De Vere Care Partnership Ltd

De Vere Care Partnership

Inspection report

Capital Gate - D1
320 New North Road
Ilford
Essex
IG6 3ES

Tel: 02080663070
Website: www.dvcgroup.co.uk

Date of inspection visit:
05 September 2022

Date of publication:
11 October 2022

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 is a domiciliary care agency located in the London Borough of Redbridge. It is registered to provide personal care to people in their own homes across a number of boroughs in London.

The service provides support to older people, some of whom may have dementia, people with physical disabilities and people with learning disabilities. At the time of our inspection, there were approximately 330 people using the service.

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
Systems were in place to help protect people from the risk of abuse. Staff understood safeguarding from abuse procedures. Risks assessments ensured potential risks to people were identified and managed. Guidance around risks was in place for staff to follow and keep people safe.

Staff were recruited appropriately and there were enough staff in the service to meet people's needs. People and relatives told us staff were punctual when attending calls to their homes and completed their required tasks. Records confirmed this. However, the provider had identified technical issues with their call monitoring system and staff did not always log their calls. These issues were being addressed by the provider.

Staff supported people with medicines and their competency was assessed to check they did so safely. Staff had the necessary skills and training to provide care to people in their own homes.

There was a procedures for reporting incidents and accidents to review and learn lessons. We made a recommendation for the provider to review their reporting forms for incidents because they were used by the previous provider and were out of date.

Staff followed infection control procedures and people were protected from the risk of infections, such as COVID-19.

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. People's consent was sought when care was provided to them and they were given choices to ensure they had control of their care.

Assessments of people's needs were completed before they started using the service. Staff supported people to access health care services and supported them to eat and drink the food they preferred. Staff

told us they were supported by the registered manager and received supervision to discuss their performance.

People and relatives told us staff were respectful, caring and supported them to maintain their independence. People's privacy, dignity, human rights and equality and diversity characteristics were respected. People and relatives were able to express their views about the care provided.

Care plans recorded people's needs and preferences and they received person-centred care. People's communication needs and preferences were understood by staff. There was a procedure for complaints and the management team responded to them appropriately. People receiving end of life care and support, had their wishes respected.

The provider promoted a positive culture and service that was person-centred. People, relatives and staff told us the service was well-led. Staff and managers were aware of their responsibilities. There were quality assurance systems in place for the provider to continuously improve the service and learn lessons when things went wrong.

The provider gathered feedback from people and relatives. The service worked in partnership with other organisations to benefit people using the service and support staff.

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 24 January 2019.

Why we inspected
The inspection was prompted by a review of information we held about the service.

Follow up
We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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

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 Health and Social Care Act 2008.

Inspection team
The inspection was carried out by one inspector and two Experts by Experience, who made phone calls to people and relatives. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type
De Vere Care Partnership is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

Registered manager
This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection
The inspection was announced. We gave the service 24 hours' notice 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 5 September 2022, when we visited the provider's office, and ended on 20 September 2022.

What we did before the inspection

We reviewed the information we already held about the service. This included the last inspection report and notifications. A notification is information about important events, which the provider is required to tell us about by law. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

We used all of this information to plan our inspection.

During the inspection
During the inspection, we spoke with the registered manager, the managing director who was responsible for the service, the deputy manager, the quality and compliance manager and seven care staff.

We reviewed documents and records that related to people's care and the management of the service. We reviewed 12 people's care plans, which included risk assessments. We looked at other documents and records, such as those for medicine management and infection control. We spoke with 11 people and 17 relatives, for their feedback about the service.

Good

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 of this registered service under the new provider. 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

- The provider had systems to help protect people from the risk of abuse. Safeguarding procedures were in place, which set out how to protect people from the risk of abuse.
- Staff received guidance on how to report concerns of abuse towards people, such as informing the provider and alerting the local authority safeguarding team. Staff told us they understood safeguarding procedures and records showed they were trained in this area.
- Records showed the provider followed recommendations made by safeguarding investigators to help keep people safe.
- The provider had a whistleblowing policy for staff should they wish to report concerns about the service to the management team or to external agencies such as the police, local authority or the CQC.
- People and relatives told us they felt safe within the care of the service. One person said, "I am safe because they support me when I am walking." A relative told us, "Carers were very gentle and careful with [family member] when they were unwell. I feel [family member] is safe in their care."

