

Village Homecare Limited

Village Homecare

Inspection report

The Coach House
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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

Village Homecare Limited is a domiciliary care agency, providing personal care to people in their own homes. At the time of inspection, 43 people were using the service. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

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

Timely calls were not always in place to provide people with the personal care they needed. Quality assurance systems were in place to measure whether people were provided with a quality service, though needed more detail to ensure all relevant care provision was checked. The registered manager followed up these issues swiftly.

Safe recruitment practices were in place to ensure only suitable staff worked at the service.

Details of how to reduce risks to people's safety were included in people's care plans. Care plans reflected people's individual needs. Enough staff were employed to meet people's needs. People and relatives said safe care was provided, with people protected against abuse, neglect and discrimination.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People and their relatives were very satisfied with the personal care that staff provided. They said they were treated with respect and dignity and staff had a caring and friendly approach to them. They said they had very good relationships with staff. Staff respected people's privacy and encouraged them to maintain their independence and do as much for themselves as they wanted to.

People and relatives were aware of how to approach the registered manager to raise concerns or complaints. The registered manager understood their responsibilities and worked in an open and transparent way.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Why we inspected

The inspection was prompted by evidence we received that the service had improved since the last inspection. We have found evidence that the provider has made improvements.

The overall rating for the service has improved to good based on the findings of this inspection.

Rating at last inspection

This is the 4th inspection for the service. The last inspection was in June 2019 when the service was rated requires improvement. There was a breach of Regulation 13(2) Safeguarding service users from abuse and improper treatment, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well led.

Details are in our well led findings below.

Good ●

Village Homecare

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was carried out by 1 inspector.

Service and service type

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

Registered manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 2 days' notice of the inspection. This was because we needed to be sure that the registered manager would be in the office to support the inspection. We also gave time for the registered manager to send us inspection information, so we did not have to spend an extended amount of time in the office of the service.

Inspection activity started on 5 July 2023 and ended 6 July 2023. We visited the office location on 6 July 2023.

What we did before the inspection

We reviewed information we had received about the service and we sought feedback from the local authority.

During the inspection

We spoke with 5 people who used the service about their experience of the care provided and 4 relatives. We spoke with 3 care staff and the registered manager. We reviewed a range of records. This included 3 care records. We looked at 3 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were also reviewed.

After the inspection

We continued to seek clarification from the registered manager to validate evidence found, which was sent to us.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question requires improvement. The registered manager had not understood their responsibility to make a referral to the local authority and notify CQC. This placed people at risk of harm. This was a breach of Regulation 13(2) Safeguarding service users from abuse and improper treatment, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Improvements had been made and the provider was no longer in breach of regulation 13.

At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse: Learning lessons when things go wrong

- People were protected from the risk of abuse.
- People told us they felt very safe with staff from the service. One person said, "I feel very safe with all the staff who have helped me."
- Staff members demonstrated they understood how to safeguard people. They were confident the management would take action if they reported any concerns about people's safety.
- The registered manager was aware of how to report safeguarding concerns to the local authority safeguarding team.

Assessing risk, safety monitoring and management

- People were protected from risks to their health.
- Risk assessments covered the potential risks for people and for risