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VictoriaDomCare

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?	Requires Improvement

Summary of findings

Overall summary

The inspection took place on 21 July 2016 and was announced. The provider was given 48 hours' notice because the location provides domiciliary care and we needed to be sure that someone would be at the office.

At the time of our inspection, the service was operating from the registered provider's address, not from the location address shown above. The provider told us they sent an application to change the location address following our last inspection in 2013; however we had no record in our system. The provider said they believed the changes would be made and had not followed this up. At this inspection, the provider told us they had found new premises and were in the process of submitting an application to change their address to ensure their registration with us was correct.

Victoria DomCare is a domiciliary care service providing care and support to older people who may have a physical disability or living with dementia. The agency provides personal care to people in their own homes. The agency provides care calls to people seven days a week, and calls vary from 15 minutes to 45 minutes duration. At the time of our inspection there were 15 people using the service.

This service was last inspected on 13 November 2013, when we found the provider was compliant with the essential standards described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider for this service is a single owner. They do not require a registered manager as the provider undertakes all of the management tasks, as well as providing personal care to people they support.

Risk assessments and support plans had been developed with the involvement of people and family members. Staff had the relevant information on how to minimise identified risks. This ensured people were supported in a safe and caring way, however some care plans required improvements to ensure staff provided consistent care.

People received their medicines as prescribed and safe systems were in place to manage people's medicines.

Recruitment procedures ensured suitable staff were employed to work with people who used the service. Staff told us they had received some training and an induction that had helped them to understand and support people better.

The provider understood the principles of the Mental Capacity Act (MCA), and care workers respected people's decisions and gained people's consent before they provided personal care.

There were enough care workers to deliver the care and support people required. People had consistent care workers who stayed long enough to complete the care people required. People told us care workers

were friendly and caring and had the right skills to provide the care and support they required.

People's needs and preferences were met when care was provided, and people were supported to meet their individual dietary needs. People were encouraged to maintain good health and to access health care services as required.

People told us that staff respected their privacy and dignity, when providing personal care and support. People's care was tailored to meet their individual needs.

The provider's complaints policy and procedures were accessible to people who used the service and their representatives. People knew how to make a complaint, however people we spoke with had not needed to make any formal complaints.

Arrangements were in place to assess and monitor the quality of the service, so that actions could be taken to drive improvement. However, records of actions taken, were not always recorded which made it difficult to evidence what improvements had been made.

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 felt safe and staff understood their responsibilities to keep people safe and protect them from harm. Risks to people's health and welfare were assessed and actions to minimise risks were recorded and implemented. There were enough staff to support people and recruitment procedures were thorough to ensure the staff employed, were suitable to work with people. People were supported to take their medicines as prescribed.

Is the service effective?

Good

The service was effective.

Staff felt they received the relevant training to equip them to meet people's needs. The provider and staff were aware of how to protect the rights of people who needed support to make decisions. People were supported to eat and drink enough to maintain their health and wellbeing. Staff monitored people's health to ensure any changing health needs were met and sought support from other healthcare professionals when required.

Is the service caring?

Good

The service was caring.

People were supported by staff, who were kind and caring. People's privacy, dignity and independence was respected and promoted. People and relatives were involved in making decisions about their care and support.

Is the service responsive?

Good

The service was responsive.

People were involved in planning their care and care plans provided staff with the information they needed to support people. People were confident that any concerns they raised would be listened to and had confidence action would be taken.

Is the service well-led?

Requires Improvement

The service was not always well led.

People were supported to share their opinion about the quality of the service to enable the provider to identify where improvements were needed. Systems were not always effective to monitor staff training and demonstrate what improvements had been made when feedback was received.

VictoriaDomCare

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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 21 July 2016 and 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. The inspection was carried out by one inspector.

Before the inspection visit, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. As part of our planning we reviewed the information in the PIR and found the PIR reflected the service provided. We reviewed the information we held about the service, which included statutory notifications. These notifications are changes, events or incidents that the registered provider must inform CQC about.

We contacted the local authority commissioners to find out their views of the service provided. These are people who contract care and support services paid for by the local authority. They had no concerns about the service that we were not already aware of.

During our visit we spoke with the provider (who was the owner), the provider's wife (care manager) and a care co-ordinator. They all provided care and support to people on a regular basis. Following our inspection visit, we spoke with three care staff who sup[ported people. Following our inspection visit, we contacted people who used the service by telephone. We spoke with three people and a relative of a person who used the service, to obtain their experiences of the service they received.

