

Violets Homecare Services Ltd

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Inspection report

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24 January 2019

28 January 2019

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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 was undertaken on 23, 24 and 28 January 2019.

Violets Homecare Services Limited is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to older people who may live with sensory or physical disabilities, dementia, mental illness or learning disabilities. At the time of this inspection 87 people were using the service.

Not everyone using Violets Homecare Services Limited receives the 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 consider any wider social care provided.

At our last inspection in June 2016 we rated the service as good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Staff had been trained about safeguarding people from avoidable harm and were knowledgeable about the potential risks and signs of abuse. Risks to people's safety and wellbeing were assessed and managed in the least restrictive way possible. Enough staff were available to meet people's needs. People were supported to take their medicines safely. Staff had received training in infection control practices and personal protective equipment was provided for them. The management used incidents as a learning tool to help further ensure people's safety and wellbeing.

Staff received training and supervision to enable them to meet people's care and support needs. The service worked within the principles of the Mental Capacity Act 2005 (MCA). People were supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice. People were supported to eat and drink sufficient amounts to maintain their health and wellbeing. The staff and management team worked in partnership with external professionals and families to help ensure people's needs were identified and met.

People had a stable team of staff to support them which helped to ensure continuity and enabled people to form bonds with the staff. Staff understood the importance of promoting people's independence and respecting their dignity. People's care records were stored securely to help maintain their dignity and confidentiality.

People had been involved in developing care plans that addressed all areas of their lives. The provider and registered manager had appropriate and robust processes in place to manage concerns or complaints.

The registered manager and provider undertook a range of routine checks which were effective in identifying

shortfalls. The registered manager was committed to providing good care and support and demonstrated an in-depth knowledge of the staff they employed and people who used the service.

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.

Violets Homecare Services Limited

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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection started on 23 January 2019, was announced and was undertaken by one inspector. We gave the service 48 hours' notice of the inspection office visit because it is small and the registered manager could not be out of the office supporting staff or providing care. We needed to be sure that they would be available to support the inspection.

Before our inspection we reviewed information that we held about the service including statutory notifications that had been submitted. Statutory notifications include information about important events which the provider is required to send us. We reviewed the provider information return (PIR). 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.

Inspection activity started on 23 January 2019 and ended on 28 January 2019. On 23 and 24 January 2019 we spoke with four people who used the service, relatives of seven people and three staff members to gather their views about the support provided. We visited the office location on 28 January 2019 to meet with the registered manager and to review care records and policies and procedures.

We reviewed care records relating to three people who used the service and other documents central to peoples' health and well-being. These included staff training records, medication records and quality audits.

Is the service safe?

Our findings

People said they felt safe receiving care and support from Violets Homecare Services Limited. One person said, "I feel very safe. They (staff) are competent and know what they are doing. They make sure everything is safe around me." A relative told us they were often present during care calls and praised the staff for the care they took to help ensure people were safe.

Staff had been trained in how to safeguard people from avoidable harm. Staff were knowledgeable about the potential risks and signs of abuse and how to report any concerns to external agencies. Safeguarding matters were discussed at team meetings, supervision and spot checks. The registered manager was clear about what constituted abusive practice and how to report any such concerns to the local authority safeguarding team for investigation.

Risks to people's safety and wellbeing were assessed and people were supported to manage these. Individual risk assessments had been developed for areas such as a person being supported to transfer from their bed to an armchair, medicine administration and the risk of developing pressure ulcers. Environmental risk assessments were undertaken to help ensure staff could access people's homes safely to provide the care. Risk assessments were regularly reviewed and kept up to date.

The provider helped ensure people received support in the event of an emergency. The management team provided a 24 hour on-call service and provided emergency cover if needed for staff sickness or other such events. We noted an example where a person had been taken unwell. Care staff waited with the person until the 'on call' person arrived to take over enabling care staff to continue with their scheduled care calls.

There had been no missed care visits since the last inspection. One person said, "They (staff) have never missed a visit. Even in the bad weather last year, they are very conscientious." Staff rotas included travel time and breaks to help promote staff well-being and keep the service running smoothly. The provider used an electronic monitoring system to monitor that care visits had taken place and to promote staff safety. The service provided some 15-minute visits purely to administer people's medicines or to check people were safe but personal care visits were a minimum of 30 minutes. The provider said, "You need to give people time to provide their care, not just 15 minutes."

