

Villcare Limited

Villcare Limited - Eastbury Road

Inspection report

51 Eastbury Road
Watford
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Website:

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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 

Overall summary

This inspection was carried out on 22 October 2015 and was unannounced.

Villcare Limited- Eastbury Road is registered to provide accommodation and personal care for up to four people who are living with a learning disability or who have an autistic spectrum disorder. There were 3 people living at the service on the day of our inspection. There was a registered manager in post. A registered manager is a

person who has registered with the Care Quality Commission (CQC) 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.

Summary of findings

When we last inspected the service on 30 October 2013 we found them to be meeting the required standards. At this inspection we found that they had continued to meet the standards.

The Mental Capacity Act (2005) provides a legal framework for making particular decisions on behalf of people who may lack 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. Where 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working in line with the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. We found that the service was working in accordance with MCA and had submitted a DoLS application which was pending an outcome.

The majority of people who lived at the home were unable to communicate verbally but we observed staff supporting people with a range of communication aids, which included signing and interpreting people's body language with regards to meeting their needs and wishes.

We found that people received care that met their individual needs. We saw that people responded to staff in a positive manner, this was through observing people's body language, the use of sign language and from a regular and long serving staff team who were familiar with people's needs and wishes. There was varied menu available and people were given assistance to eat and drink where needed.

There was an activities plan which took into account people's hobbies, interests and life histories and plenty of opportunity to go out for the day and into the community. People's feedback was sought informally through daily contact and there was a pictorial complaints procedure for formal complaints.

People, staff and professionals were positive about the leadership in the home. There were systems in place to monitor the service and address any shortfalls. There was an open and inclusive atmosphere in the home and people came first.

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.

People felt staff and staff knew how to keep people safe.

There were sufficient staff to meet people's needs.

Medicines were managed safely.

Good



Is the service effective?

The service was effective.

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

People were supported to make their own decisions but assessments were completed appropriately in accordance with the MCA 2005.

There was a varied diet and people were supported to eat and drink.

People had regular access to health and social care professionals

Good



Is the service caring?

The service was caring.

People were treated with dignity and respect.

Staff were kind and caring.

People's privacy was respected.

Good



Is the service responsive?

The service was responsive.

People received care that met their individual needs.

There was a variety of activities that promoted hobbies, interests and life histories.

People's feedback was sought and acted upon.

Good



Is the service well-led?

The service was well led.

People were positive about the leadership in the home.

There were systems in place to monitor the quality of the service.

There was an open and inclusive atmosphere.

Good



Villcare Limited - Eastbury Road

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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2014 and to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This visit took place on 22 October 2015 and was carried out by one inspector. The visit was unannounced. Before

our inspection we reviewed information we held about the service including statutory notifications relating to the service. Statutory notifications include information about important events which the provider is required to send us.

During the inspection we spoke with two people who lived at the service, one relative, one member of staff and the registered manager. We received feedback from health and social care professionals. We viewed two people's support plans and three staff files. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us due to complex health needs.

Is the service safe?

Our findings

We spoke two people who lived at Eastbury Road. One person, with the assistance of a member of staff answered 'yes' when we asked if they felt safe. One relative told us that they felt their relative was always safe at the home and that they found all the staff "Kind and considerate."

People had their individual risks assessed and plans were developed which ensured that risks were mitigated. These plans helped people continue to participate in hobbies or tasks that interested them. For example an up to date risk assessment had been completed for a person who had epilepsy and the associated risks in relation to maintaining their safety when outside of the home. We saw another person had been assessed as being at risk of falling out of bed. We saw that a risk assessment for the use of bedrails had been completed and also a consent form had been signed on their behalf.

Accidents and incidents were recorded, investigated and reviewed. Where remedial action was required to reduce a reoccurrence this was completed and then communicated through the staff team by handover meetings or team meetings.

Medicine records we looked at had been completed when people's medicines were administered to them, and were reviewed when required by health professionals. We observed one member of staff administering medicines and saw that they did so safely and ensured each person received the correct medicines. Staff said they were confident at managing medication and had received

training. Stock checks of medicines we looked were correct. We saw that in addition to these checks the pharmacy that provided people's medicines carried out their own audit. Where actions were identified these had been completed

A relative and staff member we spoke with told us that they felt that there were enough staff to keep people safe. There was a minimum of two staff on duty during the daytime and one member of staff on duty each night. Staffing was used flexibly to support people with outside activities and attending appointments. An on call system was in place for staff to seek guidance and advice out of office hours.

