

Viking Care Limited

Viking Care

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?	Requires Improvement ●

Summary of findings

Overall summary

This inspection was carried out on 28 September 2017 and was announced. 48 hours' notice of the inspection was given because we needed to be sure that people who wanted to speak to us were available during the inspection. This was the first inspection of Viking Care.

Viking Care provides personal care for people with a learning disability or autism in their own home, some people were living with sensory impairments. Some people lived together in a shared house, they had their own bedrooms and shared communal areas such as the kitchen and lounge.

A registered manager was leading the service. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the care and has the legal responsibility for meeting the requirements of the law. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements of the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The registered manager had not informed CQC of one significant event that had happened at the service, so we could check that appropriate action had been taken. They sent us the notification following our inspection and took action to make sure notifications were sent without delay in the future.

Staff were kind and caring to people and treated them with dignity and respect at all times. People were supported to be as independent as they could be and took part in activities they enjoyed each day. Staff knew the signs of abuse and were confident to raise any concerns they had with the registered manager. Systems were in place to manage complaints received.

Assessments of people's needs had been completed to identify any changes. Detailed guidance was provided to staff about how to meet people's needs. People's care plans had been reviewed and changed when people's preferences changed, to keep them safe and help them to be independent. Possible risks to people had been identified and people were supported to stay as safe as possible, while remaining independent. Staff had the skills to communicate with people in ways that they understood.

People were supported to attend regular health checks and had support to manage their health needs. They were supported to take the medicines they needed to keep them well. People were offered advice and guidance about a healthy diet. People who needed assistance were supported to prepare their own meals.

The requirements of the Mental Capacity Act 2005 (MCA) had been met. The registered manager knew when assessments of people's capacity to make decisions were needed. Staff assumed people had capacity and respected the decisions they made. When people needed help to make a particular decision staff helped them. Decisions were made in people's best interests with people who knew them well.

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty

Safeguards (DoLS). Applications to the Court of Protection had been made when required. People were supported to go out when they requested and be part of their community.

Staff felt supported by the registered manager and deputy manager, they were motivated and enthusiastic about their roles. A manager was always available to provide the support and guidance staff needed. Staff shared the provider's vision of a good quality service and they worked together to support people to be as independent as they wanted to be.

Checks had been completed to make sure the quality of the service was to the required standard. People, their relatives, staff and stakeholders had been asked for their views of the service.

There were enough staff, who knew people well, to meet their needs at all times. The registered manager had considered people's needs when deciding which staff would support people. Staff were clear about their roles and responsibilities and worked as a team to support people to achieve what they wanted.

Checks had been completed to make sure staff were honest, trustworthy and reliable. Disclosure and Barring Service (DBS) criminal records checks had been completed. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

Staff had completed the training they needed to provide safe and effective care and support to people. They were supported to provide good quality care. Staff held recognised qualifications in care. Staff met regularly with their supervisor to discuss their role and practice and had an annual appraisal.

Accurate records were kept about the day to day running of the service, care and the support people received. These provided staff with the information they needed to provide safe and consistent care to people.

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.

Risks to people had been identified and action had been taken to support people to remain independent and keep them safe and well.

Staff knew how to keep people safe if they were at risk of abuse.

There were enough staff who knew people well, to provide the support people needed at all times.

Checks were completed on staff to make sure they were honest, trustworthy and reliable before they worked alone with people.

People were supported to take the medicines they needed.

Is the service effective?

Good ●

The service was effective.

Staff gave people information to help them make decisions and choices. When people could not make a decision, staff worked with them and other people who knew them well to make a decision in their best interest.

Staff had the skills they required to provide the care and support people needed.

Staff helped people understand about a healthy diet and respected the choices they made.

People were offered regular health checks and had support to attend healthcare appointments.

Is the service caring?

Good ●

The service was caring.

Staff were kind and caring to people.

People were given privacy and were treated with dignity and

respect.

Staff had the skills to communicate with people in ways that they understood.

People were supported to be independent.

People were supported to be part of their community.

Is the service responsive?

Good ●

The service was responsive.

People planned their care and support with staff and staff gave people the support they wanted.

People were supported to take part in activities they enjoyed.

Systems were in place to resolve any concerns people had to their satisfaction.

Is the service well-led?

