

Devoted To Care Ltd

# Devoted To Care LTD

## 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

The inspection took place on 12 December 2017. We gave the provider notice 48 hours before the inspection as the service provided personal care to people in their own homes and we wanted to be certain someone would be available to assist with the inspection.

This was the first inspection of the service since it was registered in May 2017.

Devoted to Care LTD is a domiciliary care agency providing personal care to people living in their own homes. The agency is a private company. At the time of the inspection eight older people were using the service. People's needs included dementia and care and support with physical disabilities and health conditions.

The registered manager was also the owner of the organisation. 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 and associated Regulations about how the service is run.

People using the service and their representatives were happy with the service and told us they would recommend it to others. People found their care workers were kind, considerate and respectful and had good relationships with them. They told us that they were supported to be as independent as they wanted to be and able to make choices about their care. They regularly met with the registered manager and were able to give feedback about the service and ask for changes to their care plans. People said that their privacy and dignity were respected.

People felt safe and told us their care workers arrived on time and cared for them safely. They received their medicines safely and as prescribed. The risks to their wellbeing had been assessed and planned for. There were enough staff to keep people safe and meet their needs. There were procedures designed to protect people from the risk of abuse. The staff were aware of good infection control procedures and wore protective equipment, such as gloves and aprons, when providing care.

People's needs had been assessed in line with good practice guidance and they had been able to express their views and preferences. They had consented to their care and treatment. People were given the support they needed to meet healthcare needs and the staff liaised with other healthcare professionals as needed. People's nutritional needs were being met. Each person had a care plan which outlined their needs and these were regularly reviewed.

The staff were appropriately trained, supported and supervised. The registered manager worked alongside the care workers providing care and support to people. They carried out spot checks to observe how the staff performed. They also met with the staff to appraise their work and give them opportunities to discuss

their own career development.

People using the service, their representatives and the staff were invited to share their views about the service and give feedback about areas they felt could be improved. The registered manager had a good relationship with all stakeholders. People using the service and staff were provided with copies of key policies and procedures. Records kept by the service were up to date, accurate and stored appropriately. The provider used computerised systems to help monitor the service. People told us they knew how to make a complaint but were keen to stress that they had never needed to.

## 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.

There were procedures designed to protect people from the risk of abuse and to take action if there was suspected abuse.

The risks to people's safety and wellbeing had been assessed and planned for.

People received their medicines in a safe way and as prescribed.

There were enough staff to keep people safe and meet their needs.

People were protected by the control and prevention of infections.

The provider had learnt from things that had gone wrong and was able to make improvements following these incidents.

### Is the service effective?

Good ●

The service was effective.

People's needs were assessed in line with current good practice guidance.

People were supported by staff who were appropriately skilled, trained and supervised.

The provider was acting within the principles of the Mental Capacity Act 2005.

The staff supported people to make sure they stayed healthy and acted swiftly when people's health changed.

People had enough to eat and drink and were happy with the support they received in this area.

### Is the service caring?

Good ●

The service was caring.

People were treated with kindness and compassion by polite and respectful staff.

People were able to express their choices about the way in which they were cared for and these were respected.

People's privacy and dignity were respected.

### **Is the service responsive?**

**Good** ●

The service was responsive.

The service responded to people's needs and preferences by planning and delivering care which met these needs.

People's concerns were listened to and responded to in a way which improved the service. People knew how to make a formal complaint and felt happy that they would be acted on.

### **Is the service well-led?**

**Good** ●

The service was well-led.

There was a positive, inclusive and open culture at the service.

The provider had clear and robust systems for auditing the service.

People using the service and other stakeholders felt it was well-led.

# Devoted To Care LTD

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider 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.

This inspection took place on 12 December 2017. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available.

The inspection was carried out by an inspector. Before the inspection we contacted people who used the service and their relatives by telephone. These phone calls were made by 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.

Before the inspection visit we looked at all the information we held about the service. This included information obtained from the provider as part of their registration. We spoke with three people who used the service and the relatives of four other people.

