

Village Homecare Limited

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## Inspection report

Swan House Business Centre  
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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 inspection took place on 5 October 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service. We needed to be sure that someone would be in the office. The service provided domiciliary care and support to people living in and around Market Bosworth and the Leicestershire and Warwickshire area. At the time of our inspection there were 49 people using the service.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us they felt safe with the staff team from Village Homecare Limited. They told us they were looked after well and their relatives agreed with what they told us. Support workers had received training on how to keep people safe and they knew what to do if they felt that someone was at risk of harm.

The management team were aware of their responsibilities for keeping people safe from abuse and avoidable harm. This included reporting any concerns to the local safeguarding authority.

Risks associated with people's care and support had been assessed. This was so that risks could be identified and wherever possible minimised. This enabled the support workers to provide care and support in the safest possible way.

A recruitment process for recruiting new members of staff was in place. Checks had been carried out by the management team to ensure that as far as possible, only suitable people worked at the service. New support workers had been provided with an induction into the service and relevant training had been provided.

Support workers we spoke with felt supported by the registered manager and the management team. They told us there was always someone available to speak with should they need any help or advice.

Current staffing numbers were sufficient to meet the needs of people using the service.

People's care and support needs had been assessed when they first started using the service. They had been involved in deciding what care and support they needed and in the development of their plan of care. Plans of care included people's likes and dislikes and how they preferred their support to be delivered.

Support workers obtained people's consent before they provided their care and support. The support workers we spoke with and members of the management team understood the principles of the Mental Capacity Act 2005.

Support workers knew their responsibilities with regards to people's medicines. Training in medicine management had been provided and this was being updated on an annual basis.

People using the service were supported with their nutritional and health needs and were supported to access health services when they needed them.

People using the service told us that the support workers who provided their care and support were caring. They told us that they were treated with respect and their dignity was maintained when personal care was provided. Relatives we spoke with agreed with what they told us.

People we spoke with told us that they had regular support workers who, on the whole, arrived on time and stayed the right amount of time. One of the nine people we spoke with had experienced a missed call. This had been looked into by the registered manager and resolved to the satisfaction of the person involved.

People using the service and their relatives knew what to do if they were unhappy with the service they received. They knew who to speak with if they had a concern and were confident that any concerns would be dealt with properly. A formal complaints process was in place, although this had not always been followed when a concern had been raised with the management team. The registered manager assured us that this process would be rigorously followed on receipt of any further concerns.

People using the service and their relatives had the opportunity to share their views on the service they received. They were asked for their opinions on a regular basis. This was through visits to people's homes and through the use of annual surveys. The staff team also had an opportunity to share their thoughts of the service. This was through attendance at team meetings and individual meetings with a member of the management team.

The registered manager was aware of and understood their legal responsibility for notifying CQC of deaths, safeguarding incidents and injuries that occurred or affected people using the service.

The registered manager and the management team monitored the service being provided on an on-going basis. This was to make sure the care and support that people received, was the best that it could be. A business continuity plan was in place for emergencies or untoward events.

## 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.

People felt safe with the staff team who supported them. The staff team knew their responsibilities for keeping people safe from harm.

Risks associated with people's care and support had been properly assessed.

People were provided with regular support workers. The provider's recruitment process had been followed when new support workers were employed to check for their suitability.

### Is the service effective?

Good ●

The service was effective.

New support workers had been provided with an induction into the service and relevant training had been provided.

Support workers felt supported by the management team and they had the skills and knowledge they needed in order to properly care for those they were supporting.

The staff team understood the principles of the Mental Capacity Act 2005 and people's consent was obtained before their care and support was provided.

People's health and wellbeing was monitored daily by support workers.

### Is the service caring?

Good ●

The service was caring.

Support workers were kind and caring and treated people with respect.

Support workers offered people choices on a daily basis and involved them in making decisions about their care.

Support workers understood their responsibilities for keeping information confidential and people's personal records were securely held.

### Is the service responsive?

Good ●

The service was responsive.

People's needs had been assessed and they had been involved in deciding what care and support they required.

Plans of care were in place that reflected the care and support that people needed.

People using the service and their relatives knew what to do and who to go to if they had a concern of any kind.

### Is the service well-led?

Good ●

The service was well-led.

The service was well managed and the management team were open and approachable.

People were given the opportunity to provide feedback on the service they received.

