

Violet Home Care Ltd

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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?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Violet Home Care is a domiciliary care agency providing personal care to people living in their own homes. 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. The service had supported a number of people since being registered, some of whom received care at the end of their life. At the time of inspection, the service was providing personal care and support to one person.

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

People told us they felt safe being supported by care workers in their own home. The provider had robust recruitment checks in place and there were sufficient staff deployed to meet people's needs. The provider followed good infection control practice. Risks to people were assessed and managed, this helped the provider deliver care in a safe way.

A comprehensive induction and mandatory training was completed by staff. Competency was monitored through spot checks and supervisions. The provider sought appropriate consent from people before starting to support them. Nutritional needs were supported where required. People were supported to live healthier lives and to access healthcare services.

We received positive feedback about the caring attitude and empathy shown by the staff. 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 reported to be respectful in people's homes. Staff spoke kindly and knowledgeably of the people they supported. People and their relatives were contacted regularly to ensure the care provision continued to meet their needs.

Thorough initial assessments were carried out to ensure the daily needs and choices of people could be met. Staff took time to understand what support people needed and enabled them to remain as independent as possible. Information about how to complain or give feedback about the service was provided and people told us they had no complaints about the service and were satisfied with how it was managed.

The registered manager operated a service that was well-managed. They were approachable and sought feedback from people, relatives and staff. They worked with health care professionals to plan and deliver an effective service. Quality assurance checks to monitor the quality of service took place. The registered manager was aware of their regulatory duties.

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 us on 24 September 2020. We carried out a targeted inspection on 28 July 2021 in response to concerns raised. We use targeted inspections to follow up on Warning Notices or to check concerns. They do not look at an entire key question, only the part of the key question we are specifically concerned about. Targeted inspections do not assess all areas of a key question. Therefore, we did not give a rating to the service at that time.

Why we inspected

This was a planned inspection based on the timescales for unrated services.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our reinspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Violet Home Care Limited

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 carried out by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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. At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 21 April 2022 and ended on 25 April 2022. We visited the location's office on 21 April 2022.

What we did before the inspection

We reviewed information we had received about the service since it registered with CQC. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and

improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with two members of staff including the registered manager. We reviewed a range of records. This included three people's care records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

After the inspection we continued to seek clarification from the provider to validate evidence found. We reviewed documentation including training data and quality assurance records. We spoke with three family members whose relatives received care and support from Violet Home Care, as well as two health and social care professionals.

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 5 key question 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

- Family members told us their relatives felt safe using the service and in the company of its staff. One family member told us, "[Relative] can get very agitated, but [member of staff] manages this so well and keeps them safe."
- Staff had received training on safeguarding adults. Those we spoke with told us they would report any suspicions of abuse to the registered manager who would then make a referral to the local authority safeguarding team.
- One staff member told us, "We have to report it to the office, the main concern for the carer is that the client is safe from harm or abuse at all times, when I see something I do not like, I feel I have to report immediately." They also said, "You have to be aware of how the client usually responds, and if their behaviours have changed, it is very important to be alert to this."
- The registered manager understood their responsibilities in relation to safeguarding and safeguarding concerns and how to raise them with the appropriate authority. There was a safeguarding policy in place for staff to follow and the registered manager confirmed that any new staff would be expected to read all company policies to ensure that they understood their responsibilities.

Assessing risk, safety monitoring and management

- Where there were known risks to the person, information was available to staff. The provider had assessed risks to their safety and wellbeing prior to the service working with them to ensure their needs could be safely met. These included assessments of their health condition and risks of falls as well as ways to minimise risks and protect them.
- People were supported to stay safe and free from harm. A family member described when their relative's condition deteriorated, "[Carer] was quick to draw this to our attention and advised us on who to call."
- Staff knew people well, including their individual risks and how to support them. One staff member said, "I am familiar with people's risks." They then went on to describe how they supported the person to stay safe.
- The provider had ensured risk assessments relating to the environment had been completed. This identified any potential risks around conducting home visits to keep both people and staff safe. A care worker told us they referred to an environmental risk assessment for guidance should there be any obstacles to how the person moved around safely.

Staffing and recruitment

- Sufficient staff were employed to ensure the current level of care visits were completed consistently and at the scheduled time. A family member said, "I never get the impression there is a shortage of staff, [member of staff] never appears rushed and indeed will often overstay their allotted time, depending on how [relative] is."

- There were two members of staff currently employed, one of whom was the registered manager. We saw safe recruitment practices were followed. Pre-employment checks were completed to ensure applicants were of suitable character to work with vulnerable people. This included completing checks with the Disclosure and Barring Service and seeking references from previous employers. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- The registered manager told us that they must recruit more staff before they could accept new clients and were in the process of doing this. They understood that the recruitment process could not be rushed, irrespective of whether there were pressures to accept new packages of care. They said, "All this is essential to ensure the safe delivery of care."

