Verity Healthcare Limited

Verity Healthcare - Haringey

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?	Good

Summary of findings

Overall summary

This inspection took place on 23 August 2018 and was announced. We informed the provider 48 hours in advance of our visit that we would be inspecting. This was to ensure there was somebody at the location to facilitate our inspection. This service has not been inspected since its registration on 22 September 2017.

Verity Healthcare – Haringey is a domiciliary care agency. It is registered to provide personal care and treatment of disease, disorder or injury to older adults, people with dementia, a learning disability or autistic spectrum disorder, people with an eating disorder, physical disability, and sensory impairment.

Not everyone using Verity Healthcare – Haringey receives regulated activity; 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. At the time of inspection, the service was providing personal care to four people living in their own houses and flats in the community.

The service had a 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.

People told us they felt safe with staff. The provider ensured people were safeguarded against harm and abuse. Risk assessments were individualised and regularly reviewed. They gave staff information on risks to people and how to provide safe care. There were sufficient and suitable staff to meet people's needs safely. People were appropriately supported with their medicines needs. Staff used personal protective equipment to avoid spread of infection.

People's needs were assessed and told us their needs were met by staff. Staff were knowledgeable about people's needs and abilities. They were provided with sufficient induction, regular training and supervision to provide effective care. People were happy with nutrition and hydration support.

People told us staff treated them with dignity and were caring and helpful. People were involved in the care planning process. Staff encouraged people to remain as independent as they could.

People's care plans were comprehensive and regularly reviewed. Staff were provided with information on how to provide personalised care. They were trained in equality and diversity, and treated people as individuals. The provider promoted lesbian, gay, bisexual and transgender people to use the service. People and the relatives were encouraged to raise concerns and were happy with the complaints process. The provider had processes in place to support people on end of life care.

People told us they were happy with the service and would recommend it. Staff told us the management was approachable. The provider had efficient monitoring, auditing and evaluating systems and processes to

ensure people's safety and the quality of the service. The management worked with other organisations and professionals to improve the care delivery.

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 told us they felt safe with staff. There were processes in place to safeguard people against harm and abuse. Staff knew risks to people and how to provide safe care. People's risk assessments gave sufficient information on how to meet people's needs safely. People were happy with medicines management support.

There were sufficient staff and people told us they were generally on time. Staff were appropriately recruited to ensure they were safe to work with people at risk. The provider had processes in place to manage late and missed visits.

Staff followed safe infection control procedures. The provider had systems in place to learn and share lessons from accidents and incidents to minimise future occurrences.

Is the service effective?

Good

The service was effective.

People's needs were assessed before they started receiving care. People told us their needs were met. Staff received sufficient training and regular supervision to provide effective care.

People were happy with nutrition and hydration support. When requested the provider supported people to access healthcare services. Staff knew people's right to make choices and decisions, and asked their permission before providing support. The provider supported people as per the Mental Capacity Act principles.

Is the service caring?

Good

The service was caring.

People and their relatives told us staff were caring and helpful. Staff were trained in dignity and privacy, and people told us they were treated with dignity and respect.

Staff encouraged people to express their views regarding their care and treatment. People's cultural and religious needs were met by staff.

People were supported to remain as independent as they could.

Is the service responsive?

Good

The service was responsive.

People's care plans were person-centred and regularly reviewed. Staff were knowledgeable about people's preference and how they liked to be supported. Staff were trained in equality and diversity and treated people as individuals.

People and their relatives were encouraged to raise concerns and were happy with how the complaints were addressed.

The provider had a policy and processes in place to support people with end of life care needs.

Is the service well-led?

Good

The service was well led.

People and their relatives were happy with the service. Staff told us the management was supportive and the service was well-led.

The provider had effective monitoring and auditing systems to ensure the safety and quality of the service. People were asked for their feedback and their feedback was used to improve the service.

The management worked with other organisations and professionals to improve people's wellbeing.

