V.i.P Homecare

VIP Homecare

Inspection report

Unit 10 D
Musk Lane Trading Estate, Dudley,
DY3 1UH
Tel: 07973550707
Website: www.example.com

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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

Overall summary

This was an announced inspection. This meant the service was given short notice that we would be visiting the office from where the care was organised. The inspection took place on 12 and 15 December 2014. This is a small domiciliary care service that provides personal care to 16 people in their own homes. Services provided are for adults who may have a range of needs including dementia, mental health, physical disability or sensory impairment.

We last inspected this service on 10 October 2013. The provider was not meeting all the requirements of the law at that time because appropriate checks had not been undertaken for all care workers to ensure they were suitable to work with people in their own homes. At this inspection we saw that improvements had been made by the provider by ensuring all care workers had the required checks in place prior to working with people.

There was 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

Summary of findings

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.

All the people we spoke with said they received a safe service. We saw that safe systems were in place to ensure that people were protected them from harm or abuse of themselves, their home or possessions. Risks to people's safety in their own home had been assessed and managed appropriately to help ensure that they were safe.

The provider had systems in place to ensure that there were sufficient care workers to provide support to people in their own homes. People had experienced a reliable service with no late or missed calls. People described the service as flexible and able to meet their increased demands when they needed this.

Care workers had been recruited following appropriate checks on their suitability to support people in their home and keep them safe. People told us care workers were trained and professional in the manner they carried out their care tasks. We saw that care workers had received the training, development and support they needed to ensure they did their job well and provided an effective service.

People told us that they were happy with the way in which care workers helped them with their meals and in accessing health care services when they needed them.

All the people we spoke with told us they had a good relationship with their care worker who supported them and were pleased they generally had the same care worker for continuity.

People said they were able to make their own decisions about their care and were actively involved in how their care was planned and delivered.

People were confident to raise any concerns or complaints and told us these had been positively received and responded to.

Everyone we spoke with told us the manager was committed, passionate and a good carer who had high standards. People said they received a good quality service and that the manager regularly checked with them their views about their experiences.

Summary of findings

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. People said they received a safe service, and care workers knew how to keep people safe in their own home.

People were confident that care workers knew and managed risks to their health and safety.

People said there were sufficient care workers and that they did not experience late or missed calls.

People were confident with the arrangements in place to support them with their medicines.

Is the service effective?

Good

The service was effective. People told us care workers understood their support needs.

People had contributed to their support plans so that their needs preferences and choices were known.

Care workers had an induction, supervision and training to support them to carry out their care duties to a specified standard.

Care workers identified people's changing needs if they suspected people were losing the capacity to make decisions about their care or support.

People told us they were supported to maintain a healthy diet and to access health care services when they needed to.

Is the service caring?

Good

The service was caring. People said they had a good relationship with the care workers that supported them and trusted them in their homes.

People were able to make informed decisions about their support and told us care workers respected their privacy and dignity whilst promoting their independence.

Is the service responsive?

Good

The service was responsive. People said they were involved in all decisions about their care and that the care they received met their individual needs.

People were able to raise concerns and give feedback on the quality of the service. Procedures were in place to ensure that the service learnt from people's experiences.

Is the service well-led?

Good

The service was well led. People said they received a good quality service and that care workers were reliable, on time and were well managed.

People said the manager was receptive to them and made improvements. Care workers told us they felt supported by the manager.

Care workers were aware of the whistle blowing policy and felt confident to report any concerns they had about their colleague's performance.

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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 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 took place on 12 and 15 of December 2014 by one inspector. The inspection was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available at the office.

Before our inspection we looked at the information we held about the service. This included notifications received from the provider about deaths, accidents/incidents and safeguarding alerts which they are required to send to us by law. The provider sent us a provider information return [PIR] that gave us information about the service. We also sent 16 questionnaires to people that used the service, their relatives, and professionals involved in their care. We received four completed questionnaires with people's positive comments about the service. We also spoke with a professional from the local authority who was involved in the care of some of the people who used the service. They were complimentary about the management of the service, the attitude of care workers and the support provided to people in their own homes.

