Mr Basie Omri Van Rensburg

VictoriaDomCare

Inspection report

Office 1 Alcester Business Centre
Kinwarton Farm Road
Alcester
Warwickshire
B49 6EH

Tel: 01789765851
Website: www.victoriadomcare.co.uk

Date of inspection visit:
18 September 2017

Date of publication:
27 October 2017

Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

This inspection took place on 18 September 2017. The inspection was announced. The provider was given two days' notice of our inspection. This was to ensure the manager and provider was available when we visited the agency's office.

VictoriaDomCare is a small domiciliary care agency which provides personal care for people in their own homes. The agency covered several geographical areas in Warwickshire. Most people received support from staff several times each day. On the day of our inspection visit the agency was providing support to nine people.

The service did not require a registered manager, as the provider was a sole trader. However, the provider had realised that they needed additional management support in the office, and had recruited a manager who intended to register 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. There was not a registered manager in place at the time of our inspection visit. However, there was a care manager and a newly appointed manager.

This was the first time the service had been inspected under its current registration. We found the service needed to make some improvements, as risk assessments could have been more detailed to ensure people received safe and consistent care, and care records needed to be brought up to date.

The provider recognised that they needed to recruit more staff to ensure there were enough staff to support people safely and consistently, as staff did not always arrive on time for their scheduled calls.

Staff understood their responsibilities to protect people from the risk of abuse. The provider checked staff's suitability for their role before they started working at the service.

Staff offered people choice and respected their decisions. People were complimentary about staff that supported them, describing them as kind and caring.

Care was delivered based on the individual needs of each person. People and their relatives were included in planning how they were cared for and supported, and people were supported by staff who had the skills to meet their needs. People were referred to healthcare services when their health needs changed.

People told us they knew how to make a complaint if they needed to. The manager had procedures in place to respond to complaints in a timely way.

The provider checked the quality of the service and acted to continuously improve it; people and their relatives were encouraged to share their opinions about the quality of the service. The provider had plans in

place to improve records, policies and procedures, quality assurance techniques, and the analysis of audit outcomes.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

People felt safe with staff and staff had been recruited safely. Risk assessments were not always up to date in people's paper care records, to ensure people were supported safely and consistently by staff. Medicines were administered to people safely. However, there were not always enough staff to ensure staff always arrived within half an hour of their scheduled call time.

Is the service effective?

Good

The service was effective.

Staff completed an induction and training so they had the skills they needed to effectively meet people's needs. Where people could not make decisions for themselves, people's rights were protected; important decisions were made in their 'best interests' in consultation with people who were closest to them. People were supported to see healthcare professionals when needed.

Is the service caring?

Good

The service was caring.

Staff knew people well and respected people's privacy and dignity. Staff treated people with respect and kindness.

Is the service responsive?

Good

The service was responsive.

People were supported in a way that took into account their preferences and wishes. People were able to raise complaints and provide feedback about the service. Staff had the information they needed to respond to changes in people's care.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

Auditing procedures at the service required improvement to

ensure risk assessments and care plans were consistent and up to date, and areas for improvement were identified. The provider and care manager worked together to make improvements, where issues had been identified. Staff told us they received support from managers when needed.

VictoriaDomCare

Detailed findings

Background to this inspection

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

We inspected the service on 18 September 2017 as an announced inspection. We gave the provider two days' notice of our inspection visit so we could be sure the manager and other members of the management team were available to speak with us. This inspection was undertaken by one inspector.

Before our inspection visit we noted we had not received a Provider's Information Return (PIR). This enables the provider to give us key information about the service, what it does well and what improvements they plan to make. We could not establish whether the provider had received this request from us. As we were unable to review the information we gave the provider and the care manager time to tell us about their service during our inspection visit.

We also reviewed the information we held about the service. We looked at information received from the local authority commissioners and the statutory notifications the manager had sent us. A statutory notification is information about important events which the provider is required to send to us by law. Commissioners are people who contract services, and monitor the care and support the service provides, when they are paid for by the local authority.

We received feedback from three people who used the service, and two people's relatives. During the inspection we received verbal or written feedback from four care staff. On the day of our inspection visit we spoke with the newly appointed manager, the care manager and the provider.

We looked at a range of records about people's care including three people's care files in detail, daily records, charts and medicines records. This was to assess whether people's care delivery met their identified needs.

We reviewed records of the checks the provider made to assure themselves people received a quality

service. We looked at staff information to check staff were receiving supervision and appraisals to continue their professional development.

Requires Improvement

Is the service safe?

Our findings

People told us they felt safe because they received care from staff they trusted. One person said, "All the care staff have been lovely, they are very good (to me)." One relative told us "I feel my relative is safe, there are regular care staff (who know her well)."

