Victoria Homecare Limited

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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?	Requires Improvement
Is the service well-led?	Good

Summary of findings

Overall summary

Victoria Homecare Limited is a domiciliary care agency which provides personal care to people living in their own homes in the Doncaster area. At the time of our inspection it was predominantly supporting older people, including people living with dementia. Care and support was co-ordinated from the agency's office, which is based in the centre of Doncaster. At the time of the inspection 62 people were receiving personal care from the service.

The inspection took place on 2 November 2017 with the registered provider being given short notice of the visit to the office, in line with our current methodology for inspecting domiciliary care agencies. At our previous inspection in October 2016 the service was given an overall rating of 'Good'. However, we found improvements were required in the 'Well Led' domain, where a breach of Regulation was found in respect of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 [Governance]. We asked the registered provider to submit an action plan outlining how they were going to address the shortfalls we found, which they did.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for 'Victoria Homecare Limited' on our website at www.cqc.org.uk'

At this inspection we found improvements had been made regarding the governance of the service. A more robust auditing system had been introduced and action plans were in place to address any areas found to need improvement.

The service had a registered manager in post at the time of our inspection. 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 and associated Regulations about how the service is run.

People were happy with the quality of the care they received, and told us that staff treated them with respect and dignity, and cared for them in a way which met their needs.

There were systems in place to reduce the risk of abuse and to assess and monitor potential risks to individual people. Staff had received appropriate training in relation to protecting people from the risk of abuse.

Recruitment processes were robust, which helped the employer make safer recruitment decisions when employing new staff. Staff had undertaken a range of training and support that aimed to meet people's needs while developing staffs' knowledge and skills. However, some staff felt additional training would be beneficial.

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.

People were encouraged to manage their own medication if they were able to, while other people were supported by their close family. However, when assistance was required appropriate support was provided by staff who had been trained to carry out this role.

People's needs and any potential risks had been assessed before their care package started and where possible they or their relatives had been involved in formulating their care plans. The company was in the process of moving paper records onto a new electronic system. Although the new system told staff what 'tasks' they needed to carry out at each visit, information about peoples abilities and preferences had not always been fully transferred on to the new record. This had not had a negative impact on people, as they were usually supported by the same core team of care staff who knew them well.

The complaints policy was provided to people using the service. The people we spoke with told us they would feel comfortable speaking to any of the staff if they had any concerns. When concerns had been raised we saw the correct procedure had been used to record, investigate and resolve issues.

People were consulted about their satisfaction in the service they received. All the people we spoke with, including staff, told us that overall they were happy with the way the service was run. People spoke positively about the registered manager and how staff delivered care.

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?

Requires Improvement

The service was not always responsive.

People were involved in planning their care. However, due to the change over from paper to electronic care planning some care plans did not fully reflect people's changing needs or their preferences with regards to how they wanted their care delivering.

There was a complaints system which was available to people using the service, and we saw that where complaints had been received they were responded to in a prompt and thorough manner.

Is the service well-led?

Good

The service was well led

Improvements had been made in to how the service monitored and evaluated how it was operating. Audits were undertaken and identified shortfalls had been addressed in a timely manner.

There was a structured management system in place with all staff knowing what their roles and responsibilities were. Staff told us they felt well supported by the registered manager and the management team.

People were consulted about how the service operated.

Victoria Homecare 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 was planned to check whether the registered 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.

The inspection included a visit to the agency's office on 2 November 2017. To make sure key staff was available to assist in the inspection the registered provider was given short notice of the visit, in line with our current methodology for inspecting domiciliary care agencies. An adult social care inspector carried out the inspection with the assistance of an expert by experience, who spoke with people who used the service or their relatives on the telephone. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

To help us to plan and identify areas to focus on in the inspection we considered all the information we held about the service. Before the inspection, the registered provider had also completed a Provider Information Return (PIR). This is a form that asks the registered provider to give some key information about the service, what the service does well, and improvements they plan to make.

We requested the views of other agencies that worked with the service, such as service commissioners and Healthwatch Doncaster. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We spoke on the telephone with six people who used the service and two relatives. We considered the outcome of 16 questionnaires returned to us by people using the service and staff. We also spoke with the registered manager, the recruitment manager, two care coordinators and four care workers, either face to face, on the telephone or by email.