Using medicines safely; Preventing and controlling infection

- At the time of inspection, the service did not support any person with their medicines. However, there were policies and procedures in place to ensure staff would know how to safely support a person with their medicines.
- The registered manager had processes in place, including medicine administration records templates to record any medicine that people may need to be supported with.
- A family member told us, "I have no concerns about [member of staff's] hygiene practices. They always wear a mask and then gloves and apron when helping [relative]. They are very careful to dispose of any materials safely."

Learning lessons when things go wrong

- The registered manager had a policy in place to record accidents and incidents. Although none had occurred since registration the registered manager was knowledgeable in how these would be dealt with. The registered manager explained how they would review any incidents and put in place preventative measures if they felt this would be of benefit to prevent any future reoccurrences.

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 5 key question inspection of 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

- Assessments had been completed with people or their relatives, to ensure the service was suitable and could meet their needs. These assessments covered all aspects of their care and support needs and were used to draw-up care plans and risk assessments.
- A family member told us, "[Registered manager] was very inclusive all the way through [relative's] assessment. They took their time with us to make sure we understood and agreed to everything."
- Care was provided in line with relevant national guidance. The manager kept up-to-date with developments in legislation and best practice and ensured they amended relevant procedures accordingly.

Staff support: induction, training, skills and experience

- Staff members had completed an induction programme before they provided care and support to people. Records showed they completed training the provider considered mandatory in areas such as safeguarding, medication, moving and handling, infection control and mental capacity.
- The registered manager told us they expected staff to complete the care certificate and would support them to do this. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- A family member told us, "[Member of staff] is well trained, they really know what they are doing." Another said, "The quality of the care team is excellent."
- A staff member told us, "I follow all the training, [registered manager] certainly expects this. It is essential for me to be good at my job."
- Care workers were assessed for how they carried out their duties. We saw a sample of these checks, all of which were unannounced to the member of staff. No concerns had been identified during these checks.

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

- Care plans detailed people's eating and drinking needs, as well as their food preferences. A family member told us, "[Member of staff] encourages [relative] to eat and drink which is so important."
- A staff member explained how they supported a person to eat, "I know [person] must eat but I also know this task cannot be rushed."

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

- People received support to maintain good health. Family members whom we spoke with said they knew carers would summon help if they needed it and would help them to refer to health care professionals.

- The provider worked in partnership with health care professionals. Records showed there was contact made with GP and district nurses as and when required.

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

- We saw that people's consent to their care and treatment was documented on their record of care. The provider had undertaken assessments of needs with the person and their family member. They had met with the person and discussed their needs and preferences and got their consent before the package of care began. A family member said, "We were fully engaged in drawing up [relative's] care plan with the manager and they noted everything down."
- Staff worked within the principles of MCA and ensured care provided was led by people. One care worker told us, "I always assume they have capacity and try to give them time to make their minds up. I try to find a middle way to encourage and help them to understand what is going on."

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 5 key question inspection of 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 were treated with respect and we were told how staff had built friendly, caring relationships with them. A family member told us, "The staff are very caring, I would highly recommend them to anyone."
- Staff were respectful of people's cultural and religious preferences. A staff member told us they enjoyed having conversations with people about where they grew up and the traditions from that country, "It helps me to understand them better."
- There was an equality and diversity policy in place to ensure staff delivered care which respected people's differences. A staff member told us that equality and diversity training was part of their mandatory training, "which gives me a good perspective on all our differences".

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

- People and relatives were complimentary about how well the service communicated with them and involved them in discussions about care and support.
- The service completed regular care reviews, to ensure support provided still met people's needs. The service was quick to respond to changing needs, including amending care packages plans to better suit people. A family member told us, "[Relative's] needs can fluctuate so quickly; I just have a chat with the manager and we agree between us what needs to be changed in the care plan."
- The registered manager said, "It is important that I do the initial assessment thoroughly and to ensure the client has full input to it. Their views must be heard in everything we plan to set up."

Respecting and promoting people's privacy, dignity and independence

- Staff promoted people's privacy and dignity when supporting them with their personal care. This included ensuring doors were shut prior to providing support and making sure the person was covered as much as possible whilst supporting them to wash.
- A family member said, "[Relative] had some particular ways in which they wanted things done, I think it gave them a sense of control over some things. The carers were so particular to do it their way, I am forever grateful to them for this."
- Staff also supported people to maintain their independence. One staff member told us, "I try all the time to give encouragement to do as much as they can to keep as independent as possible, it helps their self-esteem. Of course, it can be quicker to do everything for the client, but it is more important that clients remain as able as possible."