We reviewed three people's care plans to see how their care and support was planned and delivered. We checked whether staff had been recruited safely and were trained to deliver the care and support people required. We looked at other records related to people's care and how the service operated including the service's quality assurance audits and records of complaints.

Good

Is the service safe?

Our findings

People we spoke with said they felt safe when care staff visited them and people told us they did not feel uncomfortable, when supported in their own homes. One relative told us, "My wife does not know much (due to their limited capacity), I am very satisfied. I have no worries when they visit." One person explained to us what made them feel safe and said, "I always know someone is coming. I have bad days. I have to stay in bed, knowing someone visits me makes me feel reassured." One person told us they usually let care staff in to their home for each call, but said they had safe systems in place if they were too unwell to do this. They said, "I feel safe living at home. I open the door, but there is a key safe outside in case of emergency. (Staff member) knocks the door, then I am not startled then when they come in (if I am unable to let them in myself)."

The provider and care staff understood their responsibilities to keep people safe and protect them from harm. Care staff had a good understanding of what constituted abusive behaviour and their responsibilities to report this to the managers. One care staff member told us, "If I had a concern I would record it, report it to the owner and if it was the owner, I would report it to the police and safeguarding." Another care staff member said they would look out for, "Signs of neglect. If other family members were not taking responsibility for their care, it's something to look out for. Physical – look for marks….unexplained bruising, write it down and tell the office. I would ring safeguarding – not let it go as I know they are the people who would help."

We found staff had not completed safeguarding training, however from speaking with them we were satisfied they knew what to do and how to report any allegations of poor practice. The owner assured us they would arrange safeguarding training for staff as a priority. In the meantime, they told us they would discuss with staff, what their responsibilities were and how to safeguard people. Speaking with the provider it was evident they knew what safeguarding was and they knew what action they would take, to keep people safe and protected.

There was a procedure to identify and manage risks associated with people's care, such as risks in the home or risks to the person. Care staff knew about the risks associated with people's care and how these were to be managed. They had completed training in moving and handling people, as well as using hoists, when mobilising people. At the time of our inspection visit, some people required equipment to help them move. We spoke with a relative of a person who required specialist equipment and asked them, if their family member felt safe, when being transferred by staff. This relative said, "[Person] needs moving, two staff help her move safely, and it's always done by two (staff) for the hoist." They said, "Staff know how to use it, there have been no injuries." This relative said they were confident staff moved their family member safely.

People told us care staff arrived around the time expected and stayed long enough to do everything that was required before they left. People told us they usually had the same care staff who provided their care. Comments included, "We get the same staff and another good thing about them, they come-on time. If late, they explain" and "They are rarely late, you know who you are getting."

The provider confirmed there were enough care staff to allocate all the calls people required. People confirmed that none of their expected calls had been missed. The provider had an emergency number people could call, when the office was closed. One relative said, "Yes, I would get in touch with the owner. If I had an emergency, I have their mobile numbers." Care staff said they had each other's mobile telephone numbers so they could contact each other for information, plus those of the provider and management. Care staff told us this reassured them that support was available if they needed advice or support in an emergency. .

Recruitment procedures made sure, as far as possible, care staff were safe to work with people who used the service. All staff had a Disclosure and Barring Service (DBS) and reference checks before they started working with people. The DBS assists employers by checking people's backgrounds to prevent unsuitable people from working with people who use services. Care staff and the provider confirmed, they could not work in people's homes until their disclosure and barring certificates had been returned. Records confirmed necessary employment checks were completed before they started work.

We looked at how medicines were managed by the service. People we spoke with usually administered their own medicines or their relatives helped them with this. The provider told us most people required reminding to take their medicines and only a limited number needed assistance to take their medicines. Care staff said if people needed help they would assist them, usually taking medicines out of the packet and prompting them. Information about how care staff supported people with their medicines was clearly recorded in their care plan and care staff told us how they ensured people received their medicines safely. Some people who used the agency took insulin to manage their diabetes. Those people who took this type of medicines told us they were able to administer these injections themselves or had a family member who could help when needed. Staff told us, and records confirmed they had received training to administer medicines safely and had been assessed as competent before they administered medicines to people. The provider continued to check care staff were competent, when they supported people with their medicines on care calls.

Care staff recorded in people's records that medicines had been given and signed a medicine administration record (MAR) sheet to confirm this. MARs were checked by the provider when they undertook visits during spot checks for any missing signatures or errors. MARs were returned to the office every month for auditing. These procedures made sure people were given their medicines safely and as prescribed.