We looked at documentation relating to people who used the service, staff and the management of the service. We checked four people's care and medication records and seven staff files, including recruitment, training and support documentation. We also looked at the quality assurance systems to check if they were robust and had identified areas for improvement.

Good

Is the service safe?

Our findings

Care and support was planned and delivered in a way that ensured people's safety and welfare. People we spoke with told us they felt their care and support was provided in a safe way. One person said, "Yes [feels safe], although my husband is around as well." Another person told us, "Absolutely, I trust every one of them [staff]."

Staff were able to tell us about the steps they took to ensure people were cared for safely, including the way they accessed people's properties and how information such as access codes were protected. This was confirmed by the people who returned questionnaires to us.

People's care records sampled contained assessments to identify and monitor any potential areas where people were at risk. For instance, to ensure people moved safely round their home or if they had difficulty swallowing. One person using the service told us, "I have two carers for hoisting me, which tend to be my regular carers, but sometimes I'm wary of new carers." Another person said, "Now my mobility has improved, I no longer need two carers," therefore one care worker visited them.

Assessments provided guidance for staff, but we found not all information from paper assessments had been incorporated into the new electronic system being introduced into the service. However, people told us they were supported by a core team of staff, who knew them well. The staff we spoke with could describe risks people may present and how to appropriately support them. The registered manager told us they would ensure all essential information was transferred as soon as possible.

Company policies and procedures about keeping people safe from abuse and reporting any incidents appropriately were in place. Records we checked showed that safeguarding concerns had been reported to the local authority safeguarding team and to CQC where appropriate. Staff we spoke with demonstrated a good knowledge of safeguarding people and were able to describe the signs of abuse, as well as what to do if they had any concerns in relation to safeguarding. We found they had received training in this subject during their induction period, followed by periodic refresher courses.

We looked at the arrangements for monitoring visits to people. We found people were allocated the same care staff whenever possible, so they were not supported by people unfamiliar to them. The company had introduced a new electronic system to enable them to monitor when staff arrived and left visits. This enabled them to monitor staff attendance and safety. The majority of staff we spoke with told us that they felt there was enough time in each visit to meet people's needs. However, one care worker said travel time between calls was not factored into their rota. They said this meant they had to start visits early to make sure all calls were completed. We discussed this with the registered provider who said the new system that had been introduced would address this as travel time was factored into rotas.

Recruitment records, and feedback from the staff we spoke with, demonstrated that a thorough recruitment and selection process was in place. We checked five staffs' recruitment files and spoke with the person responsible for staff recruitment at the agency. We found appropriate checks had been undertaken before

staff began working for the service. These included written references [one being from their previous employer] and a satisfactory criminal records check. Initial telephone interviews had been followed by a face to face interview where potential staff answered set questions and any gaps in their employment history were explored. Once a job offer was made and satisfactory checks had been received, staff had taken part in a structured induction to the company.

Feedback from people who used the service, and staff, showed the service employed enough staff to meet the needs of the people the service was supporting at the time of the inspection. People told us the majority of the time they were supported by the same team of care workers. This meant staff knew them well, so they received consistent care and support. People said on the whole staff were reliable and their call times were met. One person told us, "They [staff] are usually on time, but being on a morning call carers can be held up with travel. However they did phone me when the carer was very late. They have never missed a call." Other people commented, "Yes absolutely always on time. I think they missed a call once", and "I have two carers and they tend to arrive within five minutes of each other. Never missed a call." However another person said, "I don't know if they are on time as I have no rota, and yes they missed a call last week."

Where people needed assistance to take their medication this was managed safely. We found a new electronic system had recently been introduced which enabled Medication Administration Records [MAR] to be produced to monitor what medicine each person was prescribed and had taken. The registered manager described how information was inputted into the system at the office and made available to staff through a company mobile phone, security to protect the information was in place. Staff could read the medication required and sign to say they had administered it via their company phone.

The registered manager showed us how the MAR were printed off the system to enable the management team to check they had been completed correctly and medication had been administered as prescribed. Where odd gaps had been identified action had been taken to support staff with the new system. For new medicines, added after the month had started, care workers sent a photograph of the monitored dose box instructions to the office so information could be updated electronically immediately.