Verity Healthcare - Haringey

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 23 August 2018 and was announced. We gave the service 48 hours' notice of the inspection visit to ensure there was somebody at the location to facilitate our inspection.

The inspection was carried out by two inspectors who visited the provider's office.

Prior to our inspection, we reviewed information we held about the service, including notifications sent to us at the Care Quality Commission. A notification is information about important events which the service is required to send us by law. We looked at the information sent to us by the provider in the Provider Information Return, 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 contacted the local authority for their feedback.

During the inspection visit, we spoke to the registered manager, the nominated individual, one care coordinator and four care staff. We reviewed three people's care plans, risk assessments and care delivery records, five staff files, their recruitment, training and supervision records, and records related to the management of the service.

Following the inspection, we spoke to one person who used the service and three relatives. We reviewed documents provided to us after the inspection including training certificates, call logs, meeting minutes and daily care logs.

Good

Is the service safe?

Our findings

People and the relatives told us staff were safe. One person said, "I feel safe." Relatives comments included, "Yes, he [person who used the service] is safe with staff, we can trust them [staff]" and "Yes, she [person who used the service] is safe with them [staff], trust them very much."

The provider had processes in place to ensure people were safeguarded against harm and abuse. The provider's safeguarding policy was in date and clearly described roles and responsibilities of the management and staff in safeguarding people. Staff knew how to recognise and report potential abuse. Staff had received training in safeguarding adults and understood the types of abuse people could face and potential signs to look out for that may indicate people were being harmed. Staff told us they would contact external agencies including the local authority and police if the management does not act on concerns of abuse.

Risks to people's health, care and mobility needs were identified, assessed and mitigated. People's risk assessments were for areas such as environment, medication, falls, skin integrity, personal care, nutrition and hydration, and choking. Risk assessments were individualised and provided sufficient information and instructions to staff on how to provide safe care. For example, a person with reduced mobility who spent a significant time in bed was correctly identified at risk of skin disintegration and development of pressure sores. Their skin integrity assessment instructed staff to regularly apply skin lotion to the person, continually monitor the person's skin and to report signs of decolourisation to the office and the office would inform the district nurse team for immediate action. People's care files also had guidelines related to their specific health conditions and care needs such as diabetes management, continence care, using a mobility aid such as a walking stick and supporting a person to sit up in bed.

Staff understood the risks that people they supported faced. They were able to describe the risks to people and the ways they mitigated those risks. They told us the risk assessments were easy to follow and copies of them were kept in people's flats. A staff member said, "Yes, [there are] care plans and risk assessments in [person who used the service] place. Big document on his health and medical condition." Another staff member commented, "They [management] make sure they do their risk assessments, to make sure I'm safe and for the client." This meant staff were given sufficient information on how to manage risks to people and to provide safe care.

The provider followed safe recruitment practices to ensure staff working with people were of good character, appropriately vetted and with right knowledge and skills. Staff files contained appropriate recruitment documentation including references, criminal record checks, proof of identity and right to work in this country checks and information about the experience and skills of the individual.

People told us there were sufficient staff to meet their needs safely. Most people and relatives told us staff arrived on time and if they were running late the office would inform them. One person said, "Yes, they [staff] arrive on time but sometimes can be late." A relative told us, "Yes, they come on time and if running late they would call." Another relative commented, "Yes, they [staff] do arrive on time. In the last two years, once or

twice late but very rare." The provider's late and missed care visit policy was in date and the provider kept records of late visits and actions taken to address lateness as per the policy. Staff did not raise concerns with us about staffing levels and told us that they had enough time to travel between care visits and did not feel rushed and that they would inform the management if they felt they needed more time.

