Vera Care Limited

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Inspection report

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Tel: 07789275703

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This inspection took place on 28 August 2018, the inspection was announced.

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to people living with dementia, older people, people with learning disabilities and autistic spectrum disorder, people with a mental illness and people who have a physical disability.

CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. There was one person receiving support with their personal care when we inspected.

At the last inspection on 26 July 2017 we rated the service Requires Improvement overall. We found breaches of Regulations 12 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had failed to ensure that medicines were suitably administered and recorded. The provider failed to establish and operate systems to assess, monitor and improve the quality and safety of the services provided. We also made recommendations. We recommended that the provider reviewed and amended recruitment records. We recommended that the provider reviewed systems and processes for recording and monitoring accidents and incidents. We recommended that the provider reviewed the systems they have in place in relation to reviewing and amending risk assessments. The provider submitted an action plan on 22 September 2017. This showed they had met Regulation 17 by 20 September 2017 and had met Regulation 12 by 15 September 2017.

There was no registered manager in post. 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. The registered manager had deregistered on 22 August 2018, a manager was in post who planned to become the registered manager.

The person receiving care told us they received safe, effective, caring, responsive and well led care. They had nothing but positive feedback about the service they received.

The provider had followed effective recruitment procedures to check that potential staff employed were of good character and had the skills and experience needed to carry out their roles. The manager who was the only member of staff had attended training relevant to people's needs. The manager had received one to one supervision meetings and regular spot checks to ensure that they were putting their training into practice.

Individualised risk assessments were in place. However, the manager had not risk assessed catheter care. This meant risks in relation to infection control and monitoring the catheter had not been identified and

mitigated. We spoke with the manager who provided the person their care and were confident that they knew how to work with the person effectively, who to contact and what to do if the catheter stopped working effectively. Managing risks to people's health was an area for improvement.

People are supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice.

Systems were in place to enable the manager to assess, monitor and improve the quality and safety of the service. These systems were not fully robust as they had not identified the areas for improvement we found during the inspection.

People were supported and helped to maintain their health and to access health services. Timely action had been taken when people's health changed. There had been only one accidents and incident that had occurred. This had been handled effectively, there had been no lessons to learn from the incident.

Staff had received medicines training. Medicines had been recorded adequately. Medicines records were audited regularly. However, people were in receipt of as and when required (PRN) medicines had no PRN protocols in place to detail how they communicated pain, why they needed the medicine and what the maximum dosages were. This was an area for improvement.

People's care plans were clear for staff about how they should meet people's care and support needs.

Essential information about people such as their life history, likes, dislikes and preferences were included. Care plans had been reviewed and amended regularly to ensure they reflected each person's current need or specific healthcare needs.

People knew who to complain to if they needed to. The complaints procedure was available in the office and in people had copies within their handbooks in their homes. People had opportunities to feedback about the service they received.

People were protected from abuse or the risk of abuse. The manager was aware of their roles and responsibilities in relation to safeguarding people.

People received effective support to prepare and cook meals and drinks to meet their nutritional and hydration needs.

There were suitable numbers of staff on shift to meet people's needs. People received consistent support from staff they knew well. People told us that staff were kind and caring. Staff treated people with dignity and respect.

People's information was treated confidentially. People's paper records were stored securely in locked filing cabinets.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

Potential risks to people's health and welfare had been assessed but there was not always detailed guidance for staff to follow to mitigate risk. Accidents and incidents had been dealt with effectively.

Medicines had been safely administered but people who were in receipt of as and when required (PRN) medicines had no protocols in place to detail how they communicated pain, why they needed the medicine and what the maximum dosages were.

There were enough staff deployed to meet people's needs. The provider had followed safe recruitment practices.

Staff knew what they should do to identify and raise safeguarding concerns.

Staff used personal protective equipment to safeguard themselves and people from the risks of cross infection.

Is the service effective?

Good

The service was effective.

The manager had completed training to help them meet people's assessed needs.

The manager had a good understanding of the Mental Capacity Act 2005 and how to support people to make decisions. People's choices and decisions were respected.

People received medical assistance from healthcare professionals when they needed it.

People had appropriate support when required to ensure their nutrition and hydration needs were well met.

Is the service caring?

Good

The service was caring.

People told us they found the staff caring, friendly and helpful.

Staff were careful to protect people's privacy and dignity and a person told us they were treated with dignity and respect.

People's information was treated confidentially.

Is the service responsive?

Good

The service was responsive.

Care plans were in place, these were person centred and clearly detailed what care and support staff needed to provide. Care plans had been reviewed and amended when necessary.

