry out people's visits and keep them safe. People received a rota each week so they knew who was visiting them and when the visit would take place. Staff said they had enough time at each visit and travel time between visits to ensure they delivered care safely. The registered manager said there had been no missed visits. They said, "We might have been late, but if there is a problem anyone of us will go out."

There was a telephone number for people and staff to ring at any time. The provider had a duty officer on call at all times. People and staff said they had no problems getting hold of the management team if required.

Arrangements were in place to deal with emergencies. The registered manager had a plan of the action to be taken in events such as severe weather conditions and staff shortages. Visits to people who may be at risk were prioritised. During the recent bad weather this had been actioned with the management team transporting staff to visits in four by four vehicles. People had been kept informed and consulted about visits. People and staff comments included, "Only because of the snow but they rang the night before and we agreed I didn't need a visit", "Even with the snow we got to people we needed to...we all rallied around" and "In the bad weather they rang up." The registered manager showed us a copy of a letter from the local botanical gardens who had heard about how the service had gone above and beyond in the recent adverse weather and had sent a letter with tickets to the service. The registered manager said they had also recognised staff who had gone above and beyond.

Recruitment practices ensured the right staff were recruited to support people to stay safe. The provider recorded in their provider information return (PIR) that they had "Stringent recruitment procedures." Staff told us references and a DBS (Disclosure and Barring Service police 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 unsuitable to work in care.

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

Good infection control practices were followed. People said staff did all they could to prevent and control infection. Staff received infection control training to ensure they followed good infection control principles. The provider had a policy which had recently been reviewed and was in line with best practice. Staff were provided with gloves, aprons and sanitiser and said these were freely available from the office. The registered manager said in some cases where required staff were given foot covers and masks.

Is the service effective?

Our findings

The service remained effective. People were supported by staff who had the knowledge and skills required to meet their needs. Staff received training, which enabled them to feel confident in meeting people's needs and recognising changes in people's health. Health and social care professionals said they were confident staff working for Circle of Care had the required skills to meet people's needs. Comments included, "Yes I believe so they do work with people who have complex needs and respect diversity" and "They (Circle of Care) have been keen to ensure that the patient has adequate moving and handling techniques and are keen to except advice. We have recently carried out joint visits to assess patients care needs and the staff have displayed they have knowledge and skills to succeed in supporting patients."

Staff completed an induction when they started work at the service. The induction required new care staff to be supervised by more experienced staff. This ensured they were safe and competent to carry out their roles before working alone. One care worker confirmed they had shadowed a more experienced member of staff before they worked on their own. They said, "I did two weeks of shadow shifts, I felt completely competent. I asked if I could shadow one person again because I wasn't confident and this was arranged." Newly employed staff undertook the Care Certificate (a set of standards that social care and health staff adhere to in their daily working life). The registered manager said that all staff had received refresher induction training recently. They said this was so all staff had a consistent approach to completing paperwork and practice.

Staff told us they met regularly with the management team to talk about their job role and discuss any issues they may have. Staff told us they felt well supported and they could come into the office at any time and speak with the registered manager or deputy manager. Staff confirmed they had regular supervisions. A member of the management team said, "I go out and do checks and regular supervisions every three months." A staff member said, "The supervisions are very good it is relaxed and we can say how things are." The registered manager carried out appraisals for staff who had been employed for over one year. These meetings gave staff an opportunity to review their progress and agree future training and development goals.

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. We checked whether the service was working within the principles of the MCA and found they were. One health and social care professional said, "Yes recently worked with Circle of Care, (the deputy manager and registered manager) on a best interest situation, this was long and complex and they were very involved and very supportive. Strong co-working."

Care staff received training on the MCA and were aware of how it applied to their practice. They gave us examples of how they used the MCA in their roles. Comments included, "To check if capacity to decide regarding personal care and food and fluids give options" and "I always ask where would you like to wash

today." People said staff gained their consent before carrying out any care or support.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. Applications for this must be made to the Court of Protection. The registered manager was aware of the procedures necessary if a person was subject to a Court of Protection order. Nobody currently using the service had such an order.

People's care and support was regularly reviewed and updated. Staff said if they had concerns about people's health they would let the office know. They were confident action would be taken. Appropriate referrals were made promptly to health professionals to ensure people's needs continued to be met and their advice was followed. This was confirmed by health professionals. Comments included, "We are called promptly to provide guidance."

People were happy with the support they had to eat and drink. The support people received varied depending on people's individual circumstances and contract arrangements. Some people lived with family members who prepared their meals. Care staff reheated the meals and made sure they were within reach. Other people required greater support which included care staff preparing and serving cooked meals, snacks and drinks. Where people were supported with their nutrition care, staff recorded and monitored their food and fluid intake. One member of staff said, "Lots of preparing and heating up ready meals. Some need help being fed. We always record in our comments book; there is a section for meals and even if just fluids."

Is the service caring?

Our findings

The service continued to be caring. People and their relatives told us care staff were kind and caring, and they were always treated with respect and dignity. Comments included, "Yes very happy, the girls are all very good and very caring. They always do anything I ask", "They are very kind I can't think of one that has been at all nasty they are really lovely people" and "They are more like friends. As far as I am concerned everything is one hundred percent. Nothing is too much trouble at all." Health and social care professionals agreed staff were caring. Comments included, "Staff are caring and protect patients dignity from what I have seen on visits."

