

Versacare Limited

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Inspection report

2 Church Path
Coulsdon
CR5 1HA
Tel: 0800 0087661

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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

Versacare Limited are a specialist 24 hour Live-in Care Provider. The service provides care workers to enable people who require full-time 24 hour support remain in their own home. The live-in care service is delivered nationwide, with teams of field supervisors based in each region. People using the service range from young adults to the elderly, people with learning or physical disabilities and those with mental health or psychological issues.

We last inspected Versacare Limited in July 2014. At that inspection we found the service was meeting all the regulations that we assessed.

There was a registered manager in post at the time of our inspection, but they were not present during the

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 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.

People felt safe because the service protected them from avoidable harm and potential abuse, and minimised risks. The service did this consistently so that people felt

Summary of findings

safe in the home setting. People using the service told us that they felt safe having live in care workers, “It is reassuring having someone stay here in my home with me overnight.”

Staffing levels were consistently good, and regular care workers were assigned to cover the live in care worker role to the same people. Staff had time to develop positive and meaningful relationships with people which ensured they were more likely to recognise the signs if individuals were feeling unsafe.

The agency employed suitably trained and skilled care staff to meet people’s needs. The agency had robust recruitment procedures in place. These ensured that people who used the service could be confident staff were suitable and appropriately vetted for the work they undertook.

The service consistently promoted safe practice around medicines and infection control procedures. Staff were provided with protective clothing which they wore.

The care agency helped people to live their lives in the way they choose and to be as independent as possible, this promoted their well-being. For the majority of people with a live in care worker the option to remain their own home independently became a reality.

Staff understood the requirements of the Mental Capacity Act (MCA) 2005 and could describe how they supported people to make decisions about their care and support. Staff told us they always asked the person first what they would like them to do, and did not make decisions for people.

The service had developed good links with health and social care professionals, who reported that the care staff actively promoted people to maintain good health by good monitoring and management of people’s nutrition and hydration.

The provider promoted a person centre care service. Staff relationships with people they supported were strong, caring and supportive. Staff told of feeling motivated and inspired to give care that was kind and compassionate. They displayed a determination to help people overcome obstacles to achieving this.

The service was well run, it sought ways to continually review their practice via the quality assurance process, and introduced ways to improve the service, and the care and support people received. People said they were impressed at how they ran the business, “They clearly answer your question about what they can and cannot offer and you get what they tell you.”

The service was flexible and responsive to people’s needs, The service had developed appropriate systems to make sure people’s wishes in relation to healthcare interventions, were respected at the end of their lives. Staff understood and recognised how to respond to people’s cultural diversity, values and beliefs, and how these influence individual decisions on how they want to receive care, treatment and support.

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?

The service was safe. Staff followed safeguarding procedures; they understood their responsibilities in keeping people safe.

Risks to people's safety were identified, the management team had discussed ways with people to minimise risks, and developed with them appropriate plans that promoted their safety and the safety of staff. The service operated protocols to make sure medicines were safely managed.

The agency followed robust recruitment procedures to ensure that only suitably vetted staff were employed.

Good



Is the service effective?

The service was effective. People found that staff had the skills and qualities required. The agency's induction procedures had been reviewed and updated in accordance with the requirements of the Care Certificate. The service provides support and supervision for staff that enabled them do their job effectively.

Staff informed us they were able to carry out their duties as their assignments were well planned in advance. They found they received essential information, were introduced to the person when possible, supplied with information such as the preferred routines and were routinely assigned to the same person to enable continuity of care.

Staff received training and were aware of the Mental Capacity Act 2005 and issues relating to personal choice and best interest decisions.

Good



Is the service caring?

The service was caring. People and family members were impressed by the caring qualities of the live in care staff. Staff communicated effectively with people using the service, no matter how complex people's needs were. They developed trusting relationships, and understood and respected confidentiality.

The service had appropriate systems to ensure people's wishes in relation to healthcare interventions were respected at the end of their lives.

When people were nearing the end of their life they receive compassionate and supportive care.

Good



Is the service responsive?

The service was responsive. People found they received a reliable service, from a consistent team of experienced and skilled live in carers. People felt their views were listened to and any concerns raised were responded to appropriately.

Should a carer not have the knowledge and understanding of a condition this was addressed through suitable training and support. The service was flexible and responsive to people's needs, and found ways to enable people to live as full a life as possible.

Good



Summary of findings

Is the service well-led?

The service was well-led. People and their relatives found their views mattered to the service, they experienced clear and effective communication.