People and their relatives were happy with medicines management support. A relative said, "They [staff] gives [person who used the service] his tablets in the morning. Yes, they [staff] give them [medicines] on time." People's care files had medication risk assessments that stated the list of prescribed medicines for their health and medical needs, the side effects, the level of support people required, and instructions for staff for safe medicines administration. The risk assessments reminded staff to follow five rights of medicine administration to reduce medicine mistakes and errors. Staff recorded medicines administration in the medicines administration record (MAR) charts. MAR charts were mostly appropriately completed. The provider completed MAR audits that identified gaps and errors in the MAR charts. However, we found a few gaps in one MAR that the audits had not identified. We spoke to the management about it and they said it was an oversight. Following the inspection, the provider confirmed the person had received the medicines. The provider further said that they had introduced a new electronic MAR system which would enable them to identify and reduce MAR errors and gaps. We were reassured that people's medicines needs were met safely.

Staff had completed infection control and food hygiene training and understood their roles and responsibilities in relation to these areas of care. They told us they were provided with sufficient amounts of personal protective equipment (PPE) and knew the importance of wearing PPE to prevent cross contamination and spread of infection. Staff told us they were provided with gloves, shoe covers, aprons and wore them when supporting people with their nutrition, medicine and personal care needs. A staff member said, "They [the management] provides us with gloves."

There were appropriate processes in place to report, record, discuss and learn from accidents and incidents to minimise similar occurrences. Staff knew their responsibilities in reporting incidents and immediate actions they needed to take. For example, one staff member told us that they had called paramedics and informed the office when at a care visit the relative of the person who used the service looked dizzy, was shaking and felt weak. The provider maintained accurate records and carried out yearly analysis to consider patterns.

Good

Is the service effective?

Our findings

People told us their individual needs were met by staff who knew their abilities and needs well. One person said, "Oh yes, my needs are met." A relative told us, "Staff meets [person who used the service] needs. They [staff] give him a wash, dress him, tidy the place."

People's needs were assessed at the point of referral. The management visited the person at their home and met with them and their relatives where necessary to gather information on their needs, abilities, and the support they required. People's home care assessment forms included people, relatives and professionals' names who attended the assessment meeting, people's medical, emotional and physical health condition, communication, nutrition, personal care and medication needs, and risks to people and environment risks. For example, one person's assessment stated that the person was able to verbally communicate but spoke softly, liked talking to people, and although unable to answer phone calls would speak to the person over the phone if the phone was handed to them. Another person's home care assessment stated they liked watching television and talking to their spouse, liked to socialise and eat their cultural specific food. This showed the provider had processes in place to assess people's needs and choices to deliver care that achieved effective outcomes for people.

Staff told us training was good. Staff comments included, "I also get to attend training and [the service] give us certificates when we finish it [training]", "We get enough [training]" "It is very helpful we can put the training into action at the service user's house", "We get a lot of training", "Every year we do refresher training" and "That [recent moving and handling training] was very helpful because you can move someone without hurting them." All new staff received detailed induction training that lasted 12 weeks and during the induction, staff were provided with three days shadow training. Under shadow training new staff observed existing and experienced staff to understand how people liked to be supported. Staff comments included, "We looked at policies and procedures and did training before we started. We had shadowing for about three weeks" and "We have done the Care Certificate."

Following the induction training, staff were enrolled on the Care Certificate training. The Care Certificate is a set of standards that social care and health workers use in their daily working life. Staff received regular refresher training in fundamental areas required to provide effective care such as safeguarding, Mental Capacity Act, health and safety, fire safety, infection control, moving and handling, and medication. In addition to this, staff were provided with training specific to people's health conditions such as diabetes, end of life, dementia, stoma care and PEG feeding. Training records and training matrix confirmed this.

Staff told us they received regular supervision, found it useful and felt supported. Staff comments included, "I have been working here since 2015, yes, I feel supported. The care coordinators ask if [I] need more support", "It is to make sure we are working to standards and to policies and procedures", "[To discuss] any concerns we have about the clients" and "To tell them [management] how we feel about things. If you are not happy about anything they step in and help you." Staff received regular supervisions and those staff that had completed a year with the provider received an annual appraisal. Records confirmed this. Supervision records showed discussions in areas such as training needs, people's care needs, any concerns and support

required. This showed staff were provided with sufficient induction, training and supervision to meet people's needs effectively.