Requires Improvement ●

The service was well-led.

The provider had not notified us of one notifiable event, however other authorities had been informed so they could take action.

Regular checks had been completed on the quality of the service.

The experiences of people, staff and stakeholders were used to improve the service.

Staff shared the provider's vision of a good quality service.

Staff were motivated and led by the registered manager, and deputy manager. They had clear roles and responsibilities and were accountable for their actions.

Viking Care

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.

This inspection took place on 28 September 2017 and was announced. 48 hours' notice of the inspection was given because we needed to be sure that people who wanted to speak to us were available during the inspection.

The inspection team consisted of one inspector. Before the inspection we reviewed the information about the service the provider had sent us when they applied to be registered. We asked the provider to complete 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. Due to technical problems a PIR was not available so the registered manager talked us through the PIR information so it could be considered. .

During our inspection we met people who used the service. We spoke to their relatives, the registered manager and five staff. We looked at people's care and support records and associated risk assessments. We looked at medicine records. We looked at management records including staff recruitment, training and support records and staff meeting minutes. We observed people spending time with staff.

This was the first inspection of Viking Care.

Is the service safe?

Our findings

People appeared relaxed and happy in the company of staff. People's relatives told us people were supported by staff to remain safe.

Staff had completed training about different types and signs of abuse. They described to us the signs they may see if someone was at risk, such as a change in their behaviour or bruises. Information about abuse and keeping people safe was available for staff to refer to. Staff were confident that any concerns they raised to the registered manager or deputy manager would be listened to and acted on. The registered manager was aware of their safeguarding responsibilities and had informed the local authority safeguarding team of any concerns they had.

Some people were not able to manage their own finances and were supported by their families and staff to pay their bills and manage their money. Checks were completed to make sure that people's money was safe, including signing withdrawals and keeping receipts. People always had access to the money they needed when they needed it. People were supported to save for things they wanted such as new clothes.

Staff had looked at possible risks to people and provided the support they needed to manage risks, while they developed new skills. This included support to prepare meals. Risks associated with where people lived had been identified and staff had worked with the landlord to reduce these, such as fitting safety catches to windows and kitchen cupboards.

Staff had contacted health care professionals for advice about how to manage some risks, including the risks of people choking. Staff followed recommendations of the Speech and Language Therapist and people had not choked. Staff described to us the first aid they would give people if they did choke and had been trained to do this safely. Guidance was provided to staff about how to keep people safe, including the sign language prompts to encourage people to eat slowly to reduce their risk of choking.

Accidents happened rarely. Staff had completed first aid training and helped people if they had an accident. Any accidents or incidents were recorded and monitored by the registered manager so they could identify any patterns or trends and take action to prevent further incidents.

Staff were informed of changes in the way risks to people were managed at the beginning of each shift. Changes in the support that people needed were recorded in their records and the communication book so staff could catch up on changes following leave or days off. Plans were in place to keep people safe in an emergency.

Staffing was planned around people's needs and activities and they had packages of individual support. Each person had a team of staff who supported them. The registered manager and deputy manager allocated staff to support people based on how well the person got on with the staff member, the staff member's skills and interests they shared with people. Staff arrived at the agreed time and supported people for the allocated time. People's relatives told us they were happy with the staffing levels and thought

there were enough staff to support people to do the things they wanted, when they wanted to do them.

Cover for sickness or holidays was provided by a team of staff who people knew and were comfortable with. An on call system was in operation to support staff with when the registered manager or deputy manager were not working alongside them. Staff told us they received advice and support they requested promptly. Staff carried emergency call buttons with them and used them to summon help quickly if it was needed. Staff who had used the call buttons told us they were very useful as they could speak to a manager instantly for advice and reassurance. They told us when they needed support managers attended 'within minutes'.

People were involved in selecting the staff who provided their support. They were introduced to new staff and spent time in their company with other staff they knew well. Managers observed people's interactions with candidates and used this information as part of their selection process. The deputy manager told us one person's 'face lit up' when they saw a candidate they knew.

The registered manager told us it was important that new staff had the skills and experience to meet people's needs. They required applicants to have a minimum of three years' experience in supporting people with Autism and an ability to communicate using sign language. Checks were completed on staff to make sure they were honest, trustworthy and reliable before they were employed. Disclosure and Barring Service (DBS) criminal records checks had been completed. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. New staff did not begin working at the service until all the checks had been completed. Staff declared any health issues that may need to be supported. The provider had a 'discipline procedure' in place and this had been followed in practice by the registered manager.

