

Villcare Limited

Villcare Limited - Eastbury Road

Inspection report

51 Eastbury Road
Watford
Hertfordshire
WD19 4JN

Tel: 01923331070

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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 27 February 2018. At their last inspection on 22 October 2015 they were found to be meeting the standards we inspected. At this inspection we found that they had continued to meet all the standards.

Villcare –Eastbury Road is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Villcare –Eastbury Road accommodates four people who have a learning disability. The service is not registered to provide nursing care. At the time of this inspection there were three people living at the home.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

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

Relatives told us they were happy with how people were looked after at the service and they felt the service was safe and met people`s needs. They told us they liked the way staff supported people to live their lives with choices and opportunities.

People were involved in developing their care and support plans and relatives where appropriate were invited to participate in developing and reviewing people`s care and support plans.

Relatives and staff told us there were enough staff to meet people`s needs and support them with the activities they chose to do.

People were provided with opportunities to pursue their hobbies and interests both within the service and in the wider community.

People were supported by staff who were trained and received regular supervision. People were encouraged to eat a healthy, balanced diet and they had access to healthcare professionals when needed. Staff understood the importance of giving people choice and listening to their views and opinions.

Staff members understood their roles and responsibilities and were supported by the management team to maintain and develop their skills and knowledge.

People's personal care records were kept securely to ensure unauthorised people did not have access to them. Staff spoke with people in a kind, patient and friendly way and people were treated in a dignified manner. Staff consistently ensured people's social needs were met, and people felt staff listened to them and valued their views.

There was a complaints process available and people were asked for their views at meetings. In addition relatives told us they were regularly asked to give feedback about the service and they felt positive about how the home was managed.

The registered manager were passionate about providing the best possible support for people and they actively supported people and staff to achieve this. There were quality assurance systems in place which were used effectively to identify any areas in need of improvement. Actions were taken to improve the quality of the care people received when it was necessary.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Villcare Limited - Eastbury Road

Detailed findings

Background to this inspection

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

Before the inspection we reviewed information we held about the service including statutory notifications. Statutory notifications include information about important events which the provider is required to send us. We also reviewed the provider information return (PIR) submitted to us. This is information that the provider is required to send to us, which gives us some key information about the service and tells us what the service does well and any improvements they plan to make.

This comprehensive inspection was carried out by one inspector on 27 February 2018 and was unannounced.

People who used the service were not able to share their views with us. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. Subsequent to this inspection we contacted relatives of one person who used the service by telephone to obtain their views on the service provided.

During the course of the inspection we spoke with two staff members and the registered manager. As part of this inspection we also spoke with four external professionals and two relatives.

We reviewed two people's care records, two staff personnel files and records relating to the management of the service, the management of medicines and records that related to staff training and recruitment.

Is the service safe?

Our findings

We were unable to seek the views of everyone who lived at Eastbury Road due to their complex needs. However one person we spoke with told us, "The staff are nice, yes and they look after me well, especially [name]" and pointed to the registered manager. For the people who lived at Eastbury Road who were unable to verbally communicate their views we observed they appeared relaxed and happy. We saw one staff member supporting a person with their mid-morning drink in a gentle and reassuring manner ensuring they maintained eye contact with the person at all times, smiling as they reassured them because they were slightly anxious.

One relative we spoke with told us they had no concerns regarding the care and support people received and they felt the service was safe. They told us, "Yes my [family member] is safe, it is a friendly place for [name] to be living in and the staff are always kind."

Staff were knowledgeable about signs and symptoms of abuse and how to report their concerns. They told us and we saw that they received training about safeguarding people from the risk of harm and abuse. Staff knew where to find information about relevant contact details from outside safeguarding agencies where they could report their concerns under the whistleblowing policy.

We reviewed the risk assessments of two people and found that these had all been updated within the last six months. We found that potential risks to people's health, well-being or safety were routinely assessed as part of the assessment carried out prior to people starting the service. We also found evidence that these had been reviewed at regular intervals to take account of people's changing needs and circumstances. For example we saw that a risk assessment had been completed for one person with regard to risk of falls. We saw this assessment outlined the risks posed and the control measures in place to maintain the person's safety.

Risk assessments were in place for such areas as the environment, behaviour that may challenge others and risk of falls. These assessments were detailed and identified potential risks to people's safety and the controls in place to mitigate risk. For example we saw one risk assessment for a person who was highly anxious in certain situations. We saw that potential triggers had been highlighted and guidance was in place for staff in order to help reduce this person's anxiety and examples of how staff should reassure the person. We saw detailed records that confirmed that these control measures had been successful in reducing the number of incidents.

People were supported by sufficient numbers of staff to meet people's individual needs. Rotas confirmed that there were a minimum of two care staff plus the registered manager throughout the day and one waking care worker during the night. We saw that there was an up to date personal evacuation plan for each person and an on call rota in cases of emergency.

Throughout the inspection, we saw that staff were unhurried and took the necessary amount of time needed to support each person. We saw that staff were always able to support and respond to people in a timely

way.