The service provided support to 16 people in their own homes. During our inspection we spoke with six people that used the service and three relatives by phone. We spoke with three care workers, the registered manager and care coordinator in the office. We looked at the care records for five people including medicine records, falls records and body maps. Other records looked at included eight staff recruitment files, training and supervision records, calls records, financial transaction records, complaints and safeguarding records, staff meeting minutes, service questionnaires and quality assurance records.

Good

Is the service safe?

Our findings

Everyone we spoke with consistently told us that they believed they received a safe service in their homes. One person told us," I feel very safe with the care workers, I'm in safe hands and they never let me down". We looked at recent comments from surveys people had completed at the office which confirmed people felt safe and that care workers were reliable and did not miss calls. A relative told us, "I'm confident [name of person] is safe with the care worker, they have been trained to meet [name] needs and only send the trained care workers". An external professional involved in the care of some of the people who used the service told us they had no concerns about the standard of care and support provided to people by the service.

The manager had knowledge of her role and responsibilities in reporting safeguarding concerns. Contact names and numbers to liaise with local authorities were available if there were concerns about people's safety. However the manager did not have a copy of the safeguarding procedures on site which are required to ensure the correct protocols are followed to ensure people's safety. No safeguarding alerts had been made by the provider and we had not received any safeguarding alerts about this service. We saw that care workers had received training from the local authority on how to keep people safe from harm and safeguarding was also covered in their induction. Care workers we spoke with had an understanding of the signs of potential abuse and how to report this so that people feel safe in their own home. For example care workers said they would observe, record and report signs of bruising, changes of behaviour or signs of neglect, which could indicate that people were at risk of harm. A care worker told us, "You always take note of any injuries and we ask how they occurred and record them on the body map, I would always report it to the manager and if necessary call the doctor".

Risks to people were well managed. Care workers followed procedures for accessing someone's home and supporting people with financial tasks such as shopping. Care workers understood how to prevent people being vulnerable to abuse of their money, home or possessions. We saw that risks related to people's home environment such as pets, sell by dates for food and use of equipment were in place to reduce potential risks of harm to people in their own homes. People spoken with said that the care workers discussed all aspects of their care with them including any identified risks to their welfare such as risks of developing pressure sores, falling, or not eating enough. Care records showed that strategies were in place to make sure that risks are anticipated, identified and managed. We saw care workers understood how to support people to stay safe in their own homes, while minimising restrictions on their freedom and maintaining control of their lives. The manager had a system for reviewing concerns, accidents, incidents and pressure ulcers to make sure that necessary action was taken to protect people's welfare and safety.

We saw that plans were in place for people whose behaviour may challenge others. From discussion with care workers and a relative we saw care workers managed such incidents in a positive way to protect the person's and rights and keep them safe.

People told us that care worker's availability and reliability was good. They told us that there were enough care workers to ensure they received a reliable and safe service and we saw evidence of flexibility to cover emergencies. For example we saw extra care calls had been made to a person following a fall who had refused hospital treatment. This showed the manager had sufficient numbers of hours to support people in crisis without impacting on the demands of the service by other people. Care workers confirmed that geographical areas had been taken into account when designating care calls to people's homes. This ensured travel time was minimised. Care workers told us their schedules allowed for them to spend the full allocation of time with the person. A person using the service told us, "They sign when they arrive and leave and record everything they do, they never cut the call short". There was an established 'on call' system which enabled the manager to divert or allocate care workers to visits when the need arose. For example we saw that the manager had responded to emergencies such as calls during the night when people were in distress.

Care workers we spoke with were aware of the whistle blower procedures and their responsibility to use these if they were concerned about a colleagues conduct. One care worker told us, "The manager would act on any concerns we shared, I would have no hesitation in reporting to her or yourselves". We saw the provider had taken appropriate disciplinary action in response to whistleblowing concerns.

Good

Is the service safe?

When we last inspected this service on 10 October 2013, the provider had not ensured appropriate checks had not been undertaken for all care workers to ensure they were suitable to work with people in their own homes. In November 2014 we received a whistle blower alert that care workers had been recruited without Disclosure and Barring Service Check (DBS) and were not subject to an induction. At this inspection we saw that improvements had been made by the provider by ensuring all care workers had a (DBS) check. This was further confirmed by care workers we spoke with and the eight recruitment records we looked at. The whistle blower alert was not substantiated because care workers had been subjected to an induction. This showed relevant checks had been made to ensure that care workers were safely recruited to care for people and keep them safe.