During the inspection visit we met the registered manager. We looked at the care files for three people who used the service. We also looked at the recruitment, training and support records for three members of staff and other records used by the provider which included records of quality monitoring, meeting minutes and concerns.

# Is the service safe?

## Our findings

People who used the service and their relatives told us they felt safe with the care workers and in the care of the agency. Some of their comments included, "My relative is very safe with the carer. I have absolutely no worries at all about safety", "I feel very safe with [care worker]. She is really lovely" and "I feel very safe with them. I wouldn't have a wrong word said about them. They are reliable. They are lovely people."

The provider had procedures regarding safeguarding adults and whistle blowing. The staff had received training in these areas which was regularly refreshed and updated. People using the service and the staff had been given written information about how to recognise and report abuse. The registered manager demonstrated a good awareness of how to respond to allegations of abuse, however there had been none.

The risks to people's wellbeing had been assessed. Each care file included detailed information about risks associated with people's health, their home environment and supporting them to move safely. Additional risk assessments had been created where there was an identified need, for example for people who received support with the administration of medicines, people at risk of choking and people at nutritional risk. The assessments included details about how the staff should keep people safe whilst respecting their choices and allowing them the freedom they wanted. Risk assessments were written in partnership with the person or their representatives. Copies of these were kept at the person's home as well as the agency offices. They were regularly reviewed and updated.

People's needs were met by suitable staff. The provider employed enough staff to meet their needs. People told us they usually had the same regular care workers, who arrived on time and stayed the agreed length of time. One person told us, "[Care worker] comes for an hour in the morning and one and a half in the afternoon and she is never rushed. She stays the right time." Another person said, "I'm not really sure how long they are supposed to be here. I think it's an hour? She definitely stays a long time and doesn't rush about which is good." Another person told us, "They are never late and we do not need to worry." They went on to tell us, "They never leave without asking if I need anything else doing and they always leave me a fresh cup of tea before they go."

The registered manager explained to us that they had recruited, trained and inducted more care workers than they were currently giving regular work to. This meant that they could accept new referrals and had the staff available to meet the needs of additional people. The care workers regularly working at the service supported the same people and were familiar with their needs. There were systems for planning how staffing was allocated and the registered manager had a good overview of these. An electronic call monitoring system was used by the staff to record the time they arrived and left a person's house. The registered manager received alerts if care workers did not arrive as planned.

There were systems for recruiting new members of staff to make sure they were suitable. These included formal interviews with the registered manager where they were asked about their skills and experience. They were also asked to complete a written piece of work describing their personal philosophy regarding care to make sure their views and values were consistent with the provider's. The provider requested information

about their employment history, references from previous employers, checks on their identity, checks on their eligibility to work in the United Kingdom and information about any criminal records from the Disclosure and Barring Service.

People received their medicines as prescribed and in a safe way. People who were supported with their medicines told us that they received these in a safe way and they were happy with the support they received. One person explained, "They sort out the tablets for me. I take them myself but they read out what it is and check that the dose is right and then they write it down in the book and make sure I've got a drink of water to take them with."

There were detailed risk assessments and information about the medicines people had been prescribed. People had been asked consent for the staff to administer their medicines and this was recorded. The staff had received training in the safe handling of medicines. The registered manager assessed their competency to do so during regular observations. We saw that medicines administration records had been completed accurately.

People were protected by the prevention and control of infection. The staff were provided with protective clothing and equipment, including uniforms, gloves, aprons and hand sanitiser. The staff were given regular training about infection control and prevention. This had also been discussed at team and individual staff meetings. The registered manager noted information about staff adherence to good practice and the company's procedures when they carried out spot checks and observations of the staff at work.

The provider had systems to learn from when things went wrong. They had a contingency plan which included how to continue to provide the service in different scenarios. There were procedures for recording accidents and incidents and responding to these. We saw that the registered manager had recorded any concerns identified by people using the service, their representatives and the staff. These included concerns about safety in the person's environment, equipment and incidents where people had been challenging towards the care workers. The records showed the action the registered manager had taken which included contacting other provider's, healthcare professionals and people's families so they could work together to make the necessary changes. The registered manager described one incident where a staff member had been placed at risk. They explained how they had worked with the family of a person to plan changes to the way they delivered the service so that the person and staff could stay safe.