People were supported to take their medicines safely and on time. Staff were trained in safe medicines management and their skills were regularly checked. People's medicines were ordered, stored securely and returned to the pharmacy when they were no longer needed. Accurate records of people's medicines were maintained. Guidance was provided to staff about where and how often to apply prescribed creams.

Some people were prescribed pain relief 'when required'. People were offered their pain relief regularly and when staff saw signs that people may be in pain. Guidance was available to staff about peoples' when required medicines including the medicines name, what it was for and how often it should be administered. Regular checks were completed to ensure medicines were being stored, given and recorded safely.

Is the service effective?

Our findings

People were supported to make choices about the care and support they received, including how they spent their time. During our inspection we observed people being given information in ways they understood to help them make decisions. Staff respected the choices people made and supported them when they needed help. Staff knew people well.

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. Staff had received training in relation to the MCA. We checked whether the service was working within the principles of the MCA.

People using the service were able to make straightforward day to day decisions, such as what they wanted to do each day. Staff consistently described to us the support they offered people to make decisions. The deputy manager was making communication aids using photographs of people, activities and meals to help people make decisions. All the staff used sign language to support people understand and make choices. Staff responded to decisions people made.

When people were unable to make complex decisions, staff worked with them and people who knew the person well, including their family and care manager, to make a decision in their best interests.

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 are called the Deprivation of Liberty Safeguards (DoLS). Where people are at risk of being deprived of their liberty applications must be made to the Court of Protection. People were not restricted and went out daily with staff support. Applications to the Court of Protection had been made when required.

We observed people telling staff when they wanted to go out in the car. Staff supported people to get ready and took them out. People looked pleased that staff responded promptly to their requests.

Staff supported people to maintain good health. People had health action plans in place to tell staff and health care professionals about their health care needs. Staff identified changes in people's health quickly and supported them to see their doctor when they needed to. People were supported to follow the advice and guidance given by health care professionals, including doctors, to keep them as well as possible.

People were supported by staff who knew them well to attend health care appointments, including health checks. This helped people understand what was going to happen and supported them to tell their health care professional how they were feeling. Staff supported people to follow any recommendations made when they returned home. People were prompted to have regular health checks, including dental check-ups and eye tests, if they wanted them. One person's relative told us staff kept them informed about changes in

their relative's health and advice given so they could continue to support the person when they visited.

People ate and drank when they wanted to. Weekly menus were planned around people's choices and needs. New menus were being planned to support people to develop their involvement in meal preparation. People were supported to shop for items they needed. Staff had identified that diet affected one person's energy and anxiety levels and offered them a healthy diet to meet their needs. The person's relative told us the person was calmer and happier since their diet had changed and they had lost weight, which also benefitted their health. People were supported to prepare food they liked in a safe way, including using the oven. People who were at risk of choking on large pieces of food were supported to cut their meal up and eat slowly.

Staff were supported to develop the skills, knowledge and qualifications necessary to offer people the support they needed. Staff received an induction when they started work at the service and worked alongside experienced staff to help them build relationships with people and provide care in a consistent way. New staff did not work alone with people until they had completed the required training and people were comfortable with them. One new staff member told us, "They [the staff] have been brilliant. They have answered every question I've had". They also told us they had learnt from people as well as other staff. All staff were completing the Care Certificate, an identified set of standards that social care workers adhere to in their daily working life.

There was an on-going programme of training which included recognised qualifications in care. Completed training was tracked and further training was arranged when needed. Staff completed training to meet peoples' specific needs such as British Sign Language. We observed staff using sign language to effectively communicate with people. Staff spoke with knowledge about people's needs.

Managers reviewed the effectiveness of training by observing staff and discussing their practice with them. Feedback from their observations was given to staff immediately and discussed at regular one to one meetings with them. Any changes needed to staff practice were discussed and agreed at these meetings. The one to one meetings were planned in advance so that staff could prepare and enabled their supervisor to track staff's progress towards their objectives. Staff were able to request supervision when they felt they needed it. One staff member told us, "The deputy manager is really good, they will do it that week". Records in the communication book confirmed that staff had received supervision promptly when they requested it. Managers told us, "We use supervision as a mechanism to enable and support staff. They should feel safe and supported to request further training to gain knowledge and experience".