Staff were knowledgeable in recognising signs of potential abuse and understood the relevant reporting procedures. One staff member said, "I would always report even the slightest concern to the senior on duty and of course the manager and if I was the most senior person on duty I would contact social services." Staff were required to complete safeguarding training as part of their induction and undertook regular refresher training to help ensure their knowledge remained current. No safeguarding concerns had been raised by the agency in the past twelve months however the registered manager confirmed that they would escalate any concerns to the local authority safeguarding of adults team when necessary.

Recruitment records showed that staff had followed an application process, been interviewed and had their suitability to work with this client group checked with the Disclosure and Barring Service before taking up their employment.

Is the service effective?

Our findings

Although people we met with were unable to provide a verbal response to questions regarding if they were happy with their care, we were able, with the assistance of a staff member, to interpret people's satisfaction through their body language, facial expressions and sign language. When we asked one person about the staff who cared for them, they responded by smiling and patting the staff member on the back in a kind and appreciative gesture.

We saw that staff met people's needs in a skilled and competent manner which demonstrated that they knew the people well. Staff told us how they helped to support people to make their own decisions and take responsibility for their decisions and actions. Staff were committed to encouraging people's independence and one professional we spoke with praised this aspect of the service saying, "They are working with people who have complex and high needs and the service they provide is both caring and professional."

People were unable to fully participate in the preparation of their meals due to their complex physical and mental health needs. However during our visits we saw staff worked hard to involve people in the preparation of meals. We saw one person was supported to help lay the table. People were encouraged to make their own choices about the food and drink they liked with the use of pictorial menus and examples of healthy foods displayed within the kitchen and dining room.

When staff first started working at the service records showed that they received a comprehensive induction which covered all aspects of delivering care and support. One member of staff told us they felt they had the training they needed to carry out their roles effectively and safely. One person [Staff] told us that "We always have the training that we need and just have to ask if there is any specialist training we would like to attend, we are always allowed to go."

Training records confirmed that staff received a varied training programme and that the training was updated appropriately. Specific training had been provided which ensured that staff had the skills and knowledge to support people for example with behaviour that challenges and how to support a person when they become distressed or anxious.

Staff received regular support and supervision from their manager. An annual appraisal system was in place and staff told us that they felt they received the support and guidance they needed from their manager and the provider.

The Mental Capacity Act (2005) provides a legal framework for making particular decisions on behalf of people who may lack 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. Where 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 in line with the principles of the MCA.

We noted that people's consent was asked for before care and treatment was provided and the manager and member of staff on duty demonstrated an understanding of the Mental Capacity Act (MCA) 2005, and all staff had received training in it. We saw that people's capacity to make day to day decisions was assessed and staff were aware that this may fluctuate according to people's mental health needs.

The manager was aware of the need to apply to the local authority if there was a need to restrict someone's liberty for their own safety under the Deprivation of Liberty Safeguards (DoLS). This meant that people were safeguarded from having their freedom and liberty restricted unnecessarily or unlawfully.

The service encouraged healthy eating and supported people to choose and eat a healthy and

varied diet and maintain a healthy weight. People's food preferences were recorded in their care plan and staff demonstrated a good knowledge of people's likes and dislikes. People's weights were monitored and action was taken promptly if someone gained or lost a significant amount of weight. We saw that one person had specific dietary needs and these were recorded within their care plan. Speech and language therapists had been involved with this person due to an identified risk of choking on their food.

People were supported appropriately with their healthcare needs and staff worked in partnership with other

Is the service effective?

healthcare professionals such as specialist epilepsy nurses, psychiatrists and dieticians to meet people's need promptly. People were supported to attend healthcare appointments with opticians and dentists.

Is the service caring?

Our findings

We observed that staff had built good relationships with the people who used the service. Staff chatted and joked with people in a relaxed way and were patient, compassionate and caring.

Although not everyone who lived at the home was able to verbally communicate their views about the staff with us, we observed relationships and interactions between people and staff were positive. We saw staff were kind and empathetic towards people and understood how to relate to each individual. For example we saw one member of staff patiently sit with a person who was being cared for in bed. We saw that they spoke in a gentle and reassuring way when they assisted this person with their lunchtime meal. We saw that they sat down and ensured they remained at their 'eye' level throughout, maintaining this person dignity at all times.

People told us they were looked after in a kind and compassionate way by staff who knew them well and were familiar with their needs and how they wanted to be supported and cared for. One person said, "I like everyone, they take me out ". Another person commented, "Everyone is my friend and staff make it fun".

We saw a number of positive interactions between staff and the people they cared for during our visit. For example, we saw that one person had become agitated by another person in the home. The staff member talked to them in a kind and gentle manner which de-escalated the situation and resulted in both people becoming calm.