Assessing risk, safety monitoring and management

- Risks to people were assessed and monitored. Risk assessments of people's health, home environment and personal care needs were carried out. This helped ensure staff could provide people with safe care and reduce the risk of people coming to harm.
- Risks that were assessed included people's health conditions, such as diabetes, breathing difficulties or hypertension. Assessments included the signs and symptoms of these conditions that staff needed to look out for and what action they should take. Other risks that were assessed included a person's mobility needs, risk of incontinence, what medicines they were prescribed, their personal care needs and their fluid and nutritional requirements. This included people who required percutaneous endoscopic gastrostomy (PEG) feeds, which are feeding tube insertions that go into a person's stomach.
- Risk assessments were detailed and where guidance was particularly important, these were highlighted in bold for staff to be able to note and follow. For example, for one person at risk of falls, important guidance stated, "Staff must put foot holder on [person's] right foot every morning and remove it every evening to minimise the risk of falls."
- Staff told us the assessments were helpful and they were aware of the risks people faced and how to support them safely.
- Risk assessments were reviewed at regular intervals or as and when people's needs changed. This meant risk assessments provided up to date information for staff to care for people safely.

Staffing and recruitment

● The provider had sufficient numbers of staff to support people. Staff were recruited safely.
● People and relatives told us staff were punctual and reliable. If staff were running late, people and relatives told us they were notified. One person said, "The carers are more or less on time at the time I would expect them to arrive." A relative said, "The carers have my mobile number and let me know if they are delayed."
● Staff told us they had enough time to travel between their calls in order to reach the next person on time. Individual daily rotas for staff showed that staff were given sufficient time between calls and they worked in a specific local area to avoid long distances.
● Staff were required to log in to their calls using a phone application or dialling a freephone number. We carried out an analysis of call monitoring information covering the period between July 2022 and August 2022 which showed the times staff logged in and out of their calls.
● We found staff were punctual and arrived within 15 minutes of the scheduled time. There were some discrepancies with how staff logged into their calls, but these had been mostly identified by the provider. We received assurance from the provider, people and relatives that staff carried out their calls appropriately and at the times agreed. We viewed other records to confirm this such as daily logs and timesheets.
● Staff were recruited appropriately. Checks were carried out on successful applicants before they commenced working at the service. These included criminal background checks.
● The provider also requested and received references for new staff, proof of their identity, a record of their employment history and evidence of their legal right to work in the UK. This information helped the management team assess the suitability of staff to support people in their own homes.

Using medicines safely
● Medicines were used safely. The provider had suitable arrangements for the administration of medicines. There was a medicines policy for staff to follow. There were protocols for medicines that needed to be taken when required, known as PRNs, for example, those needed for pain relief.
● People were supported to take their medicines by trained staff. One person said, "The carer helps me and will collect medication from the pharmacy and will remind me to take it."
● Records showed staff were also trained to follow special instructions such as how to crush and disperse medicines in water, where this was specifically prescribed for people by their GP. Another person told us, "I can't use my right hand, so the carer gives me my medication and I get it on time."
● Staff had their competency assessed to make sure they had the skills to manage medicines. Spot checks, which were observations of staff practice when they were out in the community, were carried out by senior staff to see that staff were following safe medicine procedures.
● Each person had a medicines administration record (MAR) where staff documented when a person had taken their medicines or had not taken them. These included medicines that needed to be given at specific times to ensure people's health was being maintained appropriately. Records showed these medicines were administered at the correct times.
● The management team carried out audits of MARs to check for errors or gaps and to monitor that people had received their medicines as prescribed. They took action and investigated where these occurred.

Preventing and controlling infection
● People were protected from the risk and spread of infection. There was an infection prevention and control policy in place which provided guidance on how to protect people and staff from infections.
● Staff used Personal Protective Equipment (PPE) when visiting people and carrying out personal care. The provider had a sufficient stock of PPE to supply to staff.
● Staff told us they washed their hands before and after supporting people with their personal care. People and relatives confirmed staff wore PPE and maintained hygiene and cleanliness. A relative said, "The carers wear gloves and aprons, will give (family member) a shower and a shave. There are no issues with hygiene."

