

The Lady Verdin Trust Limited

The Lady Verdin Trust – Daily Options

Inspection report

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Date of inspection visit:
28 January 2016
12 February 2016
19 February 2016
21 February 2016

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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 announced and took place on the 28 January 2016. A second announced visit and home visits to two people receiving support from Daily Options took place on the 12 and 19 February respectively. Telephone calls to relatives and staff members took place on a number of days the last being on the 21 February. This is the first inspection since the service was registered with the Care Quality Commission. The inspection was carried out by one adult social care inspector.

Daily Options is part of the Lady Verdin Trust and is registered to provide personal care to people living in their own home, with their family or in other residential accommodation such as a care home. The office is located in the centre of Crewe.

At the time of the inspection 62 people were receiving a service from Daily Options, of these only seven were receiving any personal care. The remaining 55 people were only provided with support to participate in other activities, this could be anything from helping people to budget their finances, accompany on visits, for example a hospital appointment, support with social activities or to help maintain a hobby. This element of the service although provided by Daily Options would not need to be registered with the Commission if this was their sole purpose. Because of this we have focussed our inspection on the seven people in receipt of personal care only.

Daily Options 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.

The registered manager, (their job title within the organisation was community services director) was based in the office and had oversight of the service. Day to day management in the settings where support was provided was undertaken by two community support managers and support managers who each had responsibility for a number of properties.

Because of their communication needs we were unable to ask the people receiving a service about whether they thought the staff members supporting them were caring. We did however speak to four family members of the people and they were very positive about the staff members and their ability to care for their relatives.

The service had a range of policies and procedures which helped staff refer to good practice and included guidance on the Mental Capacity Act 2005. This meant that the staff members were aware of people's rights to make their own decisions. They were also aware of the need to protect people's rights if they had difficulty in making decisions for themselves.

We asked staff members about training and they confirmed that they received regular training throughout

the year, they described this as their CPD [continuous professional development] training and that it was up to date.

We looked at three people's care folders in the office and two during the home visits undertaken [we looked at one person's file in both the office and during a home visit]. Both explained what was important to the individual and how best to support them. This helped to ensure that people's needs continued to be met.

Staff members we spoke with were positive about how the service was being managed. During the two home visits we observed them interacting with the people they were supporting in a professional, caring and friendly manner. All of the staff members and relatives we spoke with were positive about the service and the quality of the support being provided.

We found that the provider used a variety of methods in order to assess the quality of the service they were providing to people. These included regular audits on areas such as the care files, including risk assessments and staff training. The records were being maintained properly.

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.

Comments from the family members we spoke with were wholly positive about the service, the quality of care and the staff members working for Daily Options.

Staff members confirmed that they had received training in protecting vulnerable adults.

Policies and procedures were in place to help ensure that if necessary people's medicines would be managed appropriately.

Is the service effective?

Good ●

The service was effective.

New staff members received a thorough induction.

Staff members received regular training and on-going supervision.

Policies and procedures were in place regarding the MCA and staff members had a good understanding of the MCA.

Is the service caring?

Good ●

The service was caring.

The family members we spoke with were very positive about the staff members and their ability to care for their relatives.

The staff members we spoke with could show that they had a good understanding of the people they were supporting and they were able to meet their various needs.

Is the service responsive?

Good ●

The service was responsive.

There was a formal care review process in place. This was done

with the involvement of the people living in the home and where applicable their family members or other relevant people such as staff in the care home where some of the people using the service lived.

The home had a complaints policy and processes were in place to record any complaints received and to ensure that these were addressed within the timescales given in the policy. Any complaints made had been dealt with appropriately.

Is the service well-led?

The service was well- led

There was a registered manager in place.

Information about the quality of service provided was gathered on a continuous and on-going basis.

The organisation had appropriate systems in place to audit the quality of service being provided by Daily Options.

Good ●

The Lady Verdin Trust – Daily Options

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.

This inspection was announced and took place on the 28 January 2016. A second announced visit and home visits to two people receiving support from Daily Options took place on the 12 and 19 February respectively. Telephone calls to relatives and staff members took place on a number of days the last being on the 21 February. The inspection was carried out by one adult social care inspector.

Before the inspection we checked the information that we held about Daily Options and the Lady Verdin Trust. We looked at any notifications received and reviewed any other information we held prior to visiting. We also contacted Cheshire East Council for their comments on the service

During our inspection we saw how two of the people receiving personal care were being supported. Because of their communication difficulties we were unable to ask what they thought of the care being provided to them. We were able to speak to a family member during one of these visits and they spoke very positively about the staff members supporting their relative. After obtaining consent we then contacted three family members to obtain their opinions about the quality of support being provided. They were able to tell us what they thought about Daily Options and the staff members working for them.