## Is the service effective?

### Our findings

People's needs had been assessed in line with current good practice and legislations. Assessments included details about people's choices and preferences. The assessments were clearly recorded and covered people's care needs as well as other relevant information, such as their religion, cultural needs, communication needs and social needs. The needs assessments were closely linked to risk assessments and how to keep people safe. People had provided information for their assessments and had signed their agreement with these.

People using the service and their relatives told us that the staff were well trained and knew what they were doing. One comment regarding this was, "I think they are all well trained and know what they are doing. There's been a different carer when one of the regulars has been ill or on holiday but normally it's the same face every time which is important and they all know what they are doing."

There were suitable systems for the induction and training of new staff. The provider used the support of an approved social care training provider who attended the agency offices to provide face to face training. In addition the staff had access to a range of DVDs, videos and on line training. The training provided with in line with the Care Certificate. The Care Certificate is a nationally recognised set of standards that gives staff an introduction to their roles and responsibilities within a care setting. Training updates were also provided annually. The registered manager explained that all of the staff had been registered to work towards a national vocational qualification.

The registered manager asked the staff to complete monthly surveys about their experiences and how they felt about working at the service. In addition they worked alongside the staff providing care and met with them each month to discuss their work. They observed the staff providing care and made recommendations where improvements were needed.

The staff communicated well with each other and worked together to provide an effective service. The registered manager organised team meetings and social events where the staff could discuss areas of their work. In addition, the computerised system used by the provider allowed the staff to share information about changes in people's needs and the care they had provided. The registered manager showed us that care workers could send alerts about people's health or concerns they had which were received immediately so the registered manager could act on these.

All the staff were provided with a handbook of written information about the service, including expectations of their role and key policies and procedures.

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. We checked whether the service was working within the principles of the MCA and found that they were.

Assessments of needs and care plans included information about people's capacity to consent. People had consented to their care and treatment and this had been recorded. Where people lacked capacity we saw that the provider had discussed their needs with their representatives who had agreed the plan of care in the person's best interests.

The staff had received training regarding the MCA and there was information available at the agency offices for them to update their knowledge.

People's healthcare needs had been recorded within their assessments and care plans. We saw that the staff monitored changes in their health and recorded these. There was evidence the staff had taken appropriate action when people had become unwell. For example, they had called the person's GP and requested checks on their wellbeing.

People who received support at mealtimes told us they were happy with this. The relative of one person said, "They help [person] with [their] meals and there is a lot of information in the care plan about the food [they] like and things [they] do not. They make sure that [person] gets a good varied diet which is reassuring for us."

People's dietary needs and preferences were recorded in their care plans. The staff had received training on the importance of good nutrition and hydration.

## Is the service caring?

### Our findings

People using the service and their representatives told us that the care workers were kind, compassionate, respectful and polite. Some of their comments included, "The carer really goes the extra mile all the time", "I can't fault the regular carer. She is marvellous", "The carer is lovely and obliging", "My carer needs some kind of award, she is just brilliant, I think she is the very best", "They are amazing, they always have a chat with [person]" and "They are patient and they always do their very best."

The provider's own feedback from people obtained through reviews and surveys also confirmed that people using the service felt they were treated with kindness and had the emotional support they needed.

People told us they were involved in making decisions about their care. One person explained, "We talked to the owner and she was really lovely and made sure we could tell her what we wanted." Other people told us that the care workers asked for their opinions and made sure they gave them choices at each visit. One relative told us, "The carer tells [person] – 'you are in the driving seat so it is up to you to tell me if I get anything wrong and then I can put it right' – she is lovely." One person who used the service commented, "They never do anything without asking me if it's alright even if they do the same things most days."

People's preferences were recorded in their care plans and the records of care provided showed that these were respected and followed. The records which showed the registered manager's checks on the staff providing care included information about whether the care workers were polite, respectful and whether they respected people's choices. We saw one record where the registered manager had given a care worker advice about providing a person with an opportunity to do something instead of the care worker doing this. We saw that this advice had been followed and the person was given more control over this aspect of their care.