The manager planned to discuss people's end of life wishes and preferences with people if this was appropriate. The service did not provide care and support at the current time to people at the end of their life.

People knew how to complain. Complaints procedures were detailed in each person's handbook and guide to the service. There had not been any complaints.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

Systems to monitor the quality of the service were in place. However, these were not robust.

Systems were in place to enable people and their relatives to provide feedback.

Policies and procedures were in place, including whistleblowing procedures.

The provider had displayed a copy of their rating in the office and on their website.

The manager was keen to sign up to conferences and events in the local area to help them learn and evolve.

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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection site visit activity started on 28 August 2018. The inspection was announced. We gave the service 48 hours' notice of the inspection visit because the location was a small care service and the manager is often out of the office providing care. We needed to be sure that they would be in. The inspection was carried out by one inspector. The inspection included visiting a person in their home. We visited the office location on 28 August 2018 to see the manager and to review care records and policies and procedures.

Before the inspection we reviewed previous inspection reports and notifications. A notification is information about important events which the home is required to send us by law.

We observed staff interaction with one person and observed care and support. We spoke with one person who received care and support. We spoke with one member of staff who was also the manager.

We requested information by email from a local authority care manager and commissioners who are health and social care professionals involved in the service. We also contacted Healthwatch to obtain feedback about their experience of the service. There is a local Healthwatch in every area of England. They are independent organisations who listen to people's views and share them with those with the power to make local services better.

We looked at the provider's records. These included one person's care records, which included care plans, health records, risk assessments, daily care records and medicines records. We looked at one staff file, a sample of audits, satisfaction surveys and policies and procedures.

We asked the manager to send additional information after the inspection visit, including staff identification records. The information we requested was sent to us in a timely manner.

Requires Improvement

Is the service safe?

Our findings

At the last inspection on 26 July 2017 we found a breach of Regulations 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had failed to ensure that medicines were suitably administered and recorded. We also made three recommendations. We recommended that the provider reviewed and amended recruitment records. We recommended that the provider reviewed systems and processes for recording and monitoring accidents and incidents. We recommended that the provider reviewed the systems they have in place in relation to reviewing and amending risk assessments. The provider submitted an action plan on 22 September 2017. This showed they had met Regulation 12 by 15 September 2017.

A person told us they received safe consistent care. We observed that the manager maintained the person's safety by making sure they were comfortable and assisted them to reposition a catheter pipe which was causing them some discomfort. When leaving the person's property, they ensured the front door was secure and placed the person's key back in the key safe.

At this inspection we found that medicines practice had improved but there was still an area for improvement. People received support from staff to manage their medicines. Medicines administration records (MAR) had been completed to evidence that people had received the medicines they had been prescribed. Where the service was working alongside other care providers to deliver a package of care the MAR showed who was responsible for medicines. The MAR chart was recorded with a code when this had happened. MAR charts had been audited frequently. However, people were in receipt of as and when required (PRN) medicines had no PRN protocols in place to detail how they communicated pain, why they needed the medicine and what the maximum dosages were. This was an area for improvement.

Individualised risk assessments were in place to mitigate the risks of care tasks and in relation to people's health and mobility. People's individual risk assessments included clear information about action to take to minimise the chance of harm occurring. For example, people who required hoists to enable them to transfer safely from their bed to a wheelchair had clear details of how staff should do this safely. This included information about making sure the person's catheter did not become caught or pulled by the sling whilst being hoisted. However, the manager had not risk assessed catheter care. This meant risks in relation to infection control and monitoring the catheter had not been identified and mitigated. We spoke with the manager who provided the person their care and were confident that they knew how to work with the person effectively, who to contact and what to do if the catheter stopped working effectively. The manager agreed that in the future they would be employing other staff and they would not be the only staff member providing care and support. The risk assessment process for managing people's assessed care needs required improvement.

The provider followed safe recruitment procedures so that staff working with people were suitable for their roles. Records showed that staff were vetted through the Disclosure and Barring Service (DBS) before they started work and records were kept of these checks in staff files. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and

support services. Employer references were also checked. Copies of identification had been checked by the provider at the recruitment stage.

The provider employed enough staff to meet people's needs. There was only one staff member employed at the current time to provide care and support. The staff member was also the manager. A person told us the manager provided consistent care and support and records confirmed this.

People were protected from abuse and mistreatment. The manager had a good understanding of their responsibilities in helping to keep people safe and they would have no hesitation raising concerns with the appropriate people if they needed to. Staff had access to the providers safeguarding policy as well as the local authority safeguarding policy, protocol and procedure. This policy is in place for all care providers within the Kent area, it provides guidance to staff and to managers about their responsibilities for reporting abuse.