The registered address was appropriately equipped to deliver the service and contained offices, meeting rooms and training facilities. The Lady Verdin Trust had its own training and HR departments and they undertook any training and recruitment for all of the services, including Daily Options. During the inspection we looked a sample of care plans in both the office and during the home visits. All of the other documentation we inspected, including recruitment files, training records, complaints and audit materials

were reviewed in the office.

Is the service safe?

Our findings

Although we could not ask the two people we visited during the home visits directly whether they liked the staff members supporting them we did not identify any concerns regarding their safety during the inspection. We observed that there were relaxed and friendly relationships between them and the staff members supporting them.

We spoke with one relative during a home visit and a further three on the telephone regarding the service being provided to their relatives. Comments were wholly positive about the service, the quality of care and the staff members working for Daily Options. Comments included, "Staff are all vetted so she is safe" and "It is a safe service". None of the relatives expressed any concern regarding the safety of the service.

Although none of the family members expressed any concerns regarding the safety of the service during the inspection two of them did tell us that they were aware that Daily Options were trying to recruit more staff and that this was having some impact on the service being provided, for example some visits were having to be cancelled. One of the family members went on to say that they had occasionally been affected by this but because they had been given sufficient notice they had been able to make alternative arrangements and were not concerned about this. Another relative said that although this had not affected the service her relative had received she relied on it and had contacted the Trust regarding this. None of the other relatives and the five staff members we spoke with said that it had been an issue that had affected them. This may be because the people receiving personal care generally had larger support packages that required consistent staffing levels. We had already discussed this with the registered manager so were aware that the service was actively trying to recruit more staff.

We also wrote to Cheshire East regarding this inspection and whilst not raising any concerns they did say that they were aware that there were some staffing issues at the moment but that the service was trying to address this.

Daily Options had a safeguarding procedure in place. This was designed to ensure that any problems that arose were dealt with openly and people were protected from possible harm. The community services director was aware of the relevant safeguarding process to follow. Any concerns would be reported to the local authority and to the Care Quality Commission [CQC]. Services such as Daily Options are required to notify the CQC and the local authority of any safeguarding incidents that arise. There had been no safeguarding incidents requiring notification since the service was registered.

The two staff members we spoke with during the home visits and the three staff we spoke with on the telephone who all worked with the people receiving personal care were aware of the relevant process to follow if a safeguarding incident occurred. They told us that they would report any concerns to their line manager and were aware of their responsibilities when caring for vulnerable adults. The staff members also confirmed that they had received training in this area and that this was updated on a regular basis. They were also familiar with the term 'whistle blowing' and each said that they would report any concerns regarding poor practice they had to senior staff. One staff member told us, "I can ring the 'on call' if any

issues". This demonstrated that they were aware of their roles and responsibilities regarding the protection of vulnerable adults and the need to accurately record and report potential incidents of abuse or poor practice.

Risk assessments were carried out and kept under review so the people who were receiving a service were safeguarded from unnecessary hazards. We could see during the home visits that staff were working closely with people and, where appropriate, their family members to keep people safe. This ensured that they were able to live a fulfilling lifestyle without unnecessary restriction. Relevant risk assessments, for example, travelling in a vehicle or going for a walk were kept in the care files.

There was an on call system in place in case of emergencies outside of office hours and at weekends. This meant that any issues that arose could be dealt with appropriately.

We looked at the staff recruitment process carried out by the Trust and examined the files for two newly appointed staff members. We found that the appropriate checks had been made to ensure that they were suitable to work with vulnerable adults. Checks had been completed by the Disclosure and Barring Service (DBS). These checks aim to help employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups. We saw from these files that the home required potential employees to complete an application form from which their employment history could be checked. References had been taken up in order to help verify this. Each file held a photograph of the employee as well as suitable proof of identity. There was also confirmation within the recruitment files we looked at that the employees had completed a suitable induction programme when they had started working for the Lady Verdin Trust.

Policies and procedures were in place to help ensure that if necessary people's medicines would be managed appropriately. Staff members confirmed that they had received medicine training.

Is the service effective?

Our findings

When a new staff member commenced work at the Trust they undertook an induction in their new workplace; this would be for a minimum of three weeks during which time they would be a supernumerary member of staff and would shadow existing staff members. They would then be enrolled and undertake the Care Certificate that could take up to three months to complete. The induction programme was designed to ensure any new staff members had the skills they needed to do their jobs effectively and competently. It is an expectation of the Trust that once this certificate is completed all staff members then start on a level three Diploma course in care. Both qualifications are part of a nationally recognised framework for staff induction and training.

