

Verity Healthcare Limited

Verity Healthcare - Milton Keynes

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

About the service

Verity Healthcare – Milton Keynes is a domiciliary care service. People are supported in their own homes so that they can live as independently as possible. At the time of our inspection there were two people receiving personal care.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

People's experience of using this service and what we found

There were systems and processes in place to safeguard people from potential harm. Staff completed training about safeguarding people from harm and knew how to report abuse. Risks to people's safety were assessed and strategies were put in place to reduce the risks.

There were sufficient numbers of staff to meet people's needs safely. People were supported by regular staff who knew them and their needs well, which promoted continuity of care. The provider had followed their recruitment practices to ensure people employed were suitable to work at the service and support people.

At the time of our inspection the provider had not taken on the responsibility for administering people's medicines. However, systems were in place and staff had been trained so they could support people with their medicines if it was required. People were kept safe from the spread of infection because staff consistently followed the providers infection control procedures.

People's needs, and choices were fully assessed before they received a care package. Staff received an induction and ongoing training that enabled them to have the skills and knowledge to provide effective care.

Where the provider took on the responsibility, people were supported to eat and drink enough to meet their dietary needs. People were supported to live healthier lives and staff helped them to access healthcare services when required. We saw that the service worked closely with healthcare professionals to ensure good outcomes for people.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff were kind and caring and provided people with warm, person-centred care. Staff understood people's individual care needs and preferences and used this knowledge to provide people with good quality care.

People and their families were fully involved in the care planning and reviews of their care. The provider had a complaints procedure which was accessible to people using the service. There had not been any complaints received at the time of our inspection, but systems were in place to address and investigate complaints.

The service had good governance systems in place to ensure all aspects of the service and people's care were continuously assessed and monitored. A range of audits were in place to monitor the quality and safety of service provision. Lessons were learned when things went wrong, and the provider was committed to the continuous improvement of the service.

The service was well-managed and well-led. Everyone we spoke with knew who the registered manager was and said they saw them regularly. They told us they were approachable and always available to talk.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection:

This service was registered with CQC on 28 June 2019 and this is the first inspection.

Why we inspected:

This was a planned inspection following registration.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Verity Healthcare - Milton Keynes

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

This inspection was conducted by one inspector.

Service and service type

Verity Healthcare – Milton Keynes is a domiciliary care service, registered to provide personal care to people living in their own homes in the community.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 48 hours' notice of our inspection. This was because we needed to be sure the registered manager would be available to support the inspection.

Inspection activity started on 03 March 2022 and ended on 04 March 2022. We visited the office location on 03 March 2022.

What we did before the inspection

In planning our inspection, we reviewed information we had received about the service. This included any notifications (events which happened in the service that the provider is required to tell us about) and

feedback from the local authority.

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

We used all this information to plan our inspection.

During the inspection

As part of the inspection we spoke with the relatives of the two people using the service, as they were unable to speak with us. We had discussions with the registered manager, a director of the company and two care and support staff.

We reviewed a range of records. This included two people's care records and risk assessments. We looked at two staff files in relation to recruitment and staff supervision. We reviewed a variety of records relating to the management of the service, including staff rotas, accident and incident analysis, the complaints log and quality assurance records.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at the providers statement of purpose, service users guide and governance information.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection of this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from potential risks of harm.
- Relatives told us their family members felt safe when they received their care and that staff respected their homes and promoted their safety. One relative told us, "I know my [family member] is safe. I have total peace of mind knowing that [family member] is in safe hands."
- Systems and processes were in place to help identify and report abuse to help keep people safe. For example, staff received training in safeguarding and were knowledgeable on how to identify the signs of abuse and how to report concerns.
- At the time of our inspection there had not been any safeguarding incidents, however there were systems in place to make safeguarding referrals to the relevant authorities and the registered manager understood their responsibility to report safeguarding concerns.

Assessing risk, safety monitoring and management

- Risks associated with people's care, support and environment had been identified and assessed. Records provided guidance to staff on the measures needed to reduce potential risk.
- The registered manager told us they took people's safety seriously and used assisted technology to help keep people safe. For example, one person had been supported to use a fall alarm device that meant the person could continue to live independently and raise help swiftly if they did have a fall. There was also a lot of information available for people and staff about the prevention of falls.
- Risks were monitored and reviewed regularly to keep people safe. A staff member said, "We have people's risk assessments on our hand-held devices, so the information is easily accessible."
- Staff informed the registered manager when they had concerns about people's health, or their needs had changed. This enabled the registered manager to review the risks and identify the additional support needed.

Staffing and recruitment

- The provider followed robust recruitment procedures to ensure people were protected from staff that may not be fit to support them. Disclosure and barring service (DBS) security checks and references were obtained before new staff started the probationary period. These checks help employers to make safer recruitment decisions and prevent unsuitable staff being employed.
- People were supported by regular reliable staff. One relative told us, "My [family member] has the same carers which is important to us. They are always prompt, reliable and part of our family."
- We saw a compliment from a person using the service that read, 'Almost every day my carer spends extra time with me to make sure I am doing okay.'