Safe and effective recruitment practices were followed to help make sure staff were of good character and suitable for the roles they performed at the service. Recruitment records showed that relevant checks had been undertaken prior to staff starting to work with people.

Staff were trained to manage and administer people's medicines safely. Competency assessments were completed following training to confirm staff had a good understanding in this area. Medicine administration records (MAR) were checked regularly by the management team to help identify any concerns. A relative told us a staff member had identified and reported to management that a person had not received all their prescribed medicines at the morning care visit. A member of the management team came out to assess the outcome of this missed tablet for the person and to explore the circumstances

around this incident.

Staff had received training in infection control practices and personal protective equipment such as gloves and aprons was provided for them.

The management team used incidents as a learning tool to help ensure people's safety and wellbeing. The service had not had any significant incidents occur but the management team were able to show how any shortfalls identified through audits were immediately amended and cascaded through the team via weekly memos.

Is the service effective?

Our findings

The provider undertook a robust assessment of people's care and support needs from which support plans and risk assessments were developed and agreed with people and their relatives as appropriate. People told us that the staff provided care and support that was effective in meeting their needs. One person said, "Staff do speak with me about my care but they know what needs doing and they get on with it." Another person said, "Staff seem to be trained well, they seem to know what they are doing."

Staff received training to support them to meet people's care and support needs. The registered manager told us of various training elements that had been undertaken by staff including basic core training such as infection control, moving and handling and food hygiene. Training to meet people's specific needs was provided for the staff team in areas such as epilepsy, diabetes, stroke awareness, end of life care and pressure area care.

Support staff completed an induction programme at the start of their employment which included information on the aims and objectives of the company, policies and procedures, health and safety and how to support individuals effectively. New staff shadowed experienced staff until they, and the management team were satisfied they were sufficiently competent to work alone. The management team assessed the competence of the staff team once the shadowing period was completed and at regular intervals thereafter. This showed that the provider was keen to provide competent staff to meet people's needs.

The management team and staff confirmed that there was a programme of staff supervision. Staff said they received support as and when needed and were fully confident to approach the management team for additional support at any time.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 specific decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We checked whether the service was working within the principles of the MCA. Best interest decisions were made with involvement of social workers, relatives and staff when people were not able to make decisions themselves.

Staff prepared simple meals for people as needed and encouraged people to take fluids to maintain their health and wellbeing. A person told us, "They (staff) see to my meals, usually it is just a microwave meal they heat for me."

The staff and management team worked in partnership with other professionals and families to help ensure each person's needs were identified and met. Examples included GPs, occupational therapists and pharmacists.

Is the service caring?

Our findings

People told us they were happy with the staff that provided their support. A person told us, "The staff are so kind. They [the provider] seems to be particular about who they take on, I always praise them, they are very good." A relative told us, "Very good attentive staff. They genuinely care, we are very pleased with the service and would definitely recommend the service to others."

The provider had received many compliments about the care provided both in response to quality assurance questionnaires and unsolicited compliments. This showed that people were satisfied with the care provided.

People's care plans contained information about their identified needs, preferred name, their history, mental health, hobbies, preferences and how they wished their care and support to be delivered. It was clear that people receiving support, or their representatives, had been involved in and consulted about writing their care plan. This showed people had been involved in discussions about support and important information was available so staff could provide personalised care.

People had a small and consistent team of staff who supported them which helped to ensure continuity and enabled people to form bonds with the staff. People told us this was important to help maintain their dignity. Feedback received as part of the provider's quality assurance surveys in August 2018 stated one of the good things about Violets Homecare Services was, 'Getting the same care staff that you are comfortable with and they become like a friend.'

People were treated with respect and dignity. The management team monitored this through spot checks and speaking regularly with people who used the service.

People's records were held securely in a locked cabinet within a locked office to help promote confidentiality.

The management team told us they would signpost people to relevant organisations to access advocates if they needed support with making decisions. (An advocate helps a person to express their views and wishes and to stand up for their rights.)

Is the service responsive?