Staff had received training in how to support people to take their medicines safely. We reviewed the medicine records of three people who staff supported with their medicines and saw that there was appropriate guidance for staff to administer medicines and that staff had signed the Medicine Administration Record charts (MAR) appropriately. Staff told us they checked the stock balances of people's medicines during each shift which ensured any errors could be identified quickly and rectified. Information was available for each person with regard to any allergies, possible side effects of the prescribed medicines and protocols were in place for medicines prescribed on as and when needed basis so that staff knew when they should be offered and given.

There were systems in place to help promote infection control. Staff took appropriate actions to protect people from the risk of infection. Staff members had received training in the control and prevention of infection. These included cleaning regimes and schedules and training for staff. We noted that the service had achieved five star rating for the hygiene and practices in the kitchens and for the management of food safety.

Is the service effective?

Our findings

People were supported by staff who had received the appropriate training for their role. Staff we spoke with told us that they had received an induction when they started working at the service and this had helped prepare them to carry out their roles effectively. All new staff were supported to commence the care certificate within their first 12 weeks and mandatory training was also provided. Staff received training in areas such as, safeguarding, epilepsy, food hygiene, autism, fire safety, emergency first aid, medication, infection control and Mental Capacity Act 2005 training (MCA).

People had their consent sought before support was given. We checked the care plans of two people and records confirmed that the person or their relative had signed to give their consent to the support provided. This included consent for their photograph being taken and consent for support with taking their medicines. One person told us, "I tell staff that I'm alright... leave me alone, they come back."

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this community care services are applied to and authorised by the Court of Protection. Nobody using the service had a need to be deprived of their liberty to keep them safe. The registered manager was aware of the process to contact the person's social worker or legal representative if people had been determined as lacking mental capacity. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

We found that training records were up to date and we could be assured that all the necessary training had been completed. Staff told us they did access regular training and this was confirmed within the two staff files reviewed as part of this inspection. Recent training included infection control, food hygiene, dysphasia and fire training.

Relatives were positive about the food and menu choices provided at the home. One family member told us, "The food choices are varied and plentiful." Staff had access to detailed guidance about people's dietary requirements which included pictorial menu choices for people who were unable to understand the written word. We saw from people's care plans that information about people's food and drink preferences, likes and dislikes had been recorded. For example, an entry in one person's plan stated, "I would like to be supported with my lunch at 12 noon, I would also like to have a hot chocolate before I go to bed at 8 p.m."

Staff told us they felt well supported by the registered manager and regularly met with them informally while on shift and during handover and team meetings. They were encouraged to have their say about any concerns they had and how the service operated. One staff member said, "I really enjoy my job here, all the staff are kind and well-motivated. The manager is always available to go to, always available for support; either at the home or on the phone." Another staff member commented, "We have staff meetings and everyone has the opportunity to contribute. The manager attends daily handover meetings too, communication is very good."

Relatives told us that staff accompanied people to their appointments and also supported people to get out and about in the community when they wanted. One relative said, "We are always updated by staff of what is happening to [name] when they visit the GP or dentist." Another family member told us, "They [staff] organise my relative's medical appointments, they are very competent." We saw that arrangements were in place with a local GP surgery, and people were further referred for support to services such as district nurses, psychiatrists, podiatrists and social workers. We saw from one person's care plan that their documents had been produced in a pictorial format in order for the person to be able to fully comprehend the forthcoming visit to the dentist.

Is the service caring?

Our findings

Relatives told us that staff were kind and caring towards the people who lived at Eastbury Road. One relative said, "The standard of care that my [name] is receiving is outstanding, the staff are always happy and helpful." A professional who visited the home regularly stated, "Staff at the home are very professional and engaged in a genuine and compassionate manner." We also saw that an outside professional [advocate] had provided positive feedback about the care and support provided. They stated that they found the home, "Caring and staff courteous." We also reviewed some recent feedback from a visiting GP who stated, "I have visited people over a number of years, the staff are all very caring and have a positive attitude towards everyone at the home." One visiting professional stated, "[] is always well cared for and dressed smartly, well hydrated and has healthy skin."

Throughout our visit we saw that people were cared for and supported in a kind and compassionate way by staff who clearly knew them very well and were familiar with their needs.

We saw evidence that people were involved in making decisions about their care and also aspects of the service provided. We saw that one person had chosen and was supported to give up smoking and to switch to using E cigarette's as an alternative. We saw that this person had been fully supported to do this through a step by step programme over a period of weeks. There was also detailed guidance for staff on how to ensure the diet provided to this person had adequate amounts of anti- oxidants due to vital nutrients being affected by them smoking.

We saw that monthly service user meetings were held where issues such as annual holidays and day trips out were discussed and also menu choices and the choosing of colour schemes for the redecoration programme of the home.

Staff helped and supported people with dignity and respected their privacy at all times. For example, they always knocked on people's bedroom doors and waited for permission to enter before they went in. We also observed one staff member supported a person with their lunchtime meal in a kind and caring manner, ensuring that they did not rush the person and gave them enough time to digest each mouthful before they offered them the next one. We observed this staff member talked to the person throughout, explaining what the meal consisted of and they ensured it was the correct temperature beforehand.