People using the service and their relatives told us that the care workers respected their privacy. They explained that care was provided behind closed doors and that the care workers always addressed them in a respectful manner. People also told us the care workers supported them to do things for themselves and be as independent as they were able and wanted to be. One person told us, "I try to do as much as I can for myself to try and be a bit independent but it's good to know they're there if I need them." Another person said, "When they are getting my dinner ready they don't do everything. They're patient and let me prepare as much of my dinner as I can. I like that."

## Is the service responsive?

### Our findings

People using the service told us that they or their relatives were able to make their own decisions and that their preferences were taken into consideration. They told us the service was responsive and changes to their care plans had been made when their needs changed. One relative told us, "They came and talked to us about the care plan. They've made it very clear that if we find we need more support they can come and review things with us. Even when there is nothing to change, the manager comes to review things anyway." Another relative explained, "When we first started with them, the owner came and went through everything we needed. She made a few recommendations for us to think about and said that if anything changes (in what support is needed) she will come and talk to us about it."

The relatives of people explained that the agency kept them informed and worked closely with them. One relative told us, "The staff are really good. They do keep an eye on everything and tell me straight away if they are worried at all about [person]. I think they report it back to the manager as well. They've never had to call the doctor out up to now but I'm confident that they would if they thought that was needed."

Care plans were comprehensive and gave specific information about how people wanted to be cared for and how their needs could be met. The care plans were regularly reviewed and there was evidence changes had been made to these plans in response to changing needs and requests from the person for changes. The staff recorded the care they had given in logs and these showed that care plans were being followed.

People using the service told us they had information about the service's complaints policy in their care plan, although everyone we spoke with told us they had not needed to make a complaint. One person explained, "If anything was going wrong or bothering me, I'd talk to the carer who comes here first because she's really good. She's been doing the job for a long time and I feel really comfortable talking to her." The relative of a different person told us, "If I was worried about anything I would have no problem in ringing the owner. She is very hands on. I think the communication from her is pretty good. I must say though that I've got no complaints at all."

People using the service had been provided with a guide which included a copy of the complaints' procedure. There had not been any formal complaints received by the service. The registered manager had recorded concerns and how these had been responded to. We saw that the registered manager had been in regular contact with the person raising the concern and others to make sure everyone was happy with the outcome.

## Is the service well-led?

### Our findings

People who used the service and their relatives all told us they thought it was a very good service. They said that they would recommend it and they were happy with all aspects of the service. One person explained, "I have no complaints, this is a very good service and I do not know what I would do without them." Another person said, "I feel very well looked after and very safe." The relative of a different person told us, "I can't think of any improvements they could make. The manager is very approachable. She is professional but kind. She listens to us and makes any changes we ask for if she can."

The provider's own feedback from people gathered during meetings and through written feedback included the comments, "I am very satisfied with all the support", "The staff are friendly, respectful and the standard of care is outstanding" and "The staff are very patient, friendly and caring people."

There was a clear and credible strategy to deliver high quality care and support. The registered manager met with people using the service, staff and others to discuss their views and review the service provided. They also worked alongside the care workers providing support to people. People were asked to complete written feedback forms about their experiences. The registered manager also recorded people's views which they obtained during reviews of care and supervision with the staff.

The registered manager had previously run another care agency and was an experienced carer and manager. They told us they were planning to recruit more managerial support as the business grew but were able to fulfil all aspects of their role at the time of the inspection.

There were appropriate policies and procedures which the registered manager regularly reviewed and updated in line with legislation. People using the service and the staff were provided with information about these. The registered manager explained how they were continuously developing the service and working with training providers and the local authority to discuss where improvements could be made.

Records were appropriately maintained, clear and up to date. The provider used an electronic system for planning care visits, communicating with the staff and monitoring that visits took place on time. The registered manager showed us that the system could be used to generate reports to audit different parts of the service and provide information about individual people or members of staff. The system was linked to the staff mobile phones and they updated records about people's care electronically. The registered manager received this information immediately and could respond to any changes in people's needs or alerts.