- Staff told us the rotas were planned so they always had enough time to deliver people's care and support without rushing.

Using medicines safely

- At the time of our inspection the provider had not taken on the responsibility of administering people's medicines. However, there were systems in place and staff had been trained in the safe administration of medicines if they needed to support people with their medication.

Preventing and controlling infection

- Staff had been trained in infection prevention and control. They had been provided with regular updates on COVID-19 management and how to work safely, including the use of personal protective equipment (PPE).
- Relatives told us they were satisfied with the actions staff took to reduce the risk from infection transmission. One relative told us, "Our carers always wear their uniform as well as full PPE."
- Staff told us they had supplies of PPE and completed regular testing for COVID-19. These actions help to reduce the risks from infection transmission.
- The provider had COVID-19 risk assessments and contingency plans to help ensure they continued to deliver a safe service during the pandemic.

Learning lessons when things go wrong

- The service had systems in place to monitor incidents and accidents so action could be taken to promote people's safety. The registered manager understood how to use the information as a learning opportunity to try and prevent reoccurrences.
- Staff told us the registered manager was open and shared learning from incidents with them, such as revised measures to reduce risks to people.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs and choices were met in line with national guidance and best practice. People's needs were assessed before they started using the service to help ensure their needs and expectations could be met.
- The assessment tool was comprehensive and looked at people's physical and mental well-being, level of independence, their preferences, social circumstances, communication needs and dietary requirements.
- Assessments were completed in line with best practice guidance, for example all aspects of a person's needs were considered including the characteristics identified under the Equality Act such as cultural needs and sexuality.

Staff support: induction, training, skills and experience

- Staff were sufficiently qualified, skilled and experienced to meet people's needs. We saw that an ongoing schedule of training was in place, to ensure staff kept up to date with good practice.
- All new staff went through an induction period, which included shadowing more experienced staff to get to know people, as well as covering the basic training subjects. One staff member commented, "The induction was very good and very helpful, so I knew what to do and what to expect."
- The system for staff supervision and support was consistently applied. Staff told us they were supported by the registered manager through their one to one meetings. One told us, "I do have supervision with [name of registered manager] so I can discuss any issues or what training I need."

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported with their nutritional needs when needed. Staff were aware of people's individual food preferences and assisted them to prepare food and drink of their choice, whenever this was required.
- Care plans provided details of people's nutritional support needs and their food preferences. When people showed signs of losing weight, staff referred them to the appropriate professionals for additional advice and input.
- To aid people's hydration needs we saw the service had purchased Hydrated Smart Water Bottles. These provided reminders to people by lighting up and so reminding them to drink to ensure they stayed hydrated.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People experienced positive outcomes regarding their health and wellbeing. Staff maintained effective working relationships with a range of external organisations to support them in the provision of effective

care and support such as people's GP's and district nurses.

- Care plans provided a clear overview of people's health needs and the involvement of health care professionals.

Ensuring consent to care and treatment in line with law and guidance

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 MCA 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 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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People's mental capacity had been considered in line with guidance for relevant decision-making processes. Staff had completed training in relation to the MCA.
- Relatives told us staff always asked for their family members consent before providing care and support.
- Care plans involved people and showed where their consent had been discussed with them.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People valued the service they received. One relative told us "We are extremely happy with the care [family member] gets. When [name of staff member] isn't there my [family member] misses them and asks where they are. They have become a part of our family."
- We saw several comments had been received from people using the service. One read, 'My carer is a superstar. They are my closest friend, like a sister and is part of the family. My carer is very kind, patient and gentle, and they care very much about my welfare.'
- Relatives told us staff went over and above their roles. For example, we saw that one person liked to be outdoors and loved nature, however this was often difficult because of a health condition. The registered manager and staff had made a small indoor garden for them to enjoy on days they couldn't get out.
- The registered manager had implemented 10 golden rules for staff to follow to ensure they could support people effectively. These included, 'Go the extra mile – let people know how much you care by helping them with extra little things that matter – the small things matter.'
- Staff knew people well and gave examples of people's preferences and likes and dislikes. For example, one staff member described a person's routine and how they liked things to be completed in a specific way.

Supporting people to express their views and be involved in making decisions about their care

- People were involved and made decisions about their care. For example, people were offered choices about their day to day decisions such as what they wanted to wear and what they want to eat and drink.
- People and relatives were involved when care plans were written and reviewed. A relative told us staff always discussed their family member's care plans with them and told them if there were any changes to their care and support needs.
- Care plans described people's individual needs, daily routines, cultural needs and preferences such as the gender of staff. For example, a person was supported with personal hygiene needs by female staff members, which respected their choice and dignity.
- Staff told us they were kept informed about any changes to people's care needs swiftly via a secure social platform and they read through relevant care plans to ensure they provided safe and appropriate care to people as required.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected. One relative told us, "The staff do treat [family member] with respect, especially when they help with their care. They make it as dignified as they can."
- One of the providers 10 golden rules was to 'Integrate our value of kindness, respect and dignity, excellence and accountability.' Staff demonstrated the importance of supporting people in ways which

helped maintain their privacy and dignity and gave us examples of how they achieved this.