Monitoring systems were in place to regularly check the quality of the service being provided.

# Village Homecare 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 was 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 visit took place on 5 October 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service. We needed to be sure that the registered manager would be available to assist us with our inspection.

The inspection was carried out by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed the information we held about the service. This included any notifications we had received. Notifications tell us about important events which the service is required to tell us by law.

We contacted the commissioners of the service to obtain their views about the care provided. The commissioners had funding responsibility for some of the people using the service. We also contacted Healthwatch Leicestershire who are the local consumer champion for people using adult social care services to see if they had any feedback about the service.

During our visit to the provider's office we spoke with the registered manager, the training manager, a line manager, the senior administrator, the administration assistant and two support workers.

We reviewed a range of records about people's care and how the service was managed. This included four people's plans of care and associated documents including risk assessments. We also looked at four staff files including their recruitment and training records and the quality checking processes that the

management team completed.

As part of the inspection process we spoke with nine people who were using the service and four relatives of other people. This was to gather their views of the care and support being provided. Four support workers were also contacted by telephone following our visit to enable us to gather their views of the service.

# Is the service safe?

## Our findings

People we spoke with explained that they felt safe with the support workers who provided their care and support. One person told us, "Yes I do [feel safe]. I like the carers I've got and I get on well with them." Another explained, "Yes, I am in no doubt [that I am safe]." Relatives we spoke with agreed that their loved ones were safe when being supported by the staff team.

Support workers were aware of how to keep people safe from harm. Staff received training on the safeguarding of adults by the provider and this was being refreshed on a regular basis. This meant that the staff team's knowledge of how to keep people safe from avoidable harm was kept up to date.

Support workers knew the signs to look out for if they felt someone was at risk of harm and they knew the actions to take. One support worker explained, "I would report it to my manager straight away." Another told us, "Because we know them well [people using the service] we look out for signs like bruising or a change in attitude, any concerns I would contact my manager."

We discussed with the management team the safeguarding processes that were in place and it was evident that they were aware of their responsibilities. They knew the procedure to follow to keep people safe. This included referring concerns to the relevant safeguarding authorities and notifying us, the Care Quality Commission (CQC). A member of the management team told us, "I would talk to [registered manager or director of the company] or if they were not available, I would report to safeguarding without hesitation. This showed us that they knew what to do if they had concerns about a person using the service."

The risks associated with people's care and support had been assessed. The registered manager explained that a visit was usually carried out prior to people's care and support commencing. During this time the relevant risk assessments would be completed. If, however a person was returning from hospital, their first call would be carried out by a member of the management team. Risk assessments relevant to their care and support would then be carried out during this visit. People's care records showed that risk assessments had been completed on the environment in which the care and support was to be provided. The risks associated with supporting people with their medicines and with moving and handling had also been assessed. This meant that the risks presented to both the people using the service and the support workers providing the care and support were where ever possible, minimised and properly managed.

An appropriate recruitment process was in place and this was being followed. A check with the Disclosure and Barring Service (DBS) had been made prior to any new member of the staff team working with people. DBS checks help to keep those people who are known to pose a risk to people using CQC registered services out of the workforce. Other checks such as references from previous employers and proof of identity were also included in the recruitment files we checked. All of these checks enabled the management team to employ people who were verified to work with vulnerable adults.

We talked to the people using the service and looked at the staffing rota. This was to see whether there were sufficient numbers of staff employed to meet people's current needs. We saw that there were. The rota was



being monitored daily by the registered manager to ensure that people's care and support calls were covered. We were told by the line manager that if a support worker were to call in sick then a member of the management team would cover their calls. This meant that people's care and support calls would always be covered.

For people who needed support to take their medicines, a medicines risk assessment had been completed. The information gathered during this assessment had then been included in the person's plan of care. This provided the support workers with the guidance they needed to support people in line with the provider's medicine policy and people's preferences. When we asked a relative whether their loved one received their medicines when they should they told us, "Yes they do. It works well."

Support workers had received training in the safe handling of medicines. Those we spoke with were aware of what they could and could not do when supporting people with their medicines. This included only supporting people with medicines prescribed by their GP and only if included on the medicine administration record. One support worker told us, "We can't prompt medicines that aren't labelled with their [person using the service] name and address and that aren't in a dossett box." (A dossett box is a container in which a pharmacist dispenses people's medicines into.) Another explained, "We can prompt medicines from dossett boxes or blister packs as long as they have been prepared by a pharmacist."