The provider had procedures in place to protect people against the risk of abuse and safeguarded people from harm. Staff attended regular safeguarding training. Staff told us they would not hesitate to inform the care manager or provider, or CQC, if they had any concerns. They were confident the provider would act appropriately to protect people from harm.

Staff told us and records confirmed, suitable recruitment practices were followed. Before staff started work, checks were made to make sure they were of a suitable character to work with people in their own homes.

There was a system in place to identify risks and protect people from harm. Risks relating to the environment where people were supported by staff were in place. Each person's care file had a number of risk assessments completed which related to their health conditions and the care they received. However, these risk assessments were not always detailed, and did not always clearly describe to staff how they should support people to minimise the risk. For example, one person had a diagnosis of diabetes for which they received medicine. There was no risk assessment in place to clearly describe signs the person may become unwell, and there was no instruction for staff to follow to recognise and act if the person displayed symptoms of a diabetic incident. We brought this to the attention of the care manager. The care manager told us some staff had not received training in diabetes, but said, "We do not use agency staff, and all staff know the people they support well and know how to manage the risk." They explained the provider was in the process of updating all care records, including risk assessments to make them more detailed. The new care records were being transferred to an electronic recording system so that staff could access information immediately. Paper and electronic records would be kept up to date to ensure they both contained the information needed to provide safe care to people.

Following our inspection visit, the new manager told us they were developing risk assessments further to include more detail, as part of a review of all care documents. This work was due to be completed in October 2017.

We found there were not always enough staff to ensure people had the support they needed at the times that had been agreed in people's care plans. People told us there were enough staff to meet their needs, saying staff always came out to them. However, some people told us more staff were needed to ensure people always received their calls on time. One person said, "The provider always comes out and covers the scheduled call, even if they are short staffed." Another person said, "The carers are nice, but they need more staff so they get to you on time." They added, "If they are late in the morning we have to adjust our plans for the day, it's annoying."

Staff comments included; "Management sometimes ask if I can work extra hours which I cover if I can", "I am

aware we are looking for more staff but this is not affecting our clients. We are only late if there is a lot of traffic or an emergency."

The provider told us they were recruiting for more staff at the time of our inspection visit. Another seven members of care staff were being recruited to ensure people always received their calls at the times agreed, and to expand the number of people they could support. The provider had recently reduced the number of people they supported, when staff had left the service in the summer.

Staff administered medicines to people in their own home, and also reminded people to take their prescribed medicines. Most people who were supported with their medicines, were reminded to take them only. Where staff were required to administer medicines to people, people had their tablet medicines in pre-dispensed packs from their pharmacist. Staff received medicines training which included how to record when medicines were administered to people on a Medicine Administration Record (MAR). Where people required medicines to be given on an 'as required' basis, there were some instructions in place for staff on when and where to apply the medicines, for example, one person was prescribed a cream for their skin and the provider used a diagram to inform staff where the cream should be placed.

Good

Is the service effective?

Our findings

People told us staff had the skills they needed to support them effectively. One relative told us, "The staff are very good with people, they are the best we have ever used."

Staff told us when they started work at the service they received an induction. The induction included basic training in how to deliver care to people safely. Each member of staff received an individual training programme tailored to the people they supported. For example, some staff had received training in stoma care if they supported people with a stoma. One member of staff told us, "I completed some of the basic training before I was able to start work, initially shadowing more experienced staff. The manager is now helping me to complete the Care Certificate, so I am qualified."

Staff told us in addition to completing the induction programme; they had a probationary period and were regularly assessed to check they had the right skills. The care manager explained that as staff passed their probationary period and became qualified, their salary was increased to encourage staff to complete their qualifications.

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. 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 manager planned to introduce mental capacity paperwork into care records, to record when people could not make all of their own decisions. They also intended to develop paperwork to show where decisions were made in people's 'best interests', records detailing how decisions had been reached and who had been involved in the decision making process. The plan to introduce this paperwork was due to be completed by the end of October 2017. The provider explained the new manager of the service would be implementing these records. The provider told us everyone they supported was able to make decisions for themselves. Although they supported people who lacked the capacity to make complex decisions, they recognised people's right to make everyday decisions about their care. People's important relatives or friends were also involved in decision making, if the person agreed they could be.

Staff understood adults should consent to their own care and treatment, unless it was established they lacked the capacity to do so. Staff told us they assumed everyone had capacity to make their own decisions unless it had been assessed they could not.

The service supported people to see health care professionals such as the GP, dentist, and nutritional specialists when a need was identified. Records showed staff referred people to see health professionals when their health changed.

Good

Is the service caring?

Our findings

People and their relatives said staff treated them with kindness and compassion. One person told us, "The carers are nice." A relative said, "We have a really good relationship with the staff. They are fantastic. We would not want to change." They added, "They go above and beyond and have stayed with my relative for hours when it was needed."