Good

Is the service effective?

Our findings

We asked people and their relatives if they thought care staff had received the training needed to meet their needs. People said staff were well trained and knew how to provide the care and support they needed. A relative said staff were, "Very good, best one I have ever had. It's the people they employ." They told us all staff were very supportive and knew how to support their family member. They explained, "The last agency, only 1 in 5 staff were any good. Here, we all understand each other."

Care staff told us they felt confident to effectively support people as they had completed an induction and training when they started working at Victoria DomCare. They told us they felt the training they received meant they had the right skills to support the people they cared for.

Records confirmed that care staff completed a range of training during their induction to provide effective care to people. This included training in supporting people to move safely, moving people using a hoist, first aid, food hygiene and medicine administration. We found the provider had not trained care staff in safeguarding or the Mental Capacity Act. The care manager told us part of their role was the management of the office and staff. They said they were in the process of ensuring all staff training was completed in line with the Care Certificate, so any training gaps would be addressed in future. The Care Certificate sets the standard for the fundamental skills and knowledge expected from staff working in a care environment. Following our visit, the provider told us they had taken steps to raise awareness by discussing MCA with all the staff, whilst they looked at arranging formal training sessions. The provider told us they had spoken with care staff about the Mental Capacity Act to advise them of their roles and responsibilities when supporting people.

Care staff told us they received regular supervision meetings and checks on their practice. Care staff said because they were a small agency, they regularly worked closely with the provider and management when completing people's care calls. The provider undertook regular observations to assess staff's performance in people's homes to ensure they put their learning into practice. One care staff member said they did not mind having spot checks. They said, "I have them quite often, that's fine. They are un-notified. That's the best way to do it, saves you putting on an act. They (provider) see you for what you are."

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. Where people lack mental capacity to take particular decisions, any decisions made must be in their best interests and in the least restrictive way 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. The application procedures for this are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the agency was working within the principles of the MCA. The provider understood their responsibilities under the Act. They told us there was no one using the service at the time of our inspection that lacked capacity to make their own decisions about how they lived their daily lives. We were told some people did lack capacity to make certain complex decisions, for example how they managed their finances. The provider told us everyone they supported, had

somebody who could support them to make these decisions in their best interest, for example a relative.

Care staff told us they had not completed training in MCA, but speaking with them we found they understood the importance of seeking people's consent before any care provision was given. We asked care staff what the MCA meant to them. One care staff member said, "I don't just do it. That's wrong. I let them take the lead. If I have to do things that invade personal space, I ask. I say, do you mind. I want them to trust me. It's not a bull in a china shop approach." Care staff said everyone they supported could make everyday decisions for themselves. People told us care staff asked for their consent before they provided any care.

No one we spoke with relied on care staff to provide all their food and drink. People either prepared their own food or had relatives that did this for them. Some people said care workers made their breakfast and made them a drink before they left. One person using the service at the time of our inspection had a 'special' diet. Care staff we spoke with understood that this person's special diet was to control and manage their diabetes. Staff made sure this person's diet was low or no sugar which helped ensure the person's health and wellbeing was maintained.

Care staff explained to us the importance of ensuring people remained nourished and hydrated. They recognised hot weather could have a negative impact on people's health. Care staff told us they explained to people why it was important to keep hydrated. They told us they us they encouraged people to consume additional liquids and always made sure people, especially those in bed, had enough fluids available between care calls. One care staff member said they always left two jugs of iced water by the person's bed side which lasted until the next care call.

Most of the people using the service managed their own healthcare or had relatives that supported them with this. Care staff said they would phone a GP if the person was unwell but said family would usually do this. The provider told us in some cases they had contacted the GP, social services or other healthcare professionals if they thought people needed additional support. One person we spoke with who did not have any family members praised the prompt action the agency took when they required urgent assistance. They said, "They are very good, I called them in emergency. She (care manager) saved my life. I was very ill and she got the GP out. I was in the hospital within one hour."

Good

Is the service caring?

Our findings

All the people using the service and a relative we spoke with told us all staff were caring. One person said, "Yes, always asks what I need. Another person told us, "(Care staff name) makes my bed. I give (care staff name) 10 out of 10. They are so caring." A relative said they could tell staff cared about their relation because, "It's their attitude. They tell (relative) to take her cardigan off, due to the heat. They were right, they do what makes sense and whatever I ask, they do. They do what we need."