We saw some people were taking 'when required' [PRN] medicines and creams, but PRN protocols were not in place to tell staff what the medication was prescribed for, how the person presented when they needed it or what to monitor for after it had been taken, to make sure it was effective. This is particularly important if the person is unable to verbally tell staff when they need a particular medicine. The management team said they would ensure any missing PRN protocols were completed as soon as possible. Staff we spoke with demonstrated a good knowledge of the people they visited and their medication.

Staff had completed safe administration of medication training and periodic competence checks had been carried out to monitor they were following company polices.

Accidents and incidents were monitored and evaluated so the service could learn lessons from past events and make improvements where necessary.

Good

Is the service effective?

Our findings

People told us that overall staff had the right skills, knowledge and experience to deliver care and support effectively. People we spoke with were complimentary about the staff who supported them or their family member. When we asked them if staff knew about them and what they needed support with, one person told us, "Yes definitely, it's all written in the blue book [the care file]. If I have a new carer, I always write down a list of things that need doing." Other people commented, "Yes carers do everything they should do", "They [staff] are very good", and "They [staff] know my needs."

People were supported to live their lives in the way they chose, and their wishes and preferences were respected. We saw people had been assessed before their care package started so information about their needs, choices and preferences could be determined and passed on to staff. This enabled staff to provide a more effective service. The people we spoke with said they had been involved in the assessment process, which management staff told us was now completed electronically with the use of an iPad. This meant that information gathered could be used to develop care plans and shared with staff, as well as the people using the service who were given paper copies of the care plans.

People had signed their care plans to acknowledge that they had been involved in developing them and were happy with the planned care. In line with the Mental Capacity Act if someone did not have the capacity to consent other people had been involved, such as family and care professionals. 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 support this practice. Staff demonstrated a good knowledge of gaining consent from people routinely as part of care provision and acting in a person's best interest. One person told us, "They [staff] do [gain consent] and involve me making decisions."

Some people told us they required help with their meals, while other people were independent or had a relative to assist them. People told us they were happy with the way staff supported them. One person commented, "Yes I get support with breakfast, lunch and at teatime, and the evening meal they prepare, maybe a fish meal etcetera." A relative told us, "Dad gets toast and porridge for breakfast, microwave meal for lunch and a sandwich for teatime."

Care records contained information about people's nutritional needs, and where needed were part of the care package agreed. Where specific assistance was needed, for example if someone needed their food cutting up, this information was included in the care records. Daily records of care showed staff were acting in accordance with people's care plans and meeting their assessed needs.

The service had a structured induction and training programme in place which aimed to ensure staff had the right skills to meet people's needs. We were told all staff had undertaken the company's four day induction. This included an introduction to company policies, watching a DVD on the role of the care worker and completing essential training. Topics covered included: safeguarding people, food hygiene and supporting people living with dementia. Training in moving people safely, medication and first aid had also been provided either during that week or as soon as possible. The service used a number of different ways to train

staff. This included internal face to face training, e-learning and training from outside trainers.

New staff had also shadowed an experienced care worker so they could be introduced to the people they would be supporting and learn more about the job. The length of shadowing was determined by the care workers previous experience, competency and confidence in their role. One care worker told us they felt some new staff would benefit from more shadowing, as they had only shadowed someone for a day or two. They suggested it would be beneficial to add extra training to the induction. For example, they said some new starters had no experience in catheter care, so they felt this should be included in the induction. The registered manager said they would consider adding this training to the induction.

Staff we spoke with confirmed they had completed the company training programme with periodic refresher training as needed. Support sessions, annual appraisals and 'spot checks' were also used to support staff and monitor how they worked.

Staff described to us how they worked with healthcare professionals, such as district nurses and GPs, and relatives if there were any concerns about someone's changing needs. The registered manager also described how he had worked closely with another local agency to transfer someone over smoothly to the service.

Good

Is the service caring?

Our findings

People commented positively about how staff delivered their care, including how they were involved in planning their care, and how their wishes were met wherever possible. One person told us, "They [staff] are lovely, the majority are very talkative, but some can be very reserved." Another person described staff as, "Very nice and pleasant, some more confident than others." A third person said staff were, "Very nice, almost part of the family." The people who returned questionnaires to us also said they felt staff were caring and supported them in a dignified, respectful way.