People were supported to have regular contact with the family, where possible. Family and friends were welcome to visit at any time and during our discussions with staff in the home it was evident that they knew peoples families well.

Confidentiality was well maintained by staff and information held about people's health, support needs and medical histories were held securely. Staff understood the importance of confidentiality and respected people's privacy.

Is the service responsive?

Our findings

Relatives and professionals gave consistently positive feedback about how personalised the service was to people's needs, wishes and preferences. Staff spoke with pride and enthusiasm about the people they cared for and celebrated their achievements. Staff, led by the registered manager continuously looked for ways to improve the care and support they provided to people. This meant that people had positive experiences and fulfilling lives in Eastbury Road.

Staff had access to detailed information and guidance about how to support people in a person centred way, based on their individual health, social care needs and preferences. This included information about people's preferred routines, medicines, relationships that were important to them, dietary requirements and personal care preferences. Care plans also detailed what body language or signs people used to express their consent, happiness, sadness or pain. One professional stated, "The manager of the home places great emphasis on the staff understanding [name] medical history and other behaviours, which has contributed greatly to the success of this placement."

Care plans were specific to people as individuals and provided staff with information on how to manage people's individual needs. Care plans were reviewed on a regular basis and updated as and when people's needs changed so that they remained reflective of people's current needs.

People's likes and dislikes and also their preferences were captured in the care plans to ensure all the staff had the information they needed to provide people with personalised care and support. People's rooms were personalised and reflected their individual interest and hobbies.

The registered manager arranged for staff to receive specific training about the specific health conditions that some people lived with. This meant they were able to do their jobs more effectively and in a way that was responsive to people's individual needs. For example, staff were trained about how to care for people who lived with complex eating and nutritional needs. People were also supported to access healthcare specialists where necessary to meet their health care needs. This included continence care, physiotherapy, SALT and specialist psychological support.

Opportunities were provided for people to take part in a range of meaningful activities and social interests relevant to their individual needs and requirements, both within the service and in the local community. For example, one person visited the local golf range regularly as part of their weekly activity plan and two people chose to attend local day centres for activities that included gardening, art and craft sessions and cooking. We saw photographs displayed throughout the home of recent trips to the coast and people taking part in their annual holidays.

People and their relatives were confident to raise any issues or concerns that arose. One relative told us, "I wouldn't hesitate in going to the manager to speak about a concern. The manager listens, their door is always open." Relatives told us they were regularly asked to provide feedback about the service via annual questionnaires.

Complaints received were fully investigated and responded to by the registered manager. Relatives told us that they knew how to raise concerns and these were actioned by staff and the registered manager. We saw that the complaints process was in a pictorial format to ensure that people who were unable fully comprehend the written word, understand how to make a complaint.

Is the service well-led?

Our findings

The registered manager was well known to people who lived at Eastbury Road and we saw throughout our visit to the service that they were involved in the everyday running of the service. Staff told us they felt well supported by the registered manager and they felt they were approachable and that they listened to them. One relative said, "The [registered] manager is caring, committed to their work. They understand what it is to have 'duty of care' to those entrusted in their care, their work experience and training is all demonstrated in the organisation of the setting." We reviewed the feedback from a recent visit from a safety officer who stated, "The manager is very kind and courteous and manages the home very well. Their record keeping is excellent."

The registered manager promoted a positive, transparent and inclusive culture within the service. Staff told us that they were always visible within the service. Both relatives and staff told us they were approachable and listened to them. One person told us, "The manager is very hands on and helps out whenever we need them to, they have a great relationship with the people who live here."

The views, experiences and feedback obtained from people who lived at the home, their relatives, professional stakeholders and staff had been actively sought and responded to in a broadly positive way. Questionnaires seeking feedback about all aspects of the service were sent out and the responses used to develop and improve the home. We saw from the outcome of surveys that people and their relatives were very positive about their experiences, the services provided and how the home operated.

There were quality assurance systems in place to assess the quality of the care and the support people received. The registered manager and senior staff team carried out regular audits and any actions needed to improve the service were promptly identified and actioned. For example, since the new registered manager was appointed they have introduced a more detailed and thorough auditing system that included a monthly review and monitoring of every aspect of care and support people received. This included personal care and safety, finances, nutrition and healthy lifestyle, medication, health and safety and recording on a monthly basis.

The service had a contractual agreement with the local authority to ensure that people placed at the home had their needs met. A recent monitoring from the local authority had been positive, with an overall rating of 'Excellent.'

There were regular team meetings where the staff discussed changes to practice and any issues. The meetings included information to help staff remain informed about changes to the service and future plans. One staff member told us, "They [manager] is very professional, firm but fair and that makes us all better care workers for the people who live at Eastbury Road."

Providers of health and social care are required to inform the Care Quality Commission, (CQC), of certain events that happen in or affect the service. The registered manager had informed the CQC of significant events in a timely way which meant we could check that appropriate action had been taken.