Measures were in place to minimise the spread of any infection. Staff were provided with appropriate equipment to carry out their roles safely. There was a stock of personal protective equipment (PPE) kept in the office. We observed the manager consistently using PPE whilst providing care and support in the community.

Any accidents or incidents that had occurred had been appropriately recorded. There had only been one accident/incident which had occurred since our last inspection. This related to a person who no longer received a care package from Vera Care Limited. Any follow up actions had been completed in a timely manner. The Incident form showed that the person's GP, local authority care manager and relatives were informed. The incident had occurred because the person's health had started to deteriorate. Therefore, there was no learning points from the accident/incident.

Good

Is the service effective?

Our findings

A person told us they received effective care from the manager. They explained how the manager had picked up they were not well and had called an ambulance, which resulted in them being taken into hospital for treatment. The person was discharged from hospital with a DNAR (Do not attempt resuscitation) plan which they had not agreed to. They explained that they were shocked and said they definitely did want to be resuscitated as they wanted to live and see their grandchildren grow up. The manager had picked up on the DNAR being in place and they supported the person to challenge this and have this removed.

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 so that they can 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 2005. There were procedures in place and guidance was clear and included steps that staff should take to comply with legal requirements. Guidance was included in the policy about how, when and by whom people's mental capacity should be assessed. Staff knew about the MCA 2005. The person who received support had capacity to make their own decisions relating to their care and their life. The person had consented to their care and support.

People were supported appropriately by a planned assessment and care planning process to make sure their needs were met. The assessment checked people's details such as marital status, gender, nationality, ethnicity and religion, and checked their preferences and support needs. There had been no new people receiving care and support since our last inspection.

The manager's training records evidenced that staff had completed training to enable them to meet peoples care needs. Courses attended included; Health and safety, equality and diversity, infection control, food hygiene, basic life support, moving and handling, safeguarding children and adults and medicines training. During the inspection we found the medicines training was out of date. We spoke with the manager about this and they immediately completed an online refresher course which they passed.

Records evidenced that the manager had received spot checks and supervisions from the previous registered manager who had just deregistered. The manager was in the process of completing a health and social care management qualification to assist them with their role. The manager felt they could gain support in the future from a variety of sources such as their qualification assessor, CQC and through organisations such as Skills for Care who provide support to organisations and managers to improve health and social care.

The person received support from the manager to prepare and cook meals and drinks to meet their

nutritional and hydration needs. Care plans detailed the support people needed. People's likes, dislikes and preferences of food and drink were recorded. The person purchased their own food through shopping with support and through support of their other care staff. The manager detailed how they supported people to eat foods they liked. We observed that people were encouraged to drink plenty to stay hydrated.

Records evidenced that people received medical assistance from healthcare professionals when they needed it. A person told us that the manager had recognised that they were extremely unwell and had called for an ambulance. The person had been diagnosed with sepsis whilst in hospital, they told us they would not be alive today if the manager had not acted to gain medical treatment. The manager detailed that they had contacted the out of hours GP service, emergency healthcare (111), district nurses, paramedics and other health professionals such as an occupational therapist (OT) when it was required. People's care files detailed when phone calls or emails had been sent to health and social care professionals such as OT's and local authority care managers. This showed that the service worked in partnership with other health and social care professionals.

Good

Is the service caring?

Our findings

A person told us staff were kind and caring and mindful of their privacy and dignity. They said staff were 'Very respectful'. We observed the manager had a good rapport with the person and knew them well. The manager could describe people's care routines, likes and dislikes. We observed the manager chatting with a person about their day, who they had seen, what they had been doing and what their plans were.

We observed the manager supporting a person to drink and reposition in bed to make them more comfortable. The manager was friendly and discreet and clearly knew the person well. The manager supported the person in a gentle manner. The person told us that staff respected their personal space.

People's confidential records relating to their care were kept by the provider in a locked cabinet in the office to maintain people's privacy. Any records stored on a computer were protected by password which meant they could only be accessed by authorised persons.

The manager shared how they supported the person to maintain their privacy and dignity. They said, "When providing [person] her care I ask her what she wants, how she wants it to be done. I make sure she is covered and not exposed. Respect is by following her choices, making sure she is safe and its safe for me."

The person was supported to be as independent as possible. They had equipment which enabled them to use a telephone and operate a computer without needing to use their hands. This enabled the person to interact with people through social media, shop for items they required, play games to keep them stimulated and maintain contact with family and friends. The manager made sure that all the equipment was in reach and the person was wearing their glasses which enabled them to move the computer cursor around on the screen before leaving.