The provider had an appraisal process in place, to discuss staff's development needs and career ambitions for the next year. The process was being completed for all staff.

Is the service caring?

Our findings

One person's relative said the service was "Great, wonderful, brilliant". They told us their relative was settled and happy in the company of staff. People appeared happy and relaxed.

People were supported to meet staff and other people before they made the decision to receive a service from Viking Care. This was to make sure people liked the staff and the support they offered. The registered manager planned people's transition to the service with them, their relatives and other service providers to make sure it happened at the right speed for the person. This reduced people's anxiety.

The provider aimed to provide a service which treated people with dignity, respect and was positive about people's abilities. We observed staff treating people with kindness, respect and patience. They described people to us in positive ways, including what they were able to do for themselves and things they had achieved. The atmosphere was calm and relaxed and staff responded appropriately to what people told them. We observed people smiling with staff. Staff knew what may cause people to become worried or upset and anticipated the support they may need in these situations. They supported people to understand why we were visiting them and to tell us about their experiences.

People were encouraged and supported to do as much for themselves as possible to develop their independence. Staff assumed people were able to do things for themselves and offered them support when they needed it. People made decisions about the support they required on a day to day basis, for example one person asked staff to help them take their medicines on occasions and took them without support at other times.

Information was presented to people in ways they could understand which helped them to make choices and have control over making decisions. All the staff used spoken words and sign language to communicate with people. This helped people understand the choices available to them and tell staff what they wanted to do. Staff understood how people communicated and responded to their requests.

People's privacy and dignity were respected and staff made sure people had privacy while getting washed and dressed. Staff knew when people wanted some privacy or space and made sure this happened.

Some people liked to go out locally to various leisure sites. Managers had worked with staff at some of the sites that people used to help the staff there understand people's needs and conditions, including offering training to staff about Autism.

Staff were aware of the need for confidentiality and personal information was kept securely. Meetings with people or when people's needs were discussed were carried out in private. There was good communication between staff members with handover meetings held between shifts and a detailed communication book that noted any changes for staff to be aware of.

People who needed support to share their views were supported by their families or care manager. The

registered manager knew how to refer people to advocacy services when they needed support. An advocate is an independent person who can help people express their needs and wishes, weigh up and take decisions about options available to the person. They represent people's interests either by supporting people or by speaking on their behalf.

Is the service responsive?

Our findings

Before our inspection the provider told us they made sure each person was offered a service 'personalised specifically for them' and they worked in partnership with people to identify their needs and plan their support. The provider had followed their process and the registered manager met with people and their representatives to talk about their needs and wishes, before they started to use the service. An assessment was completed which summarised people's needs and how they liked their support provided. This helped the registered manager make sure staff could provide the care and support the person wanted.

People had been involved in planning their care and support, with their relatives and care manager when necessary. Staff knew people's routines and provided the support they needed in the way they preferred. .

Staff provided the care and support people needed. They encouraged people to do what they were able for themselves and helped them to do other things, such as getting washed and dressed. All the staff we spoke with described the care they offered people in the same way. Information about people's abilities and the support they needed was included in care plans for staff and visiting professionals to refer to. Guidance was included about all areas of people's life, including their daily routines and preferences.

Routines were flexible to people's daily choices, such as the places people wanted to go and how they got there. Staff respected people's choices and supported people to do what they wanted to do. They knew people's usual routines such as when they liked to get up and go to bed. People's allocated support hours were planned so they were available to provide the support they needed when they needed it.

Staff told us receiving consistent support from staff was important to people and helped them to understand what they needed to do. Detailed guidance was provided to staff about how to support people, to ensure that it was consistent and as they preferred. We observed staff supporting people in the same way. Some people displayed behaviours that may challenge. Guidance was available to staff about ways to support people if they became worried and frustrated including distracting people and encouraging them to tell staff what they needed. Staff told us these strategies were effective and supported people to remain calm.

Guidance to staff about the support people wanted was reviewed and amended regularly as people's needs and preferences changed. People were involved in these reviews, with their family and care manager when they wanted to be. These reviews checked people were getting the support hours they needed and that Viking Care was the most appropriate service to provide their support. Handovers were completed between shifts and records were kept about any changes in people's care.