The provider had a business continuity plan in place. This directed the management team to the actions to take in the event of an untoward event or emergency occurring. This included what to do if there were a shortage of staff through sickness or an interruption to the office amenities. This meant that the management team could continue to provide a consistent service to the people using it.

## Is the service effective?

### Our findings

People we spoke with told us that the support workers knew them well and had the skills and knowledge to support them properly. One person told us, "Yes. They [support workers] know what they are doing." Another explained, "Yes I would say so [well trained]."

Support workers we spoke with told us that they had completed an induction into the service when they had first started work and training relevant to their role had been provided. This was confirmed through looking at their training records. We saw that a number of support workers had completed the care certificate in social care and the registered manager explained that all new support workers completed this. The care certificate in social care is a recognised set of standards that social care workers work to when supporting people.

There was a training manager in post and they ensured that the staff team had the up to date training they needed. This included training in the safeguarding of adults, dementia care, food hygiene and moving and handling. This meant that the staff team had the skills and knowledge they needed in order to support people properly.

Support workers new to the role had been provided with the opportunity to shadow an experienced member of the staff team in the community. This enabled them to understand what was expected of them before going out alone. One support worker told us, "I went out shadowing, it was useful and I didn't go out alone until I felt ready."

Support workers we spoke with felt supported by the management team. They explained that their work in the community had been spot checked by their line manager. Records we checked confirmed this. Some of the support workers we spoke with had also received a supervision session. This provided them with the opportunity to discuss with their line manager how they were progressing in their role. One support worker told us, "I've been spot checked; [member of the management team] did it." A member of the management team explained that they were arranging appraisals with each member of the team during November 2016 after which, regular supervisions and spot checks would be completed. This would provide further support for the support workers working in the community.

Members of the management team we spoke with also felt supported by the registered manager. One explained, "I do feel supported, if I have a question or get stuck on anything, I can always ask [registered manager] and I will get an answer. There is always someone to talk to even when you are on call."

People's care and support were provided in line with relevant legislation and guidance. The Mental Capacity Act (MCA) 2005 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 make 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. Applications to deprive a person of their liberty in their own home must be made to the Court of Protection.

We checked whether the service was working within the principles of the MCA. No applications had been made to the Court of Protection. The management team understood their responsibility around the MCA. They explained that if a person lacked the ability to make a decision about their care and support, a best interest decision would be made with someone who knew them well.

Mental capacity assessments had been carried out when people had been assessed as lacking the capacity to make a decision about their care or support. This was to ensure that any decisions were made in their best interest. We did note for one person that their assessment had not been fully completed. This was immediately rectified following our visit.

Training records showed that members of the staff team had either completed training on the MCA or were signed up to complete this as part of their on line training. Members of the staff team we spoke with understood their responsibilities within this. One support worker told us, "I had this training not long ago, it's about when people can't make decisions and so we ask the family who know them." Another explained, "It's about making decisions in a person's best interest."

Support workers we spoke with explained that they always sought people's consent before providing any care or support. The people we spoke with agreed with what they told us. A support worker explained, "I am asking all the time if they are happy for me to help them, I will say, can I help with this or can I help with that." Another told us, "I always ask people if they are happy for me to help and get consent that way, If they didn't want me to [help them], I wouldn't do it, but rather ask them if they would like to do it instead."

People were supported to have sufficient food and drink during mealtime calls. Support workers explained that they always provided people with choices and made sure that they had enough food and drink to maintain their health. One support worker explained, "I always ask them [people using the service] what they like, I make sure the meal is warm enough and always make sure they have plenty of fluids." One of the people using the service told us, "They ask me what meal I want then warm it up in the microwave."

People's health and wellbeing was being monitored daily by the support workers. When concerns had been identified these had been reported to a member of the management team and acted on. This included for one person found on the floor, contacting 111 and their relative. This showed that people's health and wellbeing was taken seriously by the staff team.

## Is the service caring?

### Our findings

People we spoke with told us the support workers who visited them were kind and caring and treated them with respect. One person said, "Yes they [support workers] are. Very much so [kind and caring]." Another explained, "We're happy with them [support workers] and the care they're providing. We've got a lovely group of girls." Relatives we spoke with agreed. One told us, "Yes. Absolutely [treated with respect]." Another explained, "They are interested in [relative's name] as a person."