Another relative told us, "They always wear their masks and gloves."

Learning lessons when things go wrong

● Lessons were learned as a service by the staff and the management team, in order to prevent re-occurrence of incidents. The provider had a procedure for incidents and accidents that occurred. This included a form to record the details of what had occurred, such as a fall or serious injury.

● For example, after an incident relating to information governance at the service, processes for ensuring people's personal data was protected were reviewed.

● We noted the accident and incident form being used was a version used by the previous provider, which had not been developed or updated since 2014. We discussed this with the managing director because it was not always clear on the forms how lessons would be learned.

We recommend the provider reviews their current processes and incident reporting forms to ensure they follow up to date best practice guidance around learning lessons when things go wrong.

Good

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 of 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;

- People's needs and choices were assessed before they started using the service. An assessment was carried out to determine if a person could be supported by the service with their personal care needs. People and their relatives told us they were involved in the assessment process. This helped ensure staff had the information they needed to meet people's needs.
- Assessments covered people's needs and any risks staff should be aware of to keep them safe. For example, if the person needed support with their mobility, their medicines and managing the risk of conditions, such as pressures sores or incontinence. People's equality needs, such as cultural and spiritual practices and their emotional support needs were also taken into account. This meant the service could best support people in the way they wanted.

Staff support: induction, training, skills and experience

- Staff were trained and provided with the skills and knowledge to support people. Records showed staff completed an induction after they were recruited to help them get to know the procedures and policies of the service. They also initially shadowed their colleagues when they were providing care. A staff member told us, "We have had good training. Recently we had some in person training in the office."
- New staff also completed training in topics such as moving and handling, infection prevention and control, medicine administration, safeguarding adults, nutrition and first aid. Refresher training was provided to all staff to aid their development and update their knowledge of important topics.
- Some staff also received specialised training from health professionals such as district nurses on how to support people with PEG tubes. This included learning how to rotate, connect, flush and clean the tube.
- Staff told us they were supported in their roles and had opportunities to discuss their work, their performance and any concerns with the registered manager or line manager. A staff member said, "The manager is very good. Everyone is supportive."

Supporting people to live healthier lives, access healthcare services and support; working with other agencies

- The provider worked with other agencies to ensure people were supported to maintain their health.
- People were supported to access their local GP, district nurses, physiotherapists, speech and language therapists and other professionals. Their contact details were available in care plans.
- Staff told us they could identify if people were not well and knew what action to take in an emergency.

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

- People confirmed they were supported with food and drink to maintain their health.

● Information about people's nutritional and dietary needs were included in their care plan. Some people required feeding through a PEG tube and records showed staff were able to ensure they maintained their food and fluids.
● Staff were mostly required to reheat meals made by relatives or prepare snacks and hot drinks. One person said, "Food and drink is prepared for me and it is prepared well." A relative told us, "They provide [family member] with lots to drink and make food that they enjoy. [Family member] is always given choices."

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.

● The service followed the principles of the MCA. People's ability to consent to decisions made about their care was assessed and recorded. Records showed if people had lasting power of attorney arrangements in place, for example if decisions about their care could be lawfully made by their representatives. A relative told us, "They communicate well and get consent form [family member] before they start to wash and dress [family member]."
● Staff had received training in the MCA and told us they asked for people's consent at all times before providing them with support. A staff member said, "I always make sure I seek my client's consent before I do any tasks."

Good

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 of 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; equality and diversity

● People told us they were treated well. People and their relatives felt staff were understanding and caring. They told us they had regular care staff which helped to develop positive relationships. One relative said, "The carers are wonderful; my [family member] and I adore them." Another relative said, "The carer knows what [family member] wants. There is great communication. The carer has a gift and it is just like they are caring for their own parent. They are very diligent and work hard. There is no anxiety from [family member] when they are with the carer."