People that requested support with their nutrition and hydration needs told us their needs were met and were happy with the support. One person said, "She [staff member] does my breakfast. She is good." A relative commented, "Provide [person who used the service] with his meals on time." People's care plans detailed their food likes, dislikes and dietary needs. Staff were able to describe people's food preferences and how gave examples on how they supported them to eat a balanced diet. One staff member said, "I encourage her [person who used the service] not to eat jam every day as she has diabetes. I gave her other healthy choices instead of jam."

People were supported to access ongoing healthcare services when requested. The records of these were kept in people's care files. People's care records also documented healthcare professionals' recommendations. For example, one person's care file stated that they had swallowing difficulties and gave information on the speech and language therapist's advice and guidelines which was to ensure the food was cut in small pieces and was of soft consistency to avoid risk of choking. There were records that confirmed staff followed the guidelines and supported the person that met their individual dietary needs. Staff had a good understanding about the current medical and health conditions of the people they supported. They knew who to contact if they had concerns about a person's health including emergency contacts.

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 and their relatives told us staff asked people before they provided care and gave them choices. One person said, "She [staff member] asks me what I want help with. Yes, I must say she gives me choices." Staff we spoke to told us they encouraged people to make choices and decisions and asked their permission before providing support. One staff member said, "We include them, we always ask them what they want, what they want to eat and what they want to wear today."

People's care plans made reference to people's capacity to make decisions. People who lacked capacity to make decisions regarding their care and treatment their care plans had information on their legally appointed representatives. One person's care file had copies of authorisation to confirm the relative was legally appointed as the person's representative to make decision regarding their care and treatment. People's care files had consent to care and treatment, and to share information forms.

Good

Is the service caring?

Our findings

People and their relatives told us staff were caring and helpful. A person said, "I have only good things to say about carers [staff]. One [staff member] in specific has become part of my family." Another person commented, "She [staff member] is alright. She is caring, as far as caring goes." Relatives' comments included, "She [person who used the service] loves them", "I have met them [staff] and they seem caring and kind" and "Carers [staff] are caring and helpful."

People and their relatives told us they were generally supported by the same team of staff. A person said they had one staff member as the main staff support and only changed when the staff member was on leave. One relative said, "[Person who used the service] has had two carers since we started using the agency." Another relative commented, "Yes, it's the same carers." Staff rotas and people's daily care logs confirmed people were generally supported by the same staff team. Staff told us they had been supporting the same people for a while and enabled them to establish trust and positive working relationships. One staff member said, "I have been working with [person who used the service] since I started working here."

People were supported and encouraged by staff to express their views and told us staff listened to them. One person said, "She [staff member] does listen to me." Relatives told us staff had time to talk to them and people who used the service and were not rushing the care. Staff told us the rotas were planned to give them time to speak to people patiently and have meaningful conversations. Staff we spoke to demonstrated a good understanding of people's preference and talked about people in a caring and sensitive way. A staff member said, "This job takes patience and empathy." Another staff member commented, "I talk to [person who used the service] as she likes to talk. When I make breakfast for her I also ask her husband if he would like some. He usually says yes."

People and their relatives told us staff treated them with dignity and respect. Relatives' comments included, "Yes, they do treat him [person who used the service] with dignity and respect" and "Absolutely, treat her [person who used the service] with dignity and respect." Staff had received training in dignity and privacy when they completed the care certificate training. Staff told us they respected people's privacy and gave us examples of how they provided care in a dignified way. Their comments included, "Make sure curtains are drawn close", "I always ask how they like to be supported", "I respect their [people who used the service] choices and privacy" and "I do not rush her [person who used the service]."