The service was well run and continually used feedback from people to make improvements to the service. The management team had developed and sustained the reputation of a positive culture in the service. They encouraged staff and people using the service to raise issues of concern with them which they acted upon.

Good



Versacare Limited

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Before the inspection we looked at all the information we had about the service. This information included the statutory notifications that the provider had sent to CQC. A notification is information about important events which the service is required to send us by.

The first day of the inspection to the agency office took place on 13 July 2015 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service; we needed to be sure that someone in charge would be available.

The inspection was carried out by one inspector and an expert by experience who carried out telephone interviews

of people who used the service. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. We were able to speak with 15 people who used the service and 11 relatives so we could get their views about the agency.

On the day one of our inspection visit we focused on speaking with five office based staff. They included the manager in day to day charge, and staff who coordinated the service. We spoke with three care workers at the office, and 12 care workers after the visit. Two of the care staff were newly appointed and were participating in their induction training. We observed a training session in progress. We examined care records for six people, personnel records for ten care workers. We reviewed records relating to the running of the service. Following the inspection visit we contacted four health and social care professionals and two commissioners who had involvement with the service. They shared with us their experiences of using this service. At the time of the inspection there were 232 care staff employed, there were 200 people receiving the service.

Is the service safe?

Our findings

People using the service told us that they felt safe having someone staying overnight.

Comments included, “It is reassuring having someone here with me it is not easy having someone else in your house but at night it is good having someone here. It cannot be easy for the carer living in someone else’s home.”, “Yes I do feel safe. They are very helpful. It has helped me tremendously always having someone here; having someone living with me enables me to live at home. I feel safe now.”, “Couldn’t manage without them. Reassuring, I would be in bed all the time or in a home if I didn’t have someone with me all the time.”

Relative’s comments included, “Very safe. My son wants to live independently so needs someone there all the time. There have never been any problems.” “ I am very pleased with the carers I never see my family members distressed or upset whilst they were here, the carers have helped us immensely we couldn’t have coped emotionally or physically.” Another person told us, “It was a bit difficult having someone in the house 24hrs a day. However, I have found it beneficial and supportive to have someone with me to help care for my husband.”

Staff told us about the specific training received at Versacare to prepare them for their role of working in locations nationally. In discussions staff had a clear understanding of abuse, what to look for and how to deal with it. Their knowledge showed that staff knew how to keep people safe from harm. The manager informed us of occasions when vigilant staff had identified concerns in people’s homes such as domestic abuse/neglect. There was evidence they had taken appropriate action promptly to safeguard the person. We found the manager and office based staff (coordinators) had a good understanding of their responsibilities to identify and report potential abuse under local safeguarding procedures.

Care coordinators and office based staff were able to explain about how they managed risks. They were confident the initial assessments identified any risk associated with providing the care in the person’s home. A care coordinator told us assessments were always completed before a service started. The care records we reviewed confirmed these procedures were followed, and included copies of the risk assessments. These protocols

helped minimise the risks to the person and to staff providing the service. We saw that on-going spot checks and reviews identified any further changes to needs or risks that took place. We saw evidence that provision was made to manage these risks appropriately. Some risks related to level of dementia, falls, reduced mobility, cognitive impairment. Records of staff skills and competencies were used to plan care workers schedule, these showed that only suitably skilled and trained staff were assigned to support people.

The assessments highlighted the environmental risks presented in the person’s home, and the safety of staff was considered paramount when placing them in the person’s home. When it was identified that risks were present there was guidance on staff actions that were needed to reduce the risk. For example, we saw in a person’s care a risk assessment had highlighted that two staff members were required to move the person safely and equipment was needed for this. We saw that a hoist was provided and that additional staff were assigned to attend at the person’s home four times a day to assist the live in carer, this helped reduce the risk of injury to staff. The care records showed these issues were discussed with the person and their family. We saw too that when staff completed the environmental risk assessment they paid particular attention to security and fire risks. The manager told us the assessor requested from the home owner the installation of smoke alarms if these were not present. Care workers told us they were provided with protective clothing which they used in accordance with infection control measures.

People told us of experiencing consistency with the staff supplied, the service arranged for the same care worker to cover the live in care worker role for two to three weeks and then to have a week off. Regular staff covered the permanent care workers week off. People told us this worked well, and as the staff team was small if someone was off on holiday they would usually know the staff member. There were no reports of missed calls. The agency employed sufficient numbers of staff to provide the live in care service, with sufficient numbers of staff available to cover unexpected absences. The manager provided a list of care workers currently employed, there were 232 care workers engaged by the service which was sufficient to meet the needs of the 200 people receiving the care service.