Is the service responsive?

Our findings

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

This is the first 5 key question inspection of 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's care plans were individualised and specific to their needs detailing their preferences, likes, dislikes and how they wished to be supported. The registered manager told us, "I remain alert to how people may deteriorate and require extra support, then we have a meeting to agree a way forward."
- People received care that met their individual needs. The care provided was flexible and staff tailored the support to ensure it was delivered in line with people's wishes and preferences. A family member told us, "The carers are always so flexible and accommodating. I just asked for extra cover for tomorrow night and there was no problem in them coming to support [relative], it is so nice to be able to have a break when I really need it."
- The registered manager told us, "I look at the client relationship objectively so that I can match the right carer with them. I want clients and carers to be happy with what and who they have got."
- There were detailed care plans in place outlining what support people required and how this was to be delivered. A staff member told us, "There is a care plan which is useful, because at the beginning when you don't know someone, it is an important document to read."
- They also said, "I will always report to the office if I see people's needs are changing and need to be reassessed. For example, if their mobility is changing, it is important to raise this."

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.

- Staff understood people's differing ways of communication. This included people who used non-verbal communication. A relative confirmed that staff were able to interpret their family member's non-verbal communication and understand what it meant, including signs that the person may be stressed or in pain.
- A staff member told us, "More often I rely on people's body language to make sure they are comfortable with what I am doing."

Improving care quality in response to complaints or concerns

- No complaints had been received since the service started operating. Nevertheless, people told us they knew how to make a complaint and felt should they need to make a complaint that these would be listened to and dealt with by the registered manager.

End of life care and support

- Although people were not currently receiving end of life care, the service had supported people since registering who were at the end of their life. Family members of these people were pleased to give us feedback on the support their relatives had received.
- A family member told us, "[Relative's] wishes were documented in their care plan. It was a very difficult time for us as a family and I found it very moving to have such great support from [registered manager] all the way through to the end."
- A member of staff told us, "Caring for people who are at the end of their life can be hard, but I know that I have contributed to giving them a good quality of life in their last few days."
- There was an end of life policy for staff to follow, as well as training in end of life care. The registered manager spoke to us about how they would support people entering this stage in their life. This included involving local hospices and health professionals.

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 5 key question inspection of 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; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and their relatives were involved in their care. They felt their views were asked for and they were involved in the delivery of the service. They told us the registered manager was open and listened to them. One told us, "I feel so lucky that we had Violet Homecare in our lives. They made the bad times feel less bad."
- A family member told us, "[Registered manager] is really good at communication and very helpful. We felt fully included and engaged in the planning of care all the way through." Another said, "Oh goodness, they are all so helpful and full of good advice, such good advice."
- Staff told us they could express their views and opinions to the registered manager, who was open to discussion and actively encouraged this.
- A member of staff told us, "[Registered manager] is amazing, they understand that sometimes we need to spend a little longer with a client if they are having a bad day or just want a chat because they feel lonely. This is a real kindness because it can mean so much to the client."

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

- The provider had quality assurance systems in place which were used to monitor key aspects of the service. There was a range of policies and procedures which were available for staff to view online. The person using the service was also provided with handbooks which outlined key procedures.
- A family member told us, "I think the service is it is really well managed. Whenever I send an email I get a rapid response. [Registered manager] is very good, it is all about having good communication which builds confidence in the service."
- A social care professional told us, "The registered manager provided good evidence and demonstrated an understanding of the service requirements."
- A staff member told us, "[Registered manager] gets just how important people's well-being is, that's why they do unannounced checks sometimes. I always appreciate it if they identify any areas where I can improve on."
- The registered manager understood their role and their responsibility to those whom they supported, as well as the needs of their staff team. They said, "My vision is whatever I take on, I want to have satisfied customers. I want to build the business slowly so that I can get to know each client well before accepting

new clients. I want the carers to understand this too."

- Policies and procedures were in place for the duty of candour, which requires providers to be open and honest with people when things go wrong with their care, giving people support, and providing truthful information and a written apology. The registered manager told us they had never exercised their duty of candour responsibilities.

Continuous learning and improving care; Working in partnership with others

- The registered manager told us they listened to feedback they received from people and used it to improve the delivery of care. They explained how feedback from a family member included suggested environmental changes to the layout of their relative's room. The registered manager told us they assisted with this as it improved the person's general well-being.
- The registered manager worked with other health and social care professionals to ensure people received high quality, coordinated care. This included working with the local clinical commissioning group and specialists involved in people's care, especially those from the local hospice and palliative care team.