People using the service told us their dignity was always maintained when they were supported with personal care. One person told us, "Yes I would say that my dignity was maintained."

Support workers gave us examples of how they preserved people's dignity when supporting them. One explained, "I make sure they are covered up and they are not uncomfortable with me helping them." Another told us, "I always make sure the doors are closed and the curtains are shut. I ask people if they would like a shower or a wash and I always cover them with a towel."

Support workers we spoke with knew the care and support needs of those they were supporting. They told us that they visited people on a regular basis and there were always plans of care available for further information if needed. One support worker told us, "I have regular clients, you get to know people really well, I love it." Another explained, "We get to know them [people using the service] really well and them us. Because they know us, they trust us."

People we spoke with told us they were supported to make decisions on a daily basis. They told us that the support workers knew them well and gave them the time they needed. One person told us, "I'm perfectly happy with it. They [support workers] are very good. I've had no problems at all with them. They listen and we have a chat. Another explained, "They always ask me [before they do anything]."

Support workers shared with us how they offered people choices when they provided people's care and support. One told us, "I offer choices all the time, such as what would you like to wear, would you like a wash or a shower, what would you like for lunch."

The plans of care that were in place showed what people liked. This information enabled the support workers to provide care and support that met each person's individual preferences. For example one person's plan of care showed that they liked to go out for walks in the nice weather because this is something they used to like to do. Another person's plan of care stated, 'Likes cornflakes, toast and butter and tea with two sugars. Support workers we spoke with knew people's individual preferences.

The provider had a confidentiality policy in place and members of the staff team had signed an agreement agreeing to keep people's personal information private. Computers which stored personal information were password protected and people's care records were kept secure. This showed us that people's personal information was safely stored and held in line with the provider's confidentiality policy.

## Is the service responsive?

### Our findings

People we spoke with told us that they had been involved in the developing their plan of care and had been visited to determine what help and support they needed. One person told us, "Yes I was (visited) and it is exactly what I want (their plan of care)." Relatives we spoke with told us that they had also been able to contribute to the planning of their relatives care. One told us, "Yes we were (involved in the assessment process) and this produced the care plan."

The registered manager explained that people's needs were always assessed. This was so that they could satisfy themselves that the person's needs could be met by the staff team. A member of the management team visited prospective users of the service and their care and support needs were identified. Once all the relevant information had been obtained, a plan of care had been produced.

People's plans of care included their care and support needs and how they wanted those needs to be met. They included people's personal preferences with regard to how they wanted to be supported. For example, one person's plan of care told the reader that they, 'liked bubble bath in their water when they were supported with a wash'. Another plan of care told the reader to, 'offer a choice of meal at lunch time such as jacket potato or fish fingers', because these were meals they enjoyed. This showed us that the plans of care had the necessary information included in them to enable the support workers to provide the care and support that people preferred. One support worker told us, "Every door I close I am 100% contented with the care I have given, because I know the support they need."

We did note that the plans of care did not include information on people's personal history. We discussed this with the registered manager. They told us this would be addressed. By having this information available, support workers would be better informed about the people they were supporting.

People's plans of care had been reviewed. We were told that a review of people's support would be carried out after the first six weeks and then six monthly thereafter unless a change in a person's situation was identified. Where changes in a person's circumstances had been identified, such as a change in the amount of support a person received, their plan of care had been updated to reflect this. This showed us that the management team monitored people's care and support to make sure that the plans of care remained up to date and current.

People told us that they received the care and support they needed. With the exception of one of the people we spoke with, everyone told us that the support workers always turned up for their care and support calls. The person who told us that a call had been missed explained to us that this had been due to a miscommunication. They told us that the registered manager had visited to apologise and they had been happy with how it had been resolved.

People told us that on the whole the support workers arrived on time and stayed for the correct amount of time. One person told us, "Time keeping is fine and we get regular carers." One person did share that they had some issues with timekeeping though they usually had regular carers. We discussed this with the

registered manager. They explained that the person preferred an earlier call than had been agreed when they first started using the service. The registered manager was trying to accommodate this whenever possible. This meant that support workers were sometimes attending at different times. The registered manager explained that they had spoken with the person using the service and they would be offered an earlier call as soon as one became available.