The registered manager said they tried to send consistent staff to the same people where possible. This enabled staff the opportunity to build relationships with people. One staff member said, "I like to go to the same ones (people), they know you. It is nice you build up a nice friendship with them." Staff spoke about the people they cared for with compassion and concern. They knew people well and were able to discuss people's care needs, preferences and interests in detail. Staff said they had enough time at each visit to get to know people. One staff member told us how, "It doesn't feel like work...if I can do something to brighten up (person's) day I will."

People and their relatives where appropriate, said they had been involved in planning their care and support when they started using the service. Where people had a preference to the gender of the care staff that supported them this was arranged. One staff member said, "We have some male carers but people are asked if they have a preference."

People and relatives said staff protected their privacy and dignity and were respectful in their manner. A staff member demonstrated how they maintained someone's dignity saying, "I always ensure the doors and curtains are shut, put a towel on them and ask if it is ok to take the towel away."

People's independence was promoted and care plans told staff to encourage people to do as much for themselves as possible. People told us they liked to be independent and staff respected this, offering help when needed.

Is the service responsive?

Our findings

The service remained responsive. People told us the service was responsive to their care needs and they received the care and support they required.

People's needs were assessed before they started to use the service. When a person was new to the service, a care plan was developed with the person and their relatives, where appropriate. Each person had a care plan that was tailored to meet their individual needs. These plans described the support people needed to manage their day to day needs and their preferred routine.

Staff knew people well and were able to tell us how they supported people. Staff recorded the care they provided at each visit and we saw these records were detailed and clearly written. Staff told us they read the care plans and checked them for any changes. The care plans were reviewed every six months or as soon as any changes were identified. When people's needs changed, staff carried out further assessments to ensure their needs continued to be met appropriately. The care co-ordinator said, "Every six months I do a review which includes the service user, I go and see them and speak to the carers on the front line who see them every day. They will know anything the service user hasn't mentioned and if anything needs amending."

Staff were kept informed of changes. Staff had an app on their phones which had a security password. It informed staff who they were visiting and their needs. One staff member said "We get a text if something changes." Another said "If anything that changes we contact the office, (Care Co-ordinator) goes out and assesses them and will do a new care plan...we are notified by text of any changes."

People's communication needs were met. The service was complying with the Accessible Information Standard (AIS). The AIS applies to people using the service who have information and communication needs relating to a disability, impairment or sensory loss. The registered manager said how they had supported a person whose first language was not English. They had employed a staff member who spoke the same language to translate and write things down.

People said the service would respond well to any complaints or concerns they might raise. They were confident their concerns would be taken seriously. Comments included, "I will raise concerns with them if I am not happy" and "I am happy to raise a concern but haven't had any problems." One person who had raised a concern was satisfied with the action taken. They said, "I have voiced one concern ...I raised it with them and I didn't get the (staff member) again."

People were given information about how to complain. The service had received two complaints since our last inspection, which the registered manager responded to in line with the services complaints policy.

People were supported at the end of their life to have a comfortable, dignified and pain free death. Staff had completed end of life training. People's preferences and choices were discussed with them and their families, where appropriate. The registered manager taught end of life care and how to support people. They also attended a six monthly link meeting with the local hospice to learn about new ways of working

and to keep updated.

Is the service well-led?

Our findings

People and their relatives said the service remained well-led. Health and social care professionals said they felt the service was well led. Comments included, "Yes and communication is good" and "The service appears to be well led."

The culture of the service was caring and focused on ensuring people received high quality person-centred care. It was evident staff knew people well and put these values into practice.

Staff knew their roles and responsibilities. The team included the registered manager, deputy manager, care co-ordinator manager, quality assurance manager, administration manager, senior care staff and care staff. The registered manager and management team all undertook visits if required and worked alongside staff to deliver care and lead by example.

Staff said the registered manager and management team listened to them. One staff member commented, "It is not just a job, they don't treat you as an employee but as a friend...are very caring." Another said, "I can chat to (registered manager and deputy manager) if I have a problem. They are always happy to help and support and show me how to do things."

Staff meetings were held regularly. This gave the registered manager the opportunity to effectively embed good practice and ensure staff promoted the service's values. Staff said they found the meetings useful. One staff member said, "It is a chance to raise our opinions, give each other advice...a good chance to raise your concerns."

The service sought regular feedback. People told us they were asked for feedback over the phone, during visits and care plan reviews. The last survey carried out in July 2017 had received a positive response. One hundred percent of responses said staff treated people with dignity and their privacy was respected. The registered manager recognised the importance of working in conjunction with people's relatives especially when they worked alongside care staff. They had invited people's relatives to come to the main office to see the training that staff had and take part as they felt they wanted. Nobody had taken up this offer yet.

Records were well organised, up-to-date and stored securely. An audit system was in place to monitor the quality of the service. Records were checked when they were brought back from people's homes on a regular basis. This included a medicine audit every four weeks when they were returned to the office. The management team carried out checks during care visits to observe staff's competency.

The provider had notified the Care Quality Commission of events which had occurred in line with their legal responsibilities. The provider had displayed the previous CQC inspection rating on the provider's website.