Is the service safe?

We reviewed recruitment procedures and found these were robust. We met with two recently recruited care workers who were on the induction training programme. They told us that before they worked for the service they had to complete an application form together with obtaining references and also checks with the Disclosure and Barring Service (DBS). The DBS is a national agency that keeps records of criminal convictions. The manager had recently appointed a human resource manager to oversee staff recruitment and compliance with legislation. All the care workers had face to face interviews; records were maintained of the outcome of interviews. We examined pre-employment records for 10 members of staff. The records showed that vetting procedures were robust. This ensured that people who used the service could be confident staff were suitable and appropriately vetted for the work they undertook.

Staff had undertaken training in the management of medicines and were aware of their responsibilities in this

area including what they should and should not do when supporting people or prompting people with their medicines. Staff said they found the training had made them feel more confident when supporting people with their medicines. Records showed all staff had received training to administer medicines, and were assessed as competent to do this. Staff we spoke with had good knowledge of the medicines that people they visited were taking. People told us they were satisfied with the way their medicines were managed, they told where possible they were enabled to take their medicines rather than have it administered, but this information was detailed in care plans. One person told us, "Staff prompt me to take my medicines, and I remain in control but staff will always check I am following the medicine regime." A field supervisor undertook spot checks at the person's home, during which they also reviewed the medication administration records and carried out medicine audits.

Is the service effective?

Our findings

People found the service supplied them with well-trained care staff who helped them achieve positive outcomes. People told us staff who cared for them understood their needs and circumstances and had the right skills needed to support them. Comments included, “I find the service good, and I like the attitude of the carers.” “The care workers seem to know what to do and are obviously well trained.”

The service could demonstrate how it endeavoured to match the care worker’s abilities and skills, strengths and personality traits to the requirements of each individual “client,” and recorded on a spread sheet the skills and experiences of staff. Feedback from people was that staff delivered an effective service. A relative said, “The agency tries to match people so that the relationship works. We usually know who is coming and they generally shadow the outgoing carer for one hour before they leave.”

People told us that they felt the staff were well trained and knowledgeable. One relative told us, “They look after mum impeccably. She [the care worker] seems to be able to get mum to do things which she would normally have refused to do. The carer has a great understanding of how to look after people with dementia. I couldn’t sing her praises well enough.” Another relative told us, “The staff are very well trained. When the hoist was installed the area manager came and went through how to operate it with the carer.”

We reviewed the care records; we saw that a live in care worker assisted a person to support their spouse who had advancing dementia. The care staff assigned was trained and had extensive experience in caring for people with dementia. The person with advancing dementia was able to remain at home with all their family around them. A recent review reported the person was progressing well, and the main carer relative felt supported in their role. A social worker told us of the many examples seen of people being able to lead their lives in a way they chose due to the presence of live in care workers from Versacare Limited. For example, a decision was made by an older person living in a residential setting to leave the care home and return to their own house. They chose to engage a live in carer worker from Versacare Limited to help them stay independent in their own home, and this had contributed to positive outcomes for them.

Care workers were skilled and experienced in working with people who had a variety of needs. Two of the care workers we spoke with told us of their roles in supporting people with learning difficulties and autism to live in their own homes. They told us of enjoying the work because they could empower people to have a more fulfilling life. They described the training and job satisfaction that attracted them to this role. One staff member said, “I particularly like supporting younger people disadvantaged by disabilities to engage in educational and leisure activities.” A housing manager who helped people to purchase this service described the regular live in care workers as “excellent” and “totally reliable.”

People told us care workers understood how to support them. One person said, “I am very happy with my live in carers. They are well trained and have good attitudes.” A relative told us, “Staff appear well trained and meet my son’s needs. He needed a driver to take him to his work and hospital appointments. He is very outgoing and has a very active social life and they help him in every respect.” We saw from the service’s training records that staff had been provided with appropriated training in mandatory areas, including; manual handling, safeguarding adults, medication administration, end of life care, communication, dementia awareness and food hygiene. Staff training needs were managed well by the training manager. One staff member told us, “There are good training opportunities; I am completing my New Care Certificate.” The manager confirmed there was a workforce development plan to encourage staff to develop and promote good practice. The provider had made arrangements to ensure all new care staff completed their induction in accordance with the Care Certificate framework.