Staff told us they used different ways to communicate with people as per their preferences. For example, a staff member said they would show the person tea bags and coffee, and options of clothes to enable them to make a choice. Staff told us that it was important to respect people's culture and customs when visiting and gave us examples of how they did this in relation to religious observance, language and culture. People's cultural and religious needs were recorded in their care plans. People and their relatives told us they were involved in their care planning process and informed the service on how they wanted to be supported. A relative said, "I was part of the care planning process."

People were encouraged to remain as independent as they could. Staff assisted and encouraged people to

do things that they could by themselves. One person said staff encouraged them to do things on their own such as aspects of personal care.

Good

Is the service responsive?

Our findings

People told us staff knew their likes and dislikes and how they liked to be supported. One person said, "She [staff member] washes dishes, tidies my place as I like it. Most of the time I am able to have a shower on my own but when I ask [for] [help] she [staff member] does help me." Relatives told us staff knew how to support their family members as per their likes and preferences.

Each person's care file had a one page profile titled 'my care profile' that gave concise personalised information to staff on the person and how they liked to be supported. For example, one person's care profile detailed their name and how they preferred to be addressed, where they were born, their professional background, significant people and events in their life, current health conditions, and how they liked to be supported. Their profile stated, "At times, I may ask the care staff to visit me only once a day. I can undress/dress but may need assistance. I will communicate that to you. I will let the care staff know if I want her to visit once a day or twice a day. I need assistance to wash my back and apply cream. Sometimes, I feel so weak, I am unable use the toilet. I use the commode from time to time and will need help to empty and wash the commode/toilet seat, and at times to help me wash used dishes."

The provider developed care plans after they had carried out people's assessment of needs. People's care plans were comprehensive and person-centred, and reviewed yearly or when people's needs changed. Records confirmed this. The care plans included information on people's care outcomes, likes, dislikes, personal care, communication, nutrition and hydration, medical and health needs, and how they would like to be supported. For example, one person's care plan stated their care objective as wanting support with personal care and nutrition needs. The care plan detailed care visit timings and there were clear instructions for staff on how to provide care in a person-centred and dignified way. Under personal care, staff were provided with a step by step process starting with how to greet and engage with the person, using the commode, undressing, removing incontinence pad, having a full body wash, oral care, applying lotion, and dressing up. The care plan also instructed staff on how to meet this person's nutrition needs. There were personalised details such as the person preferred a special brand tea in their preferred 'yellow and white cup' and liked it to be served on a tray and put on the side drawer beside their bed. This showed staff were provided with sufficient up-to-date information on how to meet people's personalised needs.

Staff kept clear records of how people were supported with their needs, what food and drinks they had consumed, and their physical and emotional health and wellbeing at the start and end of the care visit. People's care plan reminded staff to read the daily care records before they started supporting people and to complete them before leaving. This ensured staff were always informed on people's current health and care support needs.

People were asked for their gender preference of care and these were recorded in their care plans. A person's care file stated, "I prefer experienced and trained female care worker to visit me twice a day." People and their relatives confirmed their preferences were met. Staff rotas and people's daily care logs confirmed people were supported by staff as per their gender preference of care.

Staff told us they enjoyed supporting people and demonstrated a good understanding of peoples' likes, dislikes and life history. They further said they found care plans useful and a copy was kept in each person's home. A staff member commented that the person's place had a care plan. They said the care plan stated, "How we [staff] should support [person who used the service] with dignity, their preferred time of care visit." Another staff member commented, "The care plan changes, you have to keep reading the care plans."

Staff were trained in equality and diversity and told us they treated people as individuals. The provider welcomed people and staff from diverse backgrounds including lesbian, gay, bisexual and transgender people, and people's sexuality was recorded in their care plans.