Staff members told us they enjoyed their role and the interaction with people they supported. One staff member commented, "I love this job, I enjoy helping others. I feel a valuable member of the team."

One member of staff explained how they supported people. They made sure people were encouraged to do what they could themselves, and only supported people with tasks they could not manage. People we spoke with confirmed staff had this approach.

Because people and their relatives were involved in planning their care, records showed people's likes and dislikes and how they wanted to receive their care. Records were tailored to meet the needs of each person according to their support requirements, skills and wishes.

Staff understood how to provide care to people whilst retaining dignity and privacy. People said staff always explained what they were doing. One staff member said, "We treat everyone with dignity and respect." Another member of staff said, "People always have a choice and we respect their decisions."

People told us staff offered them support discretely when they needed assistance with their personal care.

Good

Is the service responsive?

Our findings

People we spoke with told us staff responded to their requests quickly, and supported them how they wished.

Staff completed records of the support people received each day. They did this electronically by a mobile phone, making the records immediately accessible to other staff if required. This meant care staff could read the information about the care each person received before they began work. One staff member told us, "With the system I am able to read support plans of each person before I get there, I can also send messages back to other staff and the office."

Another member of staff said, "Each person has their individual care plan, I have full information related to each person using the mobile phone, their needs and preferences which are updated when required."

People told us, if it was part of their care package, staff could take them out in their local community or spend time with them in their home pursuing hobbies and interests.

People told us they would feel comfortable to raise any issues or concerns with staff. People told us they had never needed to make a complaint. There was information about how to make a complaint in the service user guide that each person had in their home.

The provider and care manager kept a log of feedback to see how they could make improvements, but had not received any recent complaints.

Requires Improvement

Is the service well-led?

Our findings

This was the first time the service had been inspected under its current registration. It had previously been registered under a different company address.

People told us that generally they felt the service provided from VictoriaDomCare was good. One person's relative told us, "They [staff] never let us down." Only one person we spoke with told us they would like the service to be improved, because staff did not always arrive on time for their scheduled calls.

The provider had already identified this as a concern in the checks they completed on staff arrival times. Their records showed staff arrival times were improving. Where staff were identified as not always staying for the agreed length of time, this was followed up by the provider in supervision meetings.

The provider was recruiting seven new members of care staff to improve staff availability. They explained they had recently gone through a period of recruiting new staff, as they had a high turnover of staff during 2017. They were conducting some analysis about recruitment procedures and staff retention, including updating some of their policies and procedures, to encourage staff to stay with the service longer.

They had also just appointed a new manager, to become a registered manager at the service. The new manager would manage staff rotas and scheduling as well as quality assurance procedures.

When we arrived at the office we asked to see two people's care records in order to conduct our inspection. The provider had recently put in place (April 2017) an electronic recording system to hold a copy of people's care records in the office. On the day of our inspection visit, the provider and care manager were unable to locate the electronic record of the two people's records. However, the provider was able to collect a paper copy of each person's care records from their home, which they did. They were also able to show us how staff accessed care information electronically, through their mobile phone. This meant that although the electronic records system was not effective on the day of our inspection, the information staff needed to deliver care to people was available for staff to review at all times.

The provider was unsure about their responsibilities to notify CQC of incidents that occurred at the service. They had recognised they needed to improve their knowledge and practice. The provider explained the current service did not require a registered manager according to CQC Regulations, as they were a sole trader, however, they felt a manager with experience of legislation and the Regulations would assist them in improving and managing their service. The new manager had begun working for the provider a week before our inspection visit, and had drawn up an action plan on how some things could be improved.

The provider had a system of quality assurance checks to monitor the quality of the service people received. This included checks on people's care, staff performance and medicines. However, the checks that were in place were not recorded, so it was difficult to see if there were any trends and patterns that indicated where the service might require improvements. The provider planned to enhance and update their auditing procedures by using the experience of their new manager.

People, their relatives and staff told us the provider and care manager were approachable, and they would not hesitate to raise concerns with them or a member of the staff team. A member of staff told us, "My manager is always approachable for me on the phone or call back as soon as they can. I feel well treated by them and they are always helpful for me."

The provider asked people for their feedback about how the service was run in regular quality assurance questionnaires. We saw a recent survey showed people were satisfied with the service they received, and with care staff.

Staff were supervised using a system of supervision meetings, and staff meetings. Regular meetings provided staff with an opportunity to discuss training requirements. One staff member told us, "We have regular meetings with senior carers and since I started work in July we have had one staff meeting which I found very useful." In addition, staff told us they could speak with a manager when they needed to, and there was always support available from managers through an 'on call' system.