Care staff had a good understanding of people's needs and were able to tell us how they cared for people in a dignified way. They were able to describe to us how they would respect people's privacy and dignity when providing personal care to people. Staff told us they ensured doors were closed when people were using the bathroom and covering people up whilst assisting with personal care. Care staff said all personal care was provided discreetly, and away from other family members who continued to live in the home. This demonstrated staff treated people in a dignified way and respected their privacy and dignity.

People told us they had consistent care staff who they were able to build relationships with and who knew their likes and preferences. A relative explained to us care staff understood their relative, even though they had very limited communication. They said, "They like her, I can tell. They talk to her... my (relative) is not too responsive." They told us staff always involved them and talked with them, whenever they provide care and support, even though they may not be understood. One person said they preferred the support of one particular care staff member and the provider ensured this happened. They said because they had the same care staff member, they felt better supported and more involved.

People said care staff took their time and never rushed. Care staff said they were allocated sufficient time to carry out their calls and travel time was kept to a minimum. This reduced the potential risk of late or missed calls.

The information sent to us by the provider before our inspection visit, confirmed the provider's aim was to support people to be as independent as possible, retaining control over their lives and daily decisions. Care staff understood the importance of promoting people's independence, such as enabling them to maintain or develop activities of daily living such as carrying out personal care tasks or making meals. A member of care staff explained how they promoted independence, whilst balancing this against risk and reducing people's involvement. They said "I support independence I don't want to take over. I'm always observing, anything they do, I see, I will analyse." They gave us an example where they felt they had to persuade this person because of an unsafe practice. They said, "One person has been carrying a hot metal kettle to the bathroom. [Person] had no hot water which was their choice. I have explained how dangerous it is. I now do it for them. I don't want to boss her about, she needs to be comfortable." They explained further saying, once the person had the hot water, they encouraged them to wash themselves as much possible to retain that level of independence.

Care plans had been developed with the involvement of people using the service or their representative. We saw people had signed their care record where able, that supported their agreement for the care they

received. People were provided with information about the service which was kept in their home. This included contact details for the service and policies and procedures such as how to make a complaint.

Care workers understood the importance of maintaining people's confidentiality. Care workers told us they would not speak with people about others, and ensured any information they held about people was kept safe and secure.

Good

Is the service responsive?

Our findings

People told us they had an assessment completed by the provider to discuss what support they needed and were provided with a care plan when the service started. The provider told us they completed the assessments before care was provided, and, if they had identified a person or a health condition they could not manage, they would consider not taking on the care package. The provider said they wanted to be confident they could meet people's needs, and staff had the knowledge to support people's needs. The provider said they had staff who had the right skill mix and experience to be able to respond to people's needs.

The provider told us in the PIR, "We recognise the fact that service user's needs change and we adjust our care accordingly. These needs may include an increase in the care we currently provide or it may be that the service users, the family or social services feel that we need to make changes as the service user is now more Independent. We meet with the service user and discuss the current care package and make, if possible, adjustments if the service user wants them." People told us they were involved in their care decisions and if any changes were made, they or their family members were involved.

People told us the service was flexible and responsive to requests about their care. People told us if they wanted to add or cancel a care call that was not a problem. Some people said sometimes they had appointments at short notice, so were able to reschedule their care calls to more convenient times which showed them, the service was responsive to their needs.

Care staff we spoke with had good understanding of people's care and support needs. We were told, "We have time to read care plans and to talk with people. There are care plans, I follow them. They tell us exactly what to do." Another care staff member said the, "Quality of care plans are very detailed."

Care staff said when they provided support to people for the first time, they had enough information to be able to provide the care people needed and had a handover, before any care was provided. One care staff member explained, "I get a phone call, we meet and get introduced. Care plans are completed and I am told by the provider what to do and I go in with a supervisor. The provider will introduce me. I am always open…I let people tell me (what they want) and if it's different, I will question it."

We looked at three people's care records. Care plans provided care workers with information about the person's personal history, their individual preferences and how they wanted to receive their care and support. Care workers completed a record of the care and support provided at the end of each call. People we spoke with said care workers completed everything that was recorded in their care plan. Comments included, "They do what I need. They fill the book in every day and I am involved in what they do."