People were provided with a weekly rota. This meant that they knew who would be attending each visit. When we looked at the rota we saw that the support workers had been given time between each call to enable them to get to their calls around the time they were expected. One of the people using the service told us, "We tend to get the same girls and we know who's coming when." Another explained, "Timekeeping usually works well. We generally know who is coming and when, but if someone is off ill or similar we would be contacted to let us know."

There was a formal complaints policy in place and people using the service and their relatives knew who to contact if they were unhappy or unsure about anything. One person told us, "We've got information and we know what to do [if they had a complaint to make]."

We noted that when a complaint had been received the registered manager could not always demonstrate that the formal complaints policy had been followed. This included contacting a complainant with the outcome of a complaint investigation and recording it in their [registered manager] records. We also noted that the recording of some complaints was not consistent. Part of one complaint had been recorded in the provider's complaints log which was in hard copy, whilst the actions taken to address the issue had been recorded on the computer system. The registered manager acknowledged this and assured us that this would be addressed. This would ensure that the management team were clear what actions had been taken following a complaint being received..

## Is the service well-led?

### Our findings

People we spoke with told us that the service was well managed and the management team were open and approachable. One person told us, "Yes I've met them [registered manager]. They are approachable." Another explained, "Yes I have [met members of the management team] and they are approachable." Relatives we spoke with agreed. One told us, "We have met with a senior member of staff, it was very positive."

People we spoke with and their relatives, told us they felt comfortable contacting the management team if they had an issues to raise and felt they would be listened to. One person told us, "They're very good and I'm very satisfied. If I wasn't I'd contact them."

People using the service and their relatives had been given the opportunity to share their thoughts on the service and on the care and support they received. People were being visited every six months by a member of the management team. This was to review the care and support package that they were receiving and to check that they remained happy with their support. One person told us, "Yes. [They had been visited]. They ask me if everything's alright."

Surveys had also been used to gather people's feedback on the care and support they received. These were being sent out by the registered manager on an annual basis to everyone using the service. The last survey which had been sent out in December 2015 showed us that of the 52 sent out, 28 had been returned. Following their return a 'What you said...What actions we will take' action plan had been developed. One of the comments in the 'what you said' section stated "Why can't carer's wear name badges with their name on it." This was taken on board by the management team and support workers were provided with name badges with photographs included. This showed us that people's thoughts of the service were listened to and acted on. A copy of the 'What you said...What actions we will take' action plan had been sent out to all of the people using the service for their information.

Support workers we spoke with felt supported by the registered manager and the management team. They told us that they felt able to speak with them to raise a concern or make a suggestion of any kind and they felt they would be listened to. One support worker explained, "There is always someone around, they are very approachable and they listen to you." Another told us, "I love my job, this is the best company I have worked for."

The registered manager explained that staff meetings took place. The support workers we spoke with confirmed this. One support worker did explain that although a recent staff meeting had taken place this had been the first in a long time. The minutes of the last meeting which took place on 2 September 2016 were not available to view during our visit. One support worker told us, "We do have meetings and we can speak up, well I do anyway." We saw that the next meeting was scheduled for 28 October 2016.

The management team regularly monitored the service being provided so as to provide the best service possible. Audits had been carried out on the paperwork held. These audits included checking the incident

and accident records kept, people's care records, medicine charts and the records completed by the support workers after they had completed a visit to a person's home.

We looked at the daily records that support workers were required to complete. These showed us the tasks that had been completed at each visit and the support workers who attended. They also showed the time of arrival and the time of departure from the call. An electronic monitoring system was also in place. This enabled the management team to check that people were getting the calls they required at the time they required them.

Care calls were regularly audited by the management team to ensure that they had been completed. Any anomalies were highlighted. For example where a support worker had failed to sign in, or where a call had lasted less time than it should. This had then been passed to the registered manager to investigate. This ensured that the people using the service received the care calls that they had agreed to.

The provider's aims and objectives for the service had been shared with everyone involved. These were included in the service user guide, a document given to people when they first started using the service. The support workers we spoke with understood these and put them into practice. One support worker told us, "It is about treating people with respect maintaining their dignity and making sure they are safe and well looked after." Another explained, "It is about providing them with the care they need to enable them to remain in their own home. To provide care in a safe way, to maintain their self-esteem and support them to feel good about themselves."

The registered manager understood their legal responsibility for notifying CQC of certain events that happened. These included any serious injuries, any allegations of abuse and any death of a person using the service. This was important because it meant we were kept informed and we could check whether the appropriate action had been taken in response to these events.