One person told us staff supported them in a way that maintained their privacy and protected their dignity. We saw that if people were in their bedrooms, the staff knocked on the door and waited to be invited in before entering the room. Staff were able to demonstrate how they maintained people's privacy and dignity when they provided care to them. A staff member told us that they would always close the door when they supported people with their personal care and would be discreet when they asked people if they needed supporting while others were near them. They told us how they maintained confidentiality by not discussing people's care outside of the service or with agencies who were not directly involved in the persons care.

People helped create their own personal life stories within their main care plan. We found that the staff had worked hard and produced information in a format for people who were unable to fully understand the written word. For example a leaflet had been produced to inform people of how to complain, a pictorial tick chart for likes and dislikes and a pictorial activity chart.

Some people could not easily express their wishes and did not have family to support them to make decisions about their care. The manager said local advocacy services were available to support these people if they required assistance. Although to date the manager told us that this service had not been required by the people who currently lived at Eastbury Road.

Is the service responsive?

Our findings

One person told us, “I’ve been here a lot of years and that’s why staff know what I like.” “The manager comes and chats to me which is nice”. This person also told us that “The food is bloomin good.”

People received care that met their needs and took into account their individual choices and preferences. Staff knew the people they supported and cared for well. Care plans documented people’s choices and preferences and made clear what people’s skills and abilities were as well as the things they needed help with.

Care plans were subject to on-going review and reflected any changes in people’s needs promptly. All staff had signed people’s care plans and when there was a change to an aspect of someone’s care this was highlighted to staff via the communication book which ensured staff were aware of the person’s current needs.

All staff had undertaken equality, diversity training which ensured that people were given the support they needed in a way that was sensitive to their age, disability, gender, race, religion, belief or sexual orientation. Care plans recorded if people preferred to receive care, particularly personal care, from care staff of the same gender.

We saw that staff supported people, where possible, in their community and to follow their own interests and hobbies. Records showed that people attended social

events as well as accessing local services such as shops, local pubs and cafes. We saw one person was supported to attend their local church and another person liked to go to the golf range supported by a member of staff.

We saw people had individual keyworker meetings where staff supported and enabled people to express any aspects of their care and support that they were not happy with or wished to change. This meant that any informal complaints could be dealt with promptly. There was an accessible complaints procedure and details about how to make a complaint were included as an agenda item at each house meeting. There had been no formal complaints made to the service in the last year.

Annual review meetings were held and parents and carers were invited to attend if the person, whose review it was, consented to this. This meant that parents and carers were able to discuss any concerns they might have with the staff and the manager.

We saw that the home sought views of people who used the service, relatives and relevant stakeholders through satisfaction surveys. We saw several positive comments had been received from the most recent survey which included “The home is very well managed.” We are overwhelmed regarding how the staff have looked after my relative.” Another person commented “ This is a warm and caring home where they are particularly good at managing my [Relatives] complex health issues.” This meant that the provider had ensured there were systems in place for people to provide feedback on the service provided.

Is the service well-led?

Our findings

The service had a positive and open culture. The registered manager worked regular shifts at the service and the provider was well known to staff and residents. Staff told us that the manager was very supportive and provided advice and guidance when they needed it. One member of staff said, “One of the really good things is that the manager supports you if you have any concerns”.

The culture of the service was based on a set of values which related to promoting people’s independence, celebrating their individuality and providing the care and support they needed in a way that maintained their dignity.

Staff we spoke with were clear about how they provided support which met people’s needs and maintained their independence and we observed this during our inspection. There was a real commitment from the manager and staff which ensured people who used the service enjoyed every opportunity to maintain their independence. The manager told us that they have a loyal and reliable team of staff that helps ensure the home provides a high standard of care from staff who know and understand people’s needs, some who have complex and challenging needs.

There was a clear management structure in place, with the registered manager in day to day charge and their line manager visiting the service regularly and providing them with support and guidance. Communication was good between these two people and the registered manager told us they felt well supported by their manager. The registered manager understood their responsibilities and had previously sent all of the statutory notifications that were required to be submitted to the Care Quality Commission for any incidents or changes that affected the service.

There were systems in place to monitor the quality of the service. A training matrix gave an overview of the training provision at the service. Other records for the people who used the service and staff were well organised and clear, which meant that important information could be located easily and quickly.

Regular audits were carried out by the manager to monitor the quality and safety of the service. A monthly audit monitored various aspects of service delivery included medication, finances of the people who used the service, maintenance, health and safety issues, completion of records that related to people who used the service and attendance at healthcare appointments.