Our findings

People, and their relatives where appropriate, had been involved in developing people's care plans. The plans provided a comprehensive overview of actions to be taken by staff to meet people's individual needs. For example, one person described in their care plan that, 'I am able to wash my hands and face but I require assistance with all other areas. I need to have a shave every day and need plenty of encouragement for this.' A person told us, "I know what my care plan says, I have read it. It is accurate and true to my needs and true to what happens."

The staff and management team matched care staff with people who used the service in terms of the staff members' skills and experience. One example given was where a person was resistant to care, the staff member allocated to the person had 20 years' experience in care and had a calm and patient demeanour. This had helped to encourage the person to receive the care and support they needed.

The service did not always provide support with social engagement. This was dependent on whether people paid for their own care or if the local authority funded the care. However, care staff were encouraged to spend as much time as possible talking with people during the care visits.

The service provided was responsive to people's individual needs. For example, care staff had identified that certain TV programmes negatively affected a person's behaviours. To address this staff had devised a list of programmes the person enjoyed, this list was included in the person's care folder so that staff could make sure they could provide appropriate support.

The service was flexible to people's changing needs. A relative told us that their parent had not been completely happy with the time of the care visit provided to assist them to bed as they felt it was too early for them. The relative told us whilst it had taken a little while to amend the care visit times this had been done to the satisfaction of the person.

The provider had developed a complaints policy and procedure to help ensure people would be able to raise anything that concerned them. People told us that they would be confident to raise any concerns with the registered manager however, they had not had occasion to do so. One person said, "I have not ever had to make a complaint but I would be confident to ring the office. They encourage you to ring if you are not happy with something."

The service was not supporting anyone with end of life care at the time of this inspection however, staff confirmed they had been provided with training in this area. The registered manager told us they knew who to involve at this important time of people's lives such as palliative care teams or GPs .

Is the service well-led?

Our findings

The service had a registered manager. 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 and staff told us they felt the service was well managed. A person told us, "I think it must be well-led as it is very efficient." People said they would recommend the service to people wishing to have care delivered in their own home. A relative told us, "Our previous experience of using a care service means we have a bench mark to assess Violets Homecare Services against and we feel we could not wish for a better care service."

Staff were happy working for the service. One staff member said, "The service is very supportive, we just ring the office with any concerns and they sort it out. I am more than happy working with Violets Homecare Services."

The registered manager demonstrated an in-depth knowledge of the staff they employed and people who used the service. They were familiar with people's needs, personal circumstances, goals and family relationships. Staff members told us they felt supported and listened to by the management team and they would recommend the service to other care staff looking for a position in care.

The management team listened to staff and took seriously any suggestions they made to improve the quality of the service. For example, a care worker had noted that care plan folders in people's homes were disorganised and that it was not always easy to locate the document they were looking for. They brought a suggestion to the management team to add dividers to the folders to help section areas off. The management adopted the suggestion which meant the care staff member felt valued and listened to.

The management team listened to suggestions staff made to improve the quality of the service. For example, a care worker had brought a suggestion to the management team, which had been adopted, to add dividers to people's care plans. This was to help more clearly identify each area of the person's care. This made it easier to locate documents they were looking for.

The management team worked side by side supporting the office staff team. The management team continuously reviewed strategic and operational needs, incidents, accidents, complaints and had a clear operational oversight of the service and priorities for the organisation. The management team said they were passionate about providing a safe and caring service and told us, "We are proud of all our staff and of the good reputation we have."

The management team provided each other with effective challenge and managed each other collectively. The registered manager and provider attended meetings and workshops with local authorities and a local care provider association to help keep their knowledge and skills up to date.

The registered manager reported that team meetings took place monthly. In advance of the meetings staff were sent the minutes from the previous meeting, an agenda and a request for any other business to be discussed. An example of topics included for discussion were outcomes of audits undertaken, observations from spot checks and discussions about training needs.

Quality assurance surveys were given to people and their relatives to gain their views and opinions on the service provided. People were also asked for their views at care plan reviews and spot checks to confirm their continued satisfaction.

People were positive about the way the registered manager assessed the quality of the service. They told us that their feedback was actively encouraged. One person said, "Every now and again someone from the office comes to check that I am happy with everything and we have surveys to complete every few months."