● Staff we spoke with told us they had gotten to know people well and had developed relationships over a long period of time. Some staff were matched to people of the same cultural background or nationality as the people they supported, to help with communication and overcoming language barriers.

● People's equality characteristics were understood, such as their race, religion, cultural and spiritual beliefs and disabilities. These were recorded in their care plans. For example, if people required food that was only permissible according to their religious beliefs. Staff told us they understood these requirements and supported people to ensure these needs were met.

● Staff told us they followed the provider's equality and diversity procedures and respected people's human rights. A staff member said, "This is very important. I treat everyone respectfully and don't judge them on their sexuality or race. We are there to care for people."

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

● People were supported to express their views and make decisions for themselves as much as possible. One person said, "They treat me well and respect my wishes." A relative said, "The carers chat away to my [family member] and tell them what they are going to do now and ask [family member] if that is OK."

● People or their relatives, where appropriate, told us they had consented to receive care from the provider and had been involved in the planning of their care.

Respecting and promoting people's privacy, dignity and independence

● People and relatives told us the staff were caring and respectful. One person told us, "The carers are very respectful."

● People and relatives told us their privacy was respected by staff. Staff were mindful of protecting people's dignity and told us they made sure they closed doors and curtains when providing people personal care. A staff member said, "I don't violate people's privacy. I give them space. I must close the door and curtains." A relative said, "The carer will use the key lock, but will still knock when they arrive."

● Care plans contained information about people's levels of independence. For example, their ability to walk independently and dress themselves. A relative said, "Carers allow [family member] to be independent

when they can."

● There was a confidentiality procedure in place to secure and protect people's personal information. Staff told us they understood the importance of data protection and not putting people's personal information at risk by sharing information with unauthorised persons.

Good

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 of 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

- People's care was personalised. They had choice and control of how they wished to receive care, and these were set out in care plans. A relative told us, "The carers follow the care plan and care for [family member] so well."
- Care was person-centred and took into account people's health conditions, potential risks to them, what specific support they wanted, how they wanted it carried out and how they liked to spend their day. One person said, "They do a good job and do everything that I would expect, and I am very happy with the service I receive."
- People's needs, preferences, hobbies and interests were recorded in care plans. Care plans were detailed and contained personalised information including the outcomes they wished to achieve from their care and information about their equality characteristics. Information was set out in a section called "How I like my care to be delivered." For example, one person's care plan informed staff, "I would like the carer to offer me snacks during the day and drinks and make sure I am comfortable in my armchair."
- The management team ensured care plans were reviewed regularly or as and when necessary, such as when people's needs changed.
- Staff told us they communicated with each other to ensure people received the support they needed and that care plans were helpful.

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.

- People's communication needs were set out in their care and support plans. Staff told us they followed the person's communication plan. For example, one person's care plan stated, "[Person] is not able to communicate verbally but can make noises. Carers are to be patient, speak clearly to [person]." Staff told us they were able to use signs and gestures to communicate with people who were less verbal.
- Staff were also able to communicate with people in the same language if they had been matched this way by the management team, at the person's request.
- The provider was able to provide information about the service in a format that was suitable for them to understand, such as easy read or large print versions.

Improving care quality in response to complaints or concerns

● Care was improved in response to complaints. The provider had a complaints procedure should people wish to make a complaint if they were not happy with aspects of the service.
● Records showed the registered manager investigated complaints according to the complaints policy and provide people and relatives with an outcome for their complaint.
●People told us the provider was responsive to concerns or queries. One person said, "Communication is good. I will normally call if I have a problem and I get a good response. I have not really complained, but I wanted a different carer who spoke the same language. I asked for one and I have one now." Another person told us, "I can speak to the managers at any time and they respond quickly if I require any changes in timings of care or additional calls."

End of Life care and support
● The service supported people with palliative care and people with end of life support needs. There was a policy in place, which set out how people's wishes for end of life or palliative care would be assessed and respected.
● We saw people's end of life wishes were recorded and support was received from end of life care professionals to assist the service and staff.
● Staff received training in end of life care, to prepare them with the knowledge and skills needed.