People told us the majority of the time new staff were introduced to them so they knew who would be visiting them, but we were told occasionally staff had to introduce themselves. One person told us, "It's done by shadowing existing carers and they [the new care worker] come for two to three visits." Another person said, "I am told who is coming and they introduce themselves." However, another person told us, "If the carer shadows, then yes [they are introduced], but the last few months new carers have introduced themselves."

People had been involved in developing their plans of care, which identified the care and support they needed. If they had any communication difficulties staff were aware of how these were to be managed. Where people could not speak up for themselves relatives were also involved in the care planning process, if applicable. Care files contained some details about people's history, preferences and abilities, but guidance would benefit from being expanded, so new staff had more information about the person they were supporting.

Senior staff had undertaken 'spot checks' where they had assessed staffs competency in supporting people and asked people's opinion about their care provision. Care reviews and surveys had also been used to gain people's views.

People using the service told us staff listened to them and offered them choice regarding how their care and support was delivered. People said they felt staff listened to them and acted on what they said. One person told us, "If they have not been before, I tell them what to do, they chat and listen to me." Another person commented, "Yes, they listen to me. Timing is important and I have had the same carer for three years."

Respecting people's privacy and dignity was discussed with new staff as part of the company induction. People told us their dignity and privacy was maintained and independence encouraged where appropriate. They said they were encouraged to do what was safe and manageable. One person said, "Yes, they [care workers] are very careful with me. They cover me with a towel during personal care." Another person commented, "They [staff] help me onto my commode, pull the curtains and close the door."

Staff responses to our questions showed they understood the importance of respecting people's dignity, privacy and independence. They gave clear examples of how they would preserve people's dignity and privacy. One senior care worker told us, "I lead by example, and shadowing and training covers it [this topic]. Plus service user feedback on how staff have been [supporting them] is used."

The registered manager was aware of local advocacy services if people needed additional support. Advocates can represent the views and wishes of people who are unable to express their wishes. People we spoke with said they did not need this service as they could either speak for themselves of had a relative to represent them. One person told us, "My husband is always available for this." Other people's comments included, "I have a friend, she looks after me four days a week" and "My husband is my advocate."

Requires Improvement

Is the service responsive?

Our findings

People we spoke with told us their care had been tailored to meet their individual needs. They said if they wanted to change the way they were supported, for example if they needed more or less assistance, staff ensured any change were quickly implemented.

The registered provider had recently introduced an electronic system that recorded initial care assessments, care plans, risk assessments and care reviews. This meant that although paper copies of care records were printed off to be held at people's homes, the majority of records were maintained electronically. A care co-ordinator described to us how they used the system to document what people told them as part of initial assessments and as part of planning their care.

The registered manager demonstrated the new electronic system to us at the office and we sampled people's care records. We saw staff accessed information about people via their company mobile phone, and inputted what care they had provided on to them too. We found that although the new system told staff what 'tasks' they needed to carry out at each visit, information about peoples abilities and preferences had not always been fully transferred on to the electronic system. Therefore some plans lacked detail about topics such as where the person liked to wash in the mornings and what they could do for themselves. Although this had not had any obvious negative impact on people, as they were usually supported by the same core team of care staff, new staff would not have this historical knowledge. The registered manager said this was work in progress and they would ensure additional information was added to each person's electronic records.

The majority of people told us their care plan reflected the care they received. However, one person said, "It's quite a while since my care plan was decided on and care has altered over the years. The information in the office is not quite up to date. For example, the care plan has not been changed when I used to have a weekly shower, which is now twice a week." We discussed this with the registered manager who sent us the latest electronic plan which staff were working from. It clearly stated the person required two showers a week. The registered manager said he would ensure new paper records were made available in the person's home.

Overall staff told us they felt the detail in the care plans, both electronically and in people's homes, provided the right level of information to enable them to provide care to people, even if they could not communicate their needs verbally.

There was a system in place for formally reviewing people's care. At the time of our inspection this was taking place as part of the introduction of the new electronic care planning system. Where people's care had been reviewed records showed any changes needed had been taken into consideration, and were incorporated into the way people's care was delivered. However, this work needed to be completed so everyone had an updated comprehensive care plan which fully reflected their current needs.