Staff told us they received regular supervision recently and had annual appraisals, records confirmed this had improved. The service has recruited more field supervisors/managers who were based in specific regions. This has helped management to undertake more frequent spot checks, supervision and support to care workers. Staff had unannounced spot checks which included direct observation of practice, presentation and hand hygiene. If any significant issues or shortfalls were identified these were reported to managers, appropriate additional training and supervision was provided. Care workers told us

Is the service effective?

supervisors and management staff were on call over a twenty four hour period and could be contacted for help and advice, and had no problems accessing help and advice when they needed it.

People were fully informed what services the agency offered and agreed a contract with the service. One person said, "The contract was explained to us, when the carer first came the coordinator came with them to introduce us and help them settle in. They also phoned the next day and spoke to the carer and me to see how everything was going." This was the experience for most people using the service, namely that the care worker was introduced to the person at the beginning of the contract. A relative told us, "Quite impressed with the service from day 1. My wife and I had never done anything like this before so we made a list of questions for the area manager. When she came she covered all our questions, it was all very clear."

People told us that they had no problems getting support with their medical care, the agency considered these needs when completing assessments. One person told us, "My carer takes me to the doctor's surgery regularly every three weeks. She is good at making sure that I keep my appointments and take my medicine." One relative told us, "We decided visits to the doctor were not going to be part of the care package. I like to take our relative for check-ups, something I have always done." People's care plans included information for staff on the support people required in relation to food and drinks. One care plan

recorded, "Please ask [the person] what they would like for their meal and to drink, then make sure you support them to eat their meals." Daily care records included details of the food and drinks people were given by the care worker.

Staff understood the requirements of the Mental Capacity Act (MCA) 2005 and described how they always judged that people were able to make decisions about their care and support. The MCA provides a legal framework for acting and making decisions on behalf of individuals who lack the mental capacity to make particular decisions for themselves. Staff told us they always asked the person first what they would like them to do, and did not make decisions for people. The manager told of processes used to ensure decisions, taken on behalf of someone who did not have capacity, were made in their best interest. This included involving the person's families and health professionals in the decisions. Staff were able to describe how they explained to people what they were about to do, and checked the person was happy before proceeding.

People told us that they had a good balanced diet and were able to choose what they wanted to eat with the care worker; they also shared meals in their home. One person told us, "We decide together what we are going to eat. She is a very good cook, she did a meat casserole with potatoes on top and she makes a pancake dish with bacon in it all very nice. I have always got plenty of drinks to stop me from getting dehydrated." Another person told us, "I like my carer. She is a good cook. She does me salads. We are now growing tomatoes in the greenhouse, and she is my friend."

Is the service caring?

Our findings

People spoke positively of the caring and sympathetic care staff. One person told us, “The carers act appropriately and speak to me nicely. When I let things get on top of me, they have a good calming effect on me. When I want privacy, they leave me alone.”

Relative told us the approach of the live in carers was good. We received a number of comments noting the outcomes experienced by people. One relative told us, “Mum’s physical health has improved; she is always well dressed, and generally well cared for. We have not had the need to call the doctor out since we got the live in carers.” “Mum and the carer seem to have some genuine affection for each other, mum seems as happy as can be.”

We found the same staff regularly supported people and were able to develop effective caring relationships with those they supported. Care staff received an induction initially on taking up employment, this included codes of conduct expected and boundaries when working in someone’s home. The provider recognised that on occasions relationships could and did break down between the person using the service and the care worker. The manager acknowledged situations could become stressful, and in such cases a change of care worker was required promptly to prevent deterioration in relationships. People and their relatives told us; “I have the same care workers mainly all the time, unless they are away for a period of time”, “Staff need their breaks also as it can be demanding if your night is constantly disturbed.”

The training programme included topics on promoting dignity and respect, and staff were able to tell us how they included this in their work with people. During discussions staff spoke warmly and showed concern about people they supported. One care worker said, “I enjoy what I do and do it with my whole heart, I like to think I look after the person as well as I would my relative.” People and family members were impressed by the caring qualities of the care staff. A family member told us, “The carer encourages and takes my relative to the local lunch clubs so she still enjoys the company of her old friends.”

The service had a strong person centred culture, people spoke “of the tailored individualised care packages delivered by the care agency that worked well for them.” We saw that there was there is a commitment to working in

partnership with people in imaginative ways, which meant people feel consulted, empowered, listened to and valued. We saw a number of examples of how staff and management displayed their commitment to this approach. One elderly person expressed their desire to return to their home from a residential setting, their social worker told us the person was happy back in their home and had live in carers from Versacare. Most recently the manager worked together with a young adult and their family members. This time was spent on helping the person achieve their goals and dream of moved into their own home for the first time. We saw the provider, considered the communication needs of the person and arranged the most suitably matched carers to have the specific training, and become acquainted with the person over a period of time before the transition began.