Good

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 of 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;

- The provider had established a positive and open culture in the service. We received very positive feedback from staff, people and relatives. This indicated the service was well managed. Where some people raised minor issues with us, we followed these up with the management team to look into.
- People told us the care was personalised for them and they felt empowered to achieve good outcomes. They told us communication from the service was good. For example, they were promptly informed of changes to their care and concerns were resolved quickly. One person said, "The care is excellent and the service and care are wonderful." Another person told us, "They are so good and I would give them 100 out of 10, not just 10 out of 10! They are that good!"
- Staff told us there was an open-door policy and could approach the management team with any issues. A staff member said, "It is a really good company. They are very good to us. They support us with everything. The managers and office staff are excellent. So responsive to any issues."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Managers and staff told us they were clear about their roles. The registered manager had been in post for just under a year and they told us they were well supported by the provider and the senior management team. They said, "[Managing director] has been lovely, so passionate. We have all worked really hard to make sure we have the resources and skills to deliver a good service." The managing director said, "We want to attract good staff. We have a competitive pay rate and we upskill our staff and have managed to recruit a lot of staff."
- The registered manager was supported by other senior staff such as a deputy manager, field care supervisors, a compliance manager and care coordinators. They worked together to monitor and manage the day to day running of the service.
- Staff told us they understood their responsibilities and who they reported to. Their performance and conduct was assessed through spot checks and competency checks to ensure they provided care to people that was safe.
- Quality assurance systems were in place to identify areas that needed further work and drive continuous improvements in the service. Audits of care plans, medicines records, staff training and daily notes were carried out. Staff were also assessed for their competence and their punctuality with care visits. If concerns were identified with staff performance or record keeping, these were addressed in supervision and team meetings.

● An issue with call planning and monitoring software had been recognised by the provider. After the inspection, the management team told us the improvements they would be making, for example checking the data was more reflective of changes to people's preferred call times.
● The provider demonstrated they were also trialling and investing in a more advanced call monitoring system to reduce such discrepancies and provide new phones for staff with updated software.
● We noted staff recruitment files contained correction marks on them which were made following audits. This meant the files were not always easy to read. We discussed this with the registered manager who told us they would work with the recruitment managers to make sure the records were reviewed and clearly set out.
● The provider carried out yearly surveys and sent out questionnaires for people and relatives to provide their overall feedback about the service. Outcomes from surveys were reviewed and analysed to see if they could further improve people's experience using the service.
● The management team also followed recommendations from external professionals, such as service commissioners from the local authority. They developed improvement action plans where appropriate.

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
● The registered manager was aware of their legal responsibility to notify the CQC of any allegations of abuse, serious injuries or incidents involving the police.
● They were open and honest with people when things went wrong. We saw from responses to complaints that they apologised for errors made in the delivery of the service or if people did not receive the care expected. The registered manager looked into ways the service could improve to prevent future reoccurrence.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics;
● People and relatives told us they were contacted by the service to check how they were and if they had any issues. One person said, "The office call to see that I'm OK." A relative said, "The agency is well managed. The carers are friendly, professional and communication is good. A very supportive agency."
● We saw records of telephone calls to people as part of their monitoring of staff and ensuring they were providing a safe service to people.
● Comments from people and relatives showed they felt involved in the service and were satisfied with the care they received. One person said, "I was involved in the writing of my care plan and have signed it."
● The provider produced regular newsletters for staff to keep them informed and updated about the service or government guidance around COVID-19. There was a monthly carer of the month award to help encourage and motivate staff to maintain standards in their work.
● Staff meetings were used by the management team to share important information and discuss any issues. Topics discussed included safeguarding, training, staffing and complaints. The registered manager had addressed call logging issues with staff in team meetings to remind them of their responsibilities to ensure they followed correct procedures. A staff member said, "[Registered manager] is awesome. Amazing. So friendly and helpful. They really make you feel appreciated."
● People were consulted about their equality characteristics and these were recorded in their care plans.

Working in partnership with others;
● The provider worked well with health and social care professionals, such as local authority commissioners to ensure people received the care they needed.
● The provider was a member of various networks and organisations within the care industry and followed best practice guidance. They had received accreditation for their quality management and people

management systems.