We sampled a selection of people's medicines administration record (MAR) charts which showed care workers consistently completed these when supporting people with their medicines. People we spoke with told us they did not need help with taking their medicines just support to access them. We saw people's support plan guided care workers in supporting people in this area. Care workers told us they prioritised their calls to ensure they were present to support people with medicines and people confirmed care workers were consistently regular time keepers. One care worker said, "I know exactly when people need their medicines and because we generally work with the same people, we can be consistent in times of calls". We saw the manager had sought appropriate advice with regard to a situation where due to a health condition a person was unable to physically take their own medicines. Consent and correspondence from the person and their doctor was evident to show agreement on how this should be done safely with the person. This approach helped reduce potential further health complications and protect the person from the risk of unsafe administration of their medicines.

Good

Is the service effective?

Our findings

People told us that in their experience the care workers that supported them were well trained and knowledgeable about their needs. One person commented, "They [care workers] know what they are doing and have had the training to meet my relatives specific needs." Another person told us, "The manager is very good, committed to doing a good job and makes sure the care workers know what to do". An external professional involved in the care of some of the people who used the service told us they and their colleagues were pleased with the service provided by the care workers and that they had positive links with the manager when discussing people's support needs.

All new care workers received an induction prior to working independently with people. This included specific training from the local authority as well as shadowing more experienced colleagues. Care workers told us they felt prepared when they had begun working on their own. They told us the quality of the training they received equipped them for their role. Care workers also confirmed they had additional training and felt competent to carry out support to some people with complex needs.

There was an emphasis on matching people with a care worker who had the appropriate skills and knowledge. A relative told us, "The manager responded straight away when we felt the care worker was not suitable for [service user name]. We reviewed what worked best to support [name] with their behaviour". This approach confirmed the manager had sought to understand and reduce both the cause of the person's distress and the risk of harm. We saw that competency spot checks were utilised to identify care workers performance. Training was geared where required to further develop their skills. Care workers confirmed they received regular supervision, appraisal and team meetings to support best practice when delivering care.

We were told by the manager that everyone that currently used the service had the mental capacity to make this decision for themselves. The manager told us if they had concerns about people's deteriorating capacity to make their own decisions they would refer to the local authority. We saw some aspects of people's capacity had been discussed and had involved family members or healthcare professionals. This had ensured that decisions that needed to be made were made in the person's best interest. A relative we spoke with confirmed they had been involved in this process.

The provider told us in their PIR that they had a copy of the Mental Capacity Act 2005 (MCA). The (MCA) sets out what must be done to make sure that the human rights of people who may lack mental capacity to make decisions are protected, including when balancing autonomy and protection in relation to consent or refusal of care. Care workers we spoke with had not had training in the MCA but were aware of the need report on people's changing needs if they suspected people were losing the capacity to make decisions about their care or support. This meant they knew what to do to make sure that the human rights of people are protected. Care workers told us that they asked people for their consent before they carried out any personal care tasks and people who used the service confirmed this was the case.

In discussion with the manager we found that there was no process to consider the management of 'do not attempt resuscitation' (DNARs). Care workers we spoke with did not know if people had made any important decisions such as (DNARs) or advanced wishes. This could affect the way they support people who may have planned ahead for a time in the future when they may lack capacity.