The person told us that the manager respected their decisions and followed instructions, they felt listened to and felt they were in control of their care package and support.

Good

Is the service responsive?

Our findings

A person told us that staff were responsive to their needs. They explained that the manager had provided them extra care and support when their other care company were unable to meet their needs.

People's support plans were person centred. Staff knew people's likes, dislikes and preferences. Each person had a document which detailed key information about them. Such as jobs the person had held, where they had lived, important people in their lives, what routines and choices were important to them. They clearly detailed people's cultural needs as well as their care and support needs.

Staff completed daily records of the care and support they had provided and this was kept in the person's care file within their home. The daily records evidenced that staff were supporting people according to their support plan and in accordance with their wishes and choices.

People's care was reviewed regularly; when people's needs changed, this was reassessed. Care packages were reviewed with the person and with any health and social care professionals as required. For example, the person's evening care visit had increased to meet their needs. The change was clearly documented in the care records and showed that this was in response to the person making a request. The care plan also showed that assistive technology had been put in place to enable the person to remain independent with answering the telephone and using their computer after they lost mobility in their hands.

Vera Care Limited were not providing support to anyone at the end of their lives.

People knew how to complain. Each person was issued with a handbook when they started to receive a service from Vera Care Limited. This handbook set out the policy and procedures for making complaints. It clearly set out the timescales in which the complaint would be responded by and who people should complain to if they were not satisfied with the response. For example, people could contact the local authority, local clinical commissioning group or the local government ombudsman. There had not been any complaints against the service.

The service had a variety of documents, records and information in an accessible format appropriate to the person they were supporting. The service planned to review and amend documents further to ensure they met the 'Accessible Information Standard' (AIS) to meet needs of new people referred to the service as and when this happened. The AIS was introduced by the government in 2016 to make sure that people with a disability or sensory loss were given information in a way they can understand.

Requires Improvement

Is the service well-led?

Our findings

At the last inspection on 26 July 2017 we found a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider failed to establish and operate systems to assess, monitor and improve the quality and safety of the services provided. The provider submitted an action plan on 22 September 2017. This showed they had met Regulation 17 by 20 September 2017.

At this inspection we found, audits and checks had been carried out by the manager. These included regular medicines checks, equipment in use and accident and incident checks. The audits and checks had not identified the areas for improvement which we found during the inspection regarding medicines and risk assessments. Therefore, the audits were not robust. The impact of this was low because the service only provided care and support to one person, who was in receipt of quality care to meet their needs. However, as the manager planned to expand the service and employ more staff, audit systems and processes needed to be more robust. This was an area for improvement.

A person told us, "I am happy with Vera Care, they communicate well with others." They went on to explain that the manager communicated with the other care staff who provided them care using a social media messaging application.

Staff had access to a range of policies and procedures to enable them to carry out their roles safely. Some of the policies had been reviewed and amended to bring them up to date and to reflect changes and updates in good practice guidance. The service had a whistleblowing procedure which clearly detailed how to report poor practice.

The provider's website details: 'We will provide you or your loved ones with personalized quality care that ensures that the care you receive is effective, safe and appropriate to meet your own unique needs and protect your rights and dignity.' The aims of the service at Vera Care Limited had clearly been communicated to the manager, they were all working to ensure people were effectively supported with all aspects of their lives.

The manager was keen to sign up to conferences and events in the local area to help them learn and evolve as well as building a rapport with providers and managers outside of the organisation. The manager had signed up to receive newsletters and information from the local authorities and CQC. They received information about medical device alerts and patient safety alerts. The manager checked these alerts to ensure that any relevant action was taken if people using the service used medicines or equipment affected.

There was no registered manager in post. 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. The registered manager had deregistered on 22 August 2018, a manager was in post who planned to become the registered manager.

Prior to the registered manager leaving there had been regular staff meetings to discuss the service and to discuss the previous inspection and improvements that were required.

People were given the opportunity to provide feedback about the service informally, through regular face to face contact with the management team and through communication with the manager. One relative had fed back to the manager by completing a survey by telephone in February 2018. They had stated they were very satisfied with all elements of service and felt well informed. They said, "Thank you for your quick response for getting my mother to hospital in time."

Registered persons are required to notify CQC about events and incidents such as abuse, serious injuries, and deaths. The manager knew and understood which incidents and events required reporting. There had not been any incidents to report.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. We found the provider had displayed a copy of their rating in the office and on their website.