- People were encouraged to maintain their independence and do as much as they could for themselves. One relative told us that staff supported their family member to walk outside as often as they could manage to maintain their mobility.
- A confidentiality policy was in place. The registered manager understood their responsibility and ensured all records were stored securely. Staff had a good understanding about confidentiality and confirmed they would never share any information except with those that needed to know.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received person centred care from regular, reliable and consistent staff, which helped to build trust and support. People were involved in the care planning process to ensure their individual needs were identified and could be met. One relative said, "I am sent [family members] care plan. I make changes, take a bit off or add a bit in. I am fully involved."
- The registered manager demonstrated a real commitment to providing person centred care. She told us that a person had been referred to them who had lost their hearing and was not able to communicate verbally. The service could not support the person because they did not have the skills to communicate with them effectively. As a result, the registered manager and three staff had enrolled on the British Sign Language course to ensure anyone else with the same needs could be supported.
- People's care plans were personalised and identified how people wanted their needs met. They focused on what people could do for themselves, for example if people could do some of their own personal care this was highlighted to help ensure they maintained their independence.
- Staff provided continuity of care, they monitored and identified any changes to people's needs. A relative told us, "If there were any changes in [family members] condition daily the change is made quickly and communicated to us straight away."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were considered as part of their pre-assessment and their care plans described how people communicated, preferred language and the best way for staff to offer choices and support.
- The registered manager said they could make information available in formats people could easily understand and we saw a sample of these in a folder. They included easy read, large print, pictorial and documents in different languages.

Improving care quality in response to complaints or concerns; End of life care and support

- A complaints policy was available for people to access which could be made available in a different format if people required it.

- Staff told us they understood their roles and responsibilities in dealing with potential complaints and had access to appropriate policies and procedures.
- The registered manager told us that there had been no formal complaints about the service and records confirmed this. There were processes in place to ensure that all complaints, both formal and informal; verbal and written would be dealt with appropriately.
- At the time of the inspection, nobody was receiving end of life care. However, the provider had signed up to the Gold Standards Framework which is an evidence-based end of life care improvement programme. It provides training for staff in health and social care, to enable the provision of 'gold standard' care for all people nearing the end of life.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The service had an open and inclusive culture. Relatives we spoke with were positive about the care their family members received and the way the service was managed. One relative told us, "I would definitely recommend this company to anyone. The carers and our family all work together. We are partners in [family members] care. They [meaning staff] go out of their way to do things for them."
- We saw a compliment from a relative that read, 'The carers have been trained in dementia care and are excellent at what they do. I think this is an excellent company and they need to do all they can to get people like the manager and my carers so they can grow across the country and provide such an outstanding service. I see them as people who truly care and not doing the job for any other reason.'
- Staff spoke positively about the leadership and management of the service. Staff felt well supported and able to approach the registered manager with any concerns, issues or new ideas. They said they felt listened to and valued.
- Effective communication systems were in place to ensure that staff were kept up to date with any changes to people's care and support. There were regular staff meetings and the provider had introduced a secure social media platform to enhance communication with the staff.
- People, relatives and staff felt the service was well-led. They all knew who the registered manager was by name, knew they could contact them anytime and were confident any concerns would be resolved.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Continuous learning and improving care

- The registered manager ensured there were systems in place to ensure compliance with the duty of candour. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment.
- The provider's policies and procedures were kept up to date to ensure the service delivery would not be interrupted by unforeseen events. The business continuity plan took account of the COVID-19 pandemic to ensure people continued to receive the care they needed.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The quality of service provided to people was monitored. Regular audits had been carried out on people's care records and action plans were put into place when areas needed to be addressed. Unannounced spot checks were carried out on staff to ensure their training was followed to meet people's needs.

- Systems in place to manage staff performance were effective, reviewed regularly and reflected best practice. There was a supervision, appraisal and comprehensive training programme in place.
- The provider had six fundamental values within the organisation that included kindness, respect and dignity, transparency, excellence, accountability and embracing quality. Staff were expected to work with these values at the core of everything they did. These were discussed at staff meetings and staff supervisions.
- The registered manager understood their responsibilities to notify CQC and other relevant authorities of any incidents which took place that affected people who used the service. There had been no notifiable incidents yet, but the registered manager was able to describe scenarios where a notification to CQC would be required.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People and relatives were regularly asked for their views about their care. One relative told us, "We are asked about [family members] care and whether we are happy with it." All responses were positive about the service, the registered manager and the care people received.
- Relatives told us they had regular contact with the registered manager and felt able to raise concerns and give compliments because they were approachable and available to talk. They all told us they felt confident concerns would be followed up.
- Staff told us they felt supported by management. They had regular staff meetings where they were given opportunities to suggest new ways of working or raise concerns. One staff member told us, "The registered manager is kind and honest. They are easy to get a hold of and they respond quickly if there are any issues."
- The provider was transparent, open and collaborative with external agencies. The registered manager told us how they regularly communicated with external professionals when considering the growth of the service.