The provider's complaints policy was in date and gave information on how to raise concerns, and staff and management's responsibilities in reporting and investigating complaints. People and their relatives were provided with the complaints policy at the start of the service, and encouraged on an ongoing basis by staff and management to raise concerns and complaints. Most people told us they had never made complaints. One person said, "No, not really raised any concerns or complaints." Relatives' comments included, "Don't think so [raised concerns]. I have got the agency's number. Yes, they [the management] would listen to me and my concerns" and "Used to be [complaining] right at the beginning of the service. The communication has improved since." Complaints records were detailed and included the nature of complaint, investigation notes, and actions taken to address the complaints and outcomes. The complaints folder also had copies of written correspondence including apology letters. The provider sent people a 'post complaint satisfaction survey' to ascertain if people were satisfied with the way the complaints were dealt with. This showed the provider encouraged people to raise concerns, and listened and responded to their concerns in a timely manner.

At the time of inspection, the provider was not supporting any person with end of life care needs. However, the provider had processes and systems in place around end of life care. The provider's end of life care policy gave clear information on the support they could provide to people on palliative care, advance care and end of life care. The provider was working towards Gold Standards Framework in end of life care. The Gold Standards Framework (GSF) is a model that enables good practice to be available to all people nearing the end of their lives, irrespective of diagnosis. It is a way of raising the level of care to the standard of the best. The provider had trained some staff in end of life care and had plans in place to train all staff in this area. Records confirmed this.

Good

Is the service well-led?

Our findings

People and their relatives told us they were happy with the service and would recommend it. One person said, "I am happy with my carer [staff member] and the service. Of course, would recommend the service." Relatives' comments included, "My [person who used the service] likes the carers [staff] and would be happy to recommend it" and "My [person who used the service] is very happy with the service. I would recommend this service. I like Verity Healthcare and we are happy with the service."

There was a registered manager in post and they were aware of their responsibilities in relation to incidents that needed to notify us of. The provider had required policies and procedures in place to run the service and they were in date. Staff we spoke to were positive about the management and understood the vision and values that underpinned the service. Staff told us they felt the service was well managed and felt supported. Their comments included, "They help me a lot, coaching me", "They are becoming more responsive as a management team", "[Nominated individual] and [registered manager] are good listeners. They always try and rectify any issues we have."

The provider organised regular staff meetings to discuss matters related to care delivery, to seek staff's feedback and how to improve the service. The registered manager said, "[Team meetings] give staff the chance to express themselves." Staff told us team meetings were helpful and the records showed staff's high attendance at the meetings. Staff meeting minutes showed discussions around staffing, recruitment, training, care packages, communication, staff attendance and punctuality, staff rotas, and MAR charts. One of the meetings minutes reminded staff, "In the case that a carer is running late, the carer must call the office so that the clients can be informed also." Staff told us they felt comfortable in voicing their views and opinions to the management and felt listened to. This showed the management promoted open and inclusive culture that encouraged discussions that enabled the service to achieve good outcomes for people.

The provider had effective monitoring and auditing systems and processes to ensure the safety of people and quality of the service. There were records of various audits and checks including care plans, medicines administration records, daily care records and staff files. Staff were regularly visited at the people's homes by the management unannounced to ensure they provided care as per people's agreed care plans. Records confirmed this. The provider also conducted a spot check analysis to identify areas of improvements. The recent spot check analysis report dated May 2018 showed people were happy with staff punctuality, appearance, politeness, respect for people who used the service, respect for people's property, ability for carrying out care and knowledge and skills. Staff performance, attitude, behaviour and ability were rated as outstanding.

People and their relatives were asked for their feedback formally by a telephone annual survey. The last survey was carried out over April and May 2018, the results were analysed and the report showed people were generally happy with the service. The analysis showed 90% found the service accessible, 100% felt safe and 94% felt the service was well-led. Some quotes from people's replies, "Generally the office staff are helpful. Things have improved. [Nominated individual] and [registered manager] are proactively working to

improve on the quality of the service" and "I feel things have improved significant...they [management] have visited me six times in the last few months and always delivers."

The provider worked with local organisations, healthcare professionals such as GPs, pharmacists, physiotherapists and dieticians to improve people's physical and emotional wellbeing. The provider information return stated the provider had participated in local community activities such as fairs, festivals and organised job fairs to recruit staff from the local community.