A record of each visit made by staff was recorded on the electronic system. The ones we checked detailed

any changes in the person's wellbeing and what support had been provided. The registered manager said that if the person or their representative wanted a copy of the visits notes they could arrange to provide these. He gave an example of doing this for a relative who said they liked to read them to see how their family member was getting on.

We checked the registered provider's arrangements for making complaints. We found there was a complaints' policy which gave appropriate timescales for the service to respond to any concerns raised. Records held at the office showed there had been 18 concerns raised over the last year, all of which had been addressed by the management team. The system recorded the detail of the concern/complaint, action taken and in most cases, the outcome. However, we found one or two concerns required the final outcome recording. The registered manager said they would address this straightaway.

People we spoke with told us they would be confident to make a complaint if they needed to, and said they believed the registered manager would handle any complaints well. Most people said they had never needed to complain about anything. One person said to us. "I have never needed to complain. I would phone the office."

Good

Is the service well-led?

Our findings

At the time of our inspection the service had a manager in post who was registered with the Care Quality Commission, in accordance with the requirements of their registration. The registered manager told us they had completed the level five diploma in leadership for health and social care in 2015. He was supported by a management team that included a recruitment manager, care co-ordinators, senior care workers and care staff.

At our previous inspection in October 2016 we found there was a breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the systems in place to monitor how the service operated were not effective. For example, people did not always receive their care and support as planned as staff had missed some people's calls and did not always spend the agreed time on the calls. Plus the service had failed to identify gaps in recording and reporting, including the administration of medication.

At this inspection we found the registered provider had met the breach of Regulation. A new electronic system had been introduced which allowed the management team to monitor what time staff arrived and left each visit. It also streamlined the care planning and medication system for recording the care and support provided to each person. The registered manager told us this now allowed them to identify staff who were consistently late for calls, or did not stay the agreed length of time at each visit. It also enabled them to pick up on missed medication and gave them instant access to visit notes written by care staff. The latter helped them to monitor people's changing conditions.

We saw audits and checks had taken place to ensure staff were following company polices and the service was operating satisfactorily. For instance, care records had been checked and an action plan put in place if any area needed addressing. We saw where a care worker had been late for a call the reason was explored. The management team said they would then monitor for any further issues and action would be taken if it persisted. We also saw care plans and medication records had been audited. With actions plans formulated as needed. We checked records of staff 'spot checks' and saw they consisted of managers observing staff carrying out care tasks, as well as checking staff knowledge on various topics including medication. Staff we spoke with confirmed they had been spot checked, which the management team said were used to assess staffs abilities and the quality of care provided.

Everyone we spoke with told us they felt the service was well managed. One person said, "I do think so, they are very good." Another person commented, "It's alright as far as I know, can't complain." However, one person said they felt it would be better managed if they had a rota, so they knew who was coming or how long the visit should last. This information was shared with the registered manager.

The registered manager gained the views of people who used the service through telephone conversations, at care reviews and using questionnaires. The summary of the last survey carried out in June 2017 showed the majority of people had responded positively to the set questions, with 95% saying they rated the service good or better. The registered manager told us a letter was sent to each person using the service with the

outcome of the survey and any action taken in response to people's comments. This was confirmed by the people we spoke with.

The registered manager communicated with staff using formal supervisions sessions, appraisals, text to mobiles and informal chats. They had also used an electronic survey to gain staff views. We saw the summary of the one carried out in July 2017 contained mainly positive answers to the set questions, which had focussed on caring for people. We were told another survey was planned for the near future which would be based more around staff experiences. General staff meetings had not been held, although meetings had taken place for the staff based in the office.

Records showed staff had received periodic support sessions, but some staff we spoke with said they had not received any one to one support sessions recently. The majority of staff told us they felt well supported and said management support was always available.

The registered manager told us he was part of the registered manager's network in Doncaster which was a group of managers who shared experiences and best practice with the aim of improving the service offered. He said he engaged with the United Kingdom Homecare Association [UKHCA], which is a national association for organisations who provide care to people in their own homes. He also told us he subscribed to CRONER, which is a management resource covering the CQC standards for domiciliary care providers. It provides advice, guidance, sample policies and forms that companies might need to comply with the Regulations.