People told us the carers ensured that they were supported to continue with their cultural, social and faith needs. One person told us “The carer takes me out in my wheelchair to church and the coffee mornings at the local community centre where my friends go”. Another person said, “Twice a week we go to the day care place in town by car. The carers are interested in helping me to get out. The coffee shop is my second home. We often go there.”

People told us they got the care and support they needed and their independence was promoted. One relative said, “The support my family member has been given is good. It has given him a lot more independence.” The live in carer helped people continue to enjoy hobbies and interests. A person told us, “The carer definitely listens to my elderly relative. She loves to see her squirrels and foxes and the carer now goes outside and feeds them for her.”

Staff respected people’s privacy and dignity when in their homes. The induction training included this subject, and the codes of behaviour expected of staff were set out in a staff handbook. Staff described the actions they took to ensure people’s privacy and dignity was respected. In discussions they acknowledged they were always the guest in the person’s home. One staff member said, “We must fulfil our duties, but we show respect and are helpful without being obtrusive.” Staff told us of the tasks they did to promote privacy such as help with dressing and grooming, closing curtains, windows and doors prior to providing personal care, and of other appropriate actions designed to protect a person’s dignity. People who used the service were asked about staff behaviour as part of the

Is the service caring?

agency's survey, and when supervisors did home checks. Information on respect and dignity was fed into the agency's quarterly newsletter to remind staff of their obligation. One person we spoke with said, "I did not take to the first live in carer they introduced to me, they did nothing wrong just personality, but I am very happy with my present care worker, we get on so well."

Staff received training on looking after people towards the end of their lives. We saw examples of when people had chosen to remain in their homes at the end of their life, and the service developed plans with the person or the relative where relevant, and recorded details of these decisions. This helped ensure that in the event of any necessary medical intervention this information was readily available to staff and other health care professionals.

Is the service responsive?

Our findings

People and their relatives told us the service was responsive and the agency endeavoured to respond promptly and appropriately to any change people experienced in their need.

Before a person received the service of a live in carer, the provider undertook a detailed assessment of their needs to determine what care and support was needed. The care records included a detailed care plan which described how staff should support them, and also showed the areas where people could do things for themselves to ensure their independence was maintained. People found the service was responsive to their requests and appreciated the speed in responding. People and their relatives told us their referral to the service was dealt with very quickly. One person told us, “We contacted Versacare and within a couple of days their area manager visited my relative in hospital. They discussed her care needs, and then discussed with her how she liked to do things and what she would like help with. It was very thorough.” Another relative told us, “We called the office and made a referral. We had a phone call the same day making an appointment for an assessment, brilliant.”

The care plans were informative and reflected each person’s likes and wishes. Additional information about the person’s life histories was discussed and recorded. This helped give staff a better understanding of the individual and provided staff with topics for conversation, and inform them about activities the person enjoyed. We saw that care records were kept under review and updated as changes arose. This included information on the level of support each

Individual generally required and details on how to support the person if they were feeling unwell, comforting them and calling in the GP or district nurse. We saw that the live in carer responded appropriately when a person was unwell during the night, providing milky drinks to help them back to sleep.

Daily records were completed and signed by staff at the end of each shift. The records included details of the care and support provided, any observed changes to the person’s care needs and records of food and drinks the person had consumed. The care records also described the support provided to attend events and appointments in

the community. Staff told us the care plans were generally accurate, one care worker said, “Care plans are kept up to date and the office keep the care worker informed, if there are last minute changes we are told by e mail or telephone.” We were told by the people who use the service and their relatives that the care plan was reviewed regularly. One person said, “Every three or four months the local manager comes and we go through my care plan and work out together who will do what.” A social worker told us, “The service is very much person centred and staff are accommodating, the service is totally flexible and tailored according to what the person wants and needs.”

We saw other evidence of how the provider worked closely with other organisations to deliver a seamless service. Care staff we talked with were aware of specialist dietary needs and worked together with local district nurses involved to promote the person’s health. For example staff ensured the meals were served at suitable times to a person with diabetes for the district nurse to administer their injection. We saw the efforts made by the manager to get things right for the person by planning for the unexpected, and when changes took place the provider attended frequent meetings with the care manager and family members to resolve any new challenges presented.