Once the staff member has completed the above their on-going training becomes part of a system operated by the Trust called continuous professional development [CPD]. This is maintained and organised by the training department based at the head office. All staff had annual updates that covered areas such as medication, equality and diversity, moving and handling, fire safety, food safety, COSHH, safeguarding, person centred values, finance, cross infection and hygiene. Other areas such as the Mental Capacity Act and dementia awareness were also included in the CPD training. We were able to confirm this content when we looked at the work books staff members completed during their training. We have been told previously that the Trust was an accredited City and Guilds training centre and all managers were trained as assessors.

We asked the five staff members about training and found that they were all at different stages of the processes above. One staff member had only just completed their induction and confirmed that they had shadowed experienced staff for a month and felt well supported. The other staff were either doing their diploma or were part of the CPD process. All of the staff members said that the training provided by the Trust was very good and that it was up to date. One staff member told us that after completing the diploma each person was given £200 which was used to fund courses of their own choice.

The staff members we spoke with told us that they received on-going support, supervision and appraisal. Supervision is a regular meeting between an employee and their line manager to discuss any issues that may affect the staff member; this may include a discussion of the training undertaken, whether it had been effective and if the staff member had any on-going training needs. One person who had recently completed their induction told us, "[A manager] observed my practice unannounced and I have supervisions every month".

During the home visits we observed that the staff members were aware of people's rights to make their own decisions. They were also aware of the need to protect people's rights when they had difficulty in making decisions for themselves. During our visits we saw that they took time to ensure that they were fully engaged with the individual and checked that they had understood before carrying out any tasks with the people using the service. They explained what they needed or intended to do and asked if that was alright rather than assume consent.

If supported by Daily Options staff members visits to community health care professionals, such as GPs and

district nurses would be recorded so staff members would know when these visits had taken place and why.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

We checked whether the service was working within the principles of the MCA and found that policies and procedures had been developed by the Lady Verdin Trust to provide guidance for staff on how to safeguard the care and welfare of the people using the service. This included guidance on the Mental Capacity Act 2005 (MCA).

We saw that mental capacity assessments had been completed and where necessary a best interest meeting had been held, for example, following advice from the a Speech and Language Therapist [SALT].

Is the service caring?

Our findings

Because of their communication needs we were unable to ask the people living receiving a service about whether they thought the staff members supporting them were caring. We did however speak to four family members of the people using the service and they were very positive about the staff members and their ability to care for their relatives. Comments included, "Professional, turn up on time and are very caring. Very respectful, very pleased", "Met some lovely ladies, all the ladies are brilliant", "The girls love the job and always tell me if they have a problem with staffing. I have enough confidence in them to go away for a couple of nights", "Very good, no problems, staff are all very nice, working well" and "[My relative] is very well cared for. She loves them. Staff who do visit are very good and class some of them as friends".

The two staff members we observed during the home visits and the three we spoke with on the telephone showed that they had a good understanding of the people they were supporting and they were able to meet their various needs. They were clear on the aims of the service and their roles in helping people maintain their independence and ability to make their own choices in their lives. During the home visits we saw there was good interaction, communication and understanding between the staff and the people who were receiving care and support. The relationships between the people being supported and the staff members were warm, respectful, dignified and with plenty of smiles. One of the staff members we spoke with told us, "I am really well, supported, it is brilliant, managers and colleagues are really good".

Where appropriate staff kept people's families or other carers informed about the care that had been provided. For example during one of the home visits we were able to look at the communication book passed between Daily Options and the other care provider that was supporting the person whose house it was. If needed these contacts were also recorded in people's care plans. The relatives we spoke with said that they were always kept fully informed by staff members.

People's life history was recorded in their care records, together with their interests and preferences in relation to daily living.

The Trust had developed a range of information, including an easy read service user guide for the people using the service. This gave people relevant information on such areas such as how to make a complaint.

Nobody using the service had an independent advocate at the time of the inspection visit. We saw that personal information about people was stored securely which meant that they could be sure that information about them was kept confidentially.

Is the service responsive?