Some people we spoke with told us care workers supported them with their meals. One person said, "I'm very happy that they know what I like to eat and always ask me. They prepare food well and always leave the place tidy". Another person told us, "I have sometimes needed help with shopping and they will do this and buy the things I want. They make sure I am eating well and make sure I have meals and snacks prepared". Care workers we spoke with confirmed that they were aware of people's needs in relation to eating and drinking enough and knew how to report concerns back to the manager. The care records provided clear instructions as to people's routines for meals and where they needed support. We could see people had been involved in arranging their meal requirements. A care worker told us , "Sometimes we are the only people who have contact with people in their home so it's important we check they are eating, drinking and warm and safe". We saw that calls to people's homes had been increased where risks of not eating had been identified which meant people had the support they

Good

Is the service effective?

needed. Care workers confirmed they would talk to the person about contacting their doctor if the person was at risk of poor nutrition and hydration. Most people told us they independently managed their health care needs, but confirmed that if they needed support to maintain their health this was provided. There were examples of how the manager responded to individual situations and extended the length of the service where people were ill. We saw that the service also liaised with doctors and district nurses on behalf of people who needed this. One person told us, "The care workers are excellent they always notice if I am unwell and will ask my permission to phone the doctor". We also saw care workers reported any concerns directly to the office and that the manager would act on concerns and direct care workers as to whether a doctor, district nurse or ambulance was needed. We found care workers and the manager were proactive in liaising with health professionals and monitored people's needs and changes thus supporting people to maintain their health.

Good

Is the service caring?

Our findings

People told us that they had positive relations with care workers from the service. People said they were friendly and they trusted them. All of the people we spoke with told us they were happy with the attitude and approach of care workers whilst they were in their homes supporting them. One person said, "I have very good care workers who know exactly what I like, they are respectful and friendly I'm very happy". Another person said, "Care workers always ask me how I am feeling; it shows they care about me". Relatives of people who used the service told us the manager and care workers were particularly caring in their approach. One relative said, "They are brilliant, really committed and genuine people, they not only do their job but make my relative very happy".

Care workers we spoke with told us they were initially introduced to people and sometimes 'matched' if their personality or particular skills suited a person better. A relative confirmed that changes to care workers had been made so that the person using the service received support from care workers who understood their history and preferences. We also heard from relatives and people using the service that care workers carried out personal care tasks in a caring and compassionate manner. They described care workers as patient and said they took time to 'chat' to people, so that people felt comfortable and secure with the carers.

Care workers demonstrated the importance of spending time with people to get to know the person. Examples of how this promoted people's opportunities to communicate their needs to the care worker was evident and showed they could respond to people's diverse needs. For example we heard a care worker describe how they had supported a person with complex needs to communicate their preferences. We saw people were supported to express their views and make their own decisions about the support they received. This was evident in people's support plans which reflected a personalised approach so that people had support in the way they preferred. Support plans were detailed and contained lots of information about people's routines, choices and the level of control they maintained over their care. This meant people had been actively involved in contributing to the support plan so that it was personal to them.

We heard from people that care workers protected their privacy, dignity and independence when assisting them in their home. One person told us, "They had discussed what I wanted and how I wanted it, I am very independent and only want help with certain things and they respect this". Another person told us, "They are very respectful; they protect my dignity when providing care, I never feel awkward or embarrassed with them". The care workers we spoke with described a consistent approach to and understanding of people's privacy and dignity. For example ensuring that family members were not present when personal care was delivered, covering people's bodies and ensuring curtains and doors were closed.

Care workers were sensitive to people's communication needs and provided explanations to help people understand. Strategies were known by care workers where people were at risk of regularly refusing care because for example they had a disability or dementia. This meant care workers understood the need for sensitivity and patience so people retained the right to make their decisions. We saw the manager had access to advocacy support should people require this. All of the people had family or people they had identified to act on their behalf and we saw this was agreed with people where required.

Good

Is the service responsive?

Our findings

All the people spoken with said they received care and support in a way that was personalised to them. People said they were involved in planning and agreeing their care. One person said, "Right from the start they came out to my home to do an assessment and I told them what I wanted and also what I needed". A relative told us, "I agreed the support plan for my relative, but the care workers are great because they ask my relative for consent to carry out care and always explain things in a way my relative understands". One person said, "I can phone any time and tell the manager if I'm upset about anything and she would put it right".

There was a detailed assessment of people's needs which formed their support plan. This included people's preferences and routines and had been compiled in conjunction with the person and their family. People who used the service told us they independently managed their own hobbies and interests but we saw consideration of these because some people were supported by care workers to go out and about in the community for such things as shopping or coffee.