The service had a robust complaints system and communication records showed the service acknowledged and responded to the complainant promptly. The majority of people told us they knew how to make a complaint and would be happy to complain if it became necessary. People using the service and their relatives told us that Versacare provided them with a folder with contact numbers and names and encouraged them to contact them should there was an issue.

Where people had complained, they reported they were happy with the way their complaint had been dealt with, investigations undertaken, and how these were been resolved. A relative we spoke with said, “They listen and deal with the issue straight away and always keep you informed.” Another person told us, “Versacare asked us how everything was going with the carer. We told them we were quite happy with her but said that our relative was not happy; Versacare listened and arranged for a replacement carer. One year on I have no complaints.” A family member

Is the service responsive?

relative told us, “When the area manager does their spot checks we are told about one hour beforehand and invited along. We are asked what’s good about the service and any issues we may have.”

Is the service well-led?

Our findings

People told us that they were asked for feedback about the quality of service either by questionnaire or at reviews. One person told us, “I cannot think of any improvements I would like at the moment. It is a very competent service”. Another person said, “I told the manager I felt it is a very caring and friendly service.” A staff member who had worked for the agency for more than three years said the service attracted them as an employee as it was “well run”, and the training opportunities were good. Staff spoke of being supported in their work despite working in a dispersed workforce. One care worker described having regular contact with field supervisors and the managers, they said, “We are always in contact with management and never feel isolated because of our live in care worker role, there is always senior staff on call throughout the night.”

All the people we spoke with described the service as well-led. One relative told us, “I was impressed at how they run the business. They clearly answer your question about what they can and cannot offer and you get what they tell you. They appear to have excellent systems in place so the next carer can pick it up quickly.” Another relative told us, “It is well run a very professional service, with regular spot checks and they always kept me informed on any changes.”

Quality assurance processes were developed for the service and these were conducted annually. We saw that the feedback from quality surveys, reviews and spot checks was used to make any necessary changes and improvements. One person told us that they had noticed improvements and said, “I suggested more people in the office, and more field managers in the services as the services are spread out all over the country. They have done both. We now have more local managers, which is good.” Another person said, “At the minute I cannot think of anything they need to change.” A quarterly newsletter was published and provided to staff nationally. This was another method to inform staff and help with communication. These covered areas such as communication and confidentiality.

The registered manager was not present on the day of the inspection. We had discussions with the manager who was in day to day charge of running the service. They were supported in the office by a team of experienced care coordinators and administrators, as well as community based field supervisors. Care staff told us the

communication within the service had improved; two of the people we spoke with also noted this. At the agency office the manager had introduced daily handover meetings at the start of the day to discuss events and make sure all staff were kept informed on any changes to people’s needs. The manager sent all notifications to relevant parties in accordance with regulation, including to the CQC. Health and social care professionals told us office based staff attended meetings with other providers, and with relatives to make sure packages of care could be put in place promptly, and at frequent periods thereafter for reviews. The manager has also made changes to handover times in people’s homes to allow sufficient time for the live in care worker to share information at the change of shift. Morale among the care staff was high, people spoke of enjoying their careers being employed by the agency and felt rewarded for what they did. The agency has recently introduced monthly carer awards to recognise and honour those who have gone and beyond in their line of duties.

People and their relatives spoke favourably about their experience of using the service and the calibre of staff supplied. One person told us, “The service is very good, my carer is very good company and we sit and chat.” One relative said “The agency looks after their staff. The staff have been very professional. The office checks with the carers when they start to see if they are happy and all is going well. Mother is happy with them.” Other comments from relatives included: “I would recommend them in fact we have already recommended Versacare to a couple of friends who have been in the same situation as us with elderly relatives with dementia.”

People and their relative said that they had found the carers trustworthy. One person said “I definitely have no problem with them living here. I have to trust them if I want to live at home.” People told us they were confident with the staff and that the agency would act if there was a breakdown in the relationship. One relative told us “I have always trusted the carers we have had Versacare have a system in place which carers use to record any money they spend. Unannounced spot checks by area managers would hopefully mean that any shortfall would be found fairly quickly.”

One relative told us, “We work together with the carers. We live in a very rural area with limited transport and once the flight times for our main carer meant a gap before the next one could get here. That was no problem for us; my wife

Is the service well-led?

and I came over and covered. We were kept informed by the agency.” The view of people were that the agency had

an open and honest culture, and were willing to listen and “hear you out.” One person said of the occasional teething issues initially when they began using the service. but these were resolved to everyone's satisfaction