People did different things during the day and had daily opportunities to follow their interests and take part in social or physical activities. People took part in a variety of activities they enjoyed, including going to funfairs and going for long walks. People had activity plans, new plans were being developed which included pictures of the people doing the activities, to help them make choices about what they wanted to do each day. Staff recorded the activities people took part in each day. These were reviewed by the

registered manager to make sure staff were supporting people to do what they wanted each day.

People and their relatives were supported to raise any concerns or complaints they had. There was a complaints policy and procedure in place and a sign language video was available to help people understand how to raise any concerns they had. Staff were aware of the process to follow should anyone make a complaint. One person's relative told us they had not had any concerns about the service but the staff were approachable and they would be confident to raise any concerns they had.

Is the service well-led?

Our findings

A registered manager was leading the service; they were supported by a deputy manager. The registered manager understood relevant legislation and the importance of keeping their skills and knowledge up to date. They were experienced and qualified. The registered manager was also the provider.

Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC), of important events that happen in the service like a serious injury or deprivation of liberty safeguards authorisation. This is so we can check that appropriate action had been taken. There had been one safeguarding allegation that had not been reported to the CQC. The registered manager had taken action to keep people safe. The local authority safeguarding team had been informed. The provider took action to make sure notifications were submitted without delay in the future and submitted the notification retrospectively.

In their application to register with CQC the provider stated their aims for the service which were to provide a 'flexible, efficient' service, which was 'person-centred' and detailed how staff would be supported to provide the service. We found that the service was being delivered to the standard the provider had described. The provider's aim were understood and shared by staff. Staff we spoke with told us they would be happy for a member of their family to receive a service from Viking Care.

Staff spoke to each other and to people in a respectful and kind way. They were motivated and enjoyed working at the service. One staff member told us, "I look forward to coming to work". All the staff we spoke with felt appreciated by the managers. Another staff member said, "I feel more than appreciated, they [the managers] genuinely mean it". Staff worked together as a team to provide the support people needed. One staff member told us, "Everyone [staff] pulls together really well".

Staff told us the registered manager and deputy manager were supportive and someone was always available either in person or by phone to give them advice and support. One staff member told us, "It's the most support I have ever had in a job". Another staff member told us how they had spoken to the deputy manager at the end of a 'difficult' shift and had felt reassured after speaking with them. The deputy manager told us, it was important that staff felt that they had provided people with the support they needed and had the opportunity to discuss any concerns they had immediately so they remained motivated and had job satisfaction. All the staff we spoke with were enthusiastic about the service and the people they supported. The management team led by example and supported staff, giving them feedback about how they might improve their practice.

Staff understood their roles and knew what was expected of them. They had regular team meetings to discuss the service being provided. Staff were clear about their responsibilities and were held accountable. All the staff had lead roles in relation to different areas of the service such as activities and health and safety. They were supported to fulfil these roles by the managers. Managers reminded staff about their roles and accountability at supervisions and team meeting. All staff completed a probationary period when they began working at the service. Staff were supported to develop and improve their skills during their

probation, however if they did not meet the required standard by the end of the probationary period, staff were not offered a permanent contract and their employment ended.

Regular checks on the service, including medicines, records and the quality of the support people received had been completed to make sure people received safe and effective support. When areas for improvement had been identified, the registered manager took action to address them with staff. The outcomes were discussed at the monthly management team meeting. Actions required to make improvements had been shared with staff, recorded in the communication book and minutes team meetings and had been completed. The registered manager reviewed electronic records frequently and noted on them where action was required to improve them. The accuracy of records had improved.

People, their relatives and care managers had been asked for their feedback about the service, including during visits and meetings. People and their relatives we spoke with told us they were happy with the service they received from Viking Care. Staff were able to share their views and make suggestions about the service. For example, staff had suggested introducing a 'communication book' to share information between staff. This had been introduced and supported the communication between staff.

Accurate records were kept about the care and support people received and about the day to day running of the service. These provided staff with the information they needed to provide safe and consistent care to people. Staff were reminded at staff meetings about 'the need to write notes carefully, using non-judgemental language and not making any assumptions'. Records were kept to the standard the provider required.