Most of the care plans we saw were detailed and provided staff with the information they needed to know to provide the individual care people required. One care plan we saw was detailed, but required additional information around the person's nutrition needs and their behaviours that might challenge staff to ensure staff provided consistent care. For example, one care plan we looked at was for a person who had a specific

health condition. Their care plan recorded they needed a special diet, however there was limited information to inform staff, what this meant. This person also had some behaviours that could be challenging. There was limited information for staff to inform them about what may trigger this person to become anxious and have behaviours that challenged and, what action staff needed to take to keep them and others safe. Speaking with staff showed us they managed this person well, but the provider agreed to update the care plan to ensure consistency in the care this person received. We spoke with the provider after our inspection visit and they told us this had been completed.

We looked at how complaints were managed by the provider. People said they would raise any concerns with the provider and knew who to contact if they had concerns. No one we spoke with had made a complaint about the service. There had been no formal complaints received about the service. The provider said this was because they continually supported people on care calls, so people had the opportunity to raise any concerns. The provider said if they had received minor concerns, these had been addressed before they had become formal complaints.

Requires Improvement

Is the service well-led?

Our findings

People told us they were pleased with the service they received. Comments from people included, "Very good, best one I have ever had" and "Very nice, they turn up on time and have never missed calls." People knew how to contact the office if they were unhappy about anything. One person said, "I would get in touch with the owner if I had an emergency…I have their mobile numbers."

Care staff understood their roles and responsibilities and what was expected of them. All of the care staff told us they felt well supported by the provider and if they ever needed to contact them, this was never a problem. Care staff said they had regular staff meetings and supervision meetings to make sure they understood their role and spot checks to make sure they put this into practice safely. They knew who to report concerns to and what actions. Care staff were confident about reporting any concerns or poor practice to the provider and knew action would be taken.

All of the care staff we spoke with were proud working for Victoria DomCare and that it was well managed. None of the care staff could think of anything that could be improved with the service people received. Care staff said the overall communication from the office was managed well, clear and they felt they were kept up to date about changes in peoples care and changes in policies. Staff enjoyed the work they did and described to us what it meant to them working within the care sector. One care staff member said, "It's important, I always watch them, see their reactions. I ask them, how things feel and how can I do it better. This philosophy was shared by the provider. They managed the service but also provided care to people on a daily basis. They said this helped them to know what people thought of the service provided and helped them improve and make changes where required.

The provider used a range of quality checks to make sure the service was meeting people's needs. This included asking people for their opinions of the service through spot checks on care workers, routine calls, telephone calls, care plan reviews and satisfaction surveys. We looked at a sample of returned surveys sent to people and found responses and comments were positive about the service.

However, we found some systems of audits were not effective and required further improvement. For example, training records or evidence staff had received some essential training were not available, so it was difficult to determine what training staff received and when refresher training was required. Speaking with the provider, care manager and staff we found staff had not received training in safeguarding vulnerable people or the Mental Capacity Act. The provider agreed to arrange this training as soon as possible. The provider told us they completed spot checks on staff to assure themselves staff were supporting people effectively and putting their training and knowledge into practice. We asked to see evidence that supported these checks were made. We were not given any records, however the provider agreed to record these checks in future.

The system of care plan reviews required additional work to ensure it remained effective. Care plans were reviewed but there was limited evidence what had been checked, reviewed and how staff were informed of those changes. The care manager and the care co-ordinator who managed the day to day management

were responsible for recording what had been checked. The care manager told us, "I know I need to record what we do, my records are not good enough." We spoke with the care co-ordinator who told us they checked the MARs. We asked them for evidence of the checks and what, if any issues, had been found. They told us on occasions there were missing signatures and they had spoken with staff to remind them what to do. We asked for the records to show this and we were told, "I haven't recorded them." The provider acknowledged improvements were required and they told us they were committed to ensure improvements in how they audited and checked records were completed in future. This would help demonstrate the provider took necessary action when improvements were identified to improve the quality of service people received.

The provider met some of the requirements of the regulations such as understanding their legal responsibility for submitting statutory notifications to the CQC, such as incidents that affected the service or people. The provider submitted their PIR before the required deadline and we found what they said, was a true reflection of what we found. However, at the time of this inspection, the service was operating from the registered provider's address, not from the location address shown above. The provider's application to change the location address was sent to us after our 2013 inspection, however it was incorrect and subsequent applications were not completed. We asked the provider why they had not returned them and they said there had been a misunderstanding. We discussed the potential issues this may cause. Following this inspection, they told us they had submitted an application to change their address as they wanted to relocate to new premises as soon as their registration application was completed.