People told us the service was flexible and that aspects of their diversity was understood. For example they had discussed individual issues that mattered to them in relation to their religious or cultural preferences. One person's preference for a female care worker had been addressed. People told us care workers were flexible and had provided them with options such as a 'sitting service' to suit their or their family's needs. This meant people had individual care designed around their living arrangements. People told us they had a copy of their plan and they were happy that it was tailored to their needs and that care workers followed the plan so it was personal to them.

Information from the PIR stated that there were key targets set for the service such as reviewing people's care assessments in light of new guidance and to develop more in-depth medication assessments. This showed the provider was seeking to develop the service so that it was responsive to people's changing needs.

Everyone that used the service that we spoke with said they were given information on how to make a complaint or raise concerns about the service. One person said, "If I wasn't happy I would ring up and say." Another person said, "The manager is very responsive, I've not had complaints but have asked for changes and they have been very accommodating". We saw that clear processes were in place to investigate and respond to people's concerns and complaints. Complaints had been dealt with within the stated timescale, although correspondence to all affected parties should be added to this to ensure people have a formal outcome. We [CQC] had received a complaint about the service and we saw the provider had managed this appropriately with records to show their investigations. The complaint issues were not substantiated. We also saw the manager had utilised disciplinary action to act on information about the quality of care.

We saw samples of questionnaires that were completed by people that used the service. These had been analysed and action taken to improve people's experience of the service.

Good

Is the service well-led?

Our findings

All of the people said they received a good quality service. They told us that the important things to them were addressed by the manager. This included having contact numbers of the service for help when they needed it. They also told us that they were happy with the reliability of care workers and did not experience any missed care calls to their home. One person told us, "It's a brilliant service, the best I've had, so caring and reliable the manager is great".

A manager was in post and was registered with us. There was a clear management structure and out of hours on call system to support people and carers on a daily basis. People told us that they had good communication with the manager who they had direct contact with on a daily basis. They said the manager was always responsive to their views. Relatives told us the manager had an open door policy which enabled them to communicate with her by phone or visits to discuss any issues. External professionals told us the manager was always accessible and approachable. This meant the manager had developed an inclusive style to communicate with people, their families, carers and other stakeholders.

We saw the manager continually monitored the daily running of the service. Care workers confirmed that the manager expected them to report back on any issues so that steps could be taken to support people in their homes, for example calling the doctor or district nurse if people's health deteriorated. We saw from records that the performance of care workers was continually monitored via spot checks and feedback from customer surveys. A care worker told us, "The manager has high standards and we respect that, she has challenged inappropriate attitudes or behaviour".

The manager had systems in place so that care workers had regular supervision, team meetings and appraisals in which they could question and develop their practice. Care workers were aware of the whistle blower procedures and told us that they would not hesitate to use these if they witnessed bad practice from a colleague. They were aware they could report any such concerns directly to us, (The Care Quality Commission) which showed they knew of processes they should follow if they had concerns.

People who used the service confirmed that they had been asked for feedback on the quality of the service. We sampled surveys they completed which showed they were asked key questions about the service. People's comments were positive which showed there was an emphasis on reviewing the provision and maintaining standards. Some examples of improvements were shared with us by people and care workers as a result of their feedback. For example there had been changes to care workers to aid suitability, care workers had a uniform to aid people's recognition of them, and travel times between calls to people's home had been reduced. This meant that the provider had systems in place to listen to people and act on their feedback to improve the service.

Quality assurance systems were used effectively so that people experienced positive outcomes. The manager checked for example records of all financial transactions on a weekly basis to ensure where care workers handled people's money, this was properly accounted for and receipted. Audits on medications, people's home environment risks, accidents and falls were also evident so that the manager had a clear overview of activity in people's homes. Planned visit times were synchronised and checked against the records care workers signed in people's homes. This enabled the manager to monitor visit times were consistent and in line with the service agreement with people. People told us the manager regularly visited them to obtain their views about the care workers performance, attitude, and whether they followed the persons support plan correctly. This ensured that the manager was able to identify any shortfalls and put plans in place for improvement.

The provider has a good history of informing us of notifiable events. A notification is information about important events which the provider is required to send us by law. This included notification's received from the provider about deaths, accidents and safeguarding alerts.