Our findings

We discussed the assessment process with the registered manager. She explained that after an initial request for a service was made she then did the initial assessment. If it was decided that Daily Options could meet the needs a matching process with the new service user and the prospective staff member then took place. This was followed by a gradual introduction until it was decided that the match was working. This was a flexible arrangement and would be changed if the match did not work. If any changes were needed after the service had started, for example there was a change of staff member then the process would be repeated. This was classed as an induction and each person's support plan contained the record completed by the staff member at the time. We were also able to confirm this process with the relatives and staff members we spoke with. One of the relatives we spoke with told us, "[Manager] did an assessment at first. We needed an experienced carer. This was a well thought out process and two staff were identified."

We looked at three people's care folders in the office and two during the home visits undertaken [we looked at one person's file in both the office and during a home visit] to see what support they needed and how this was recorded. Each person's file covered all areas of care. The content within the files included, health needs and medical information, care plans and risk assessments, medication, monitoring, including appointments with the GP, nurse, dentist etc. and financial matters. The care plans we looked at were written in a style that would enable the person reading it to have a good idea of what help and assistance someone needed at a particular time. All of the care plans and risk assessments we looked at were well maintained and were up to date. The plans had been reviewed regularly so staff knew what changes, if any, had been made.

In addition to the on-going review of the care plans there was also a formal review process in place. This was done with the involvement of the person receiving a service and where applicable their family member or other people involved, for example some people were receiving support in other registered services such as a care home; staff from the home would be involved. The family members we spoke with said that they were invited to participate in reviews and all four said that they were always kept informed by staff members.

The service had a complaints policy and processes were in place to record any complaints received and to ensure that these would be addressed within the timescales given in the policy. The last complaint received on the 2 February 2016 was dealt with appropriately and was closed on the 4 February 2016. This was not made by a person in receipt of any personal care. People were made aware of the process to follow in the service user guide and in an easy read booklet containing the compliments and complaints procedure. We did not identify any issues of concern during our inspection and the family members we spoke with said that they did not have any concerns about the service being provided.

Is the service well-led?

Our findings

The community support director [registered manager] did not routinely speak to the people or their representatives on a regular basis. This task was undertaken by either the community support managers or the support managers. The staff members working directly with the people using the service also fed back any issues to their managers. This helped to ensure that information about the quality of service provided was gathered on a continuous and on-going basis.

During the two home visits we observed staff members interacting with the people they were supporting and a family members in a professional manner. These staff members and a further three we spoke with on the telephone were all positive about the service and the quality of the care being provided. Comments included, "I absolutely love it. Very good service, management is always available", "Best thing I ever did coming to this job. Everything runs smoothly, never have any worries". We asked them how they would report any issues they were concerned about and they told us that they understood their responsibilities and would have no hesitation in reporting any concerns. They said they could raise any issues and discuss them openly with their line managers.

The community support director and community support managers met regularly to discuss the service, particularly with regard to any service user issues such as new referrals and any staffing issues such as holidays and rotas. The last meeting was held on the 22 December 2015.

The staff members told us that regular staff meetings were held and that these enabled managers and staff to share information and / or raise concerns. We looked at the minutes from the last meeting held on the 20 and 21 January 2016 and could see that a variety of items including service user issues, training, rotas, routines and quality assurance had been discussed.

Representatives from the people being supported by the Trust had formed a service user forum called Chatterbox. The people involved with this were proactive in gathering the opinions of the people receiving a service. Following the inspection of another service operated by the Trust recently we are aware that they are currently looking at how they could do this and were developing an easy read questionnaire for people to complete.

The Trust had also recently developed a Carer Support Group, this group had met on the 7 December 2015 with a view to meeting quarterly. We looked at the minutes taken during this meeting and items discussed included the proposed objectives of the group. It was agreed that one purpose would be to use them as a general sharing of information between the Trust and carers as well as sharing positives and concerns.

In addition to the above Daily Options used a variety of methods in order to assess the quality of the service they were providing to people. These include unannounced staff observations following which feedback is given to the staff member.

The community services director, community support managers and support managers undertake quality

assurance audits regularly. These include ensuring the care plans, supervision and training are all up to date.

As part of the overall quality assurance process and following its first self- assessment of the whole organisation in January 2014 the Trust had held a 'Driving Up Quality' day in September 2015. This involved people using the services, the people working for the Trust, relatives, friends and relevant professionals from other agencies. The purpose of the day was to review the action plan drawn up from the initial self- assessment day which focussed on how quality could be improved. As part of the planning process for another inspection that took place recently we did contact Cheshire East council for their opinion regarding the service provided to people by The Trust. With regard to the quality day they told us via email that, 'LVT seem to be very proactive regarding ensuring that people are at the heart of service provision. They recently held a follow up to their initial Driving up Quality event and it was clear that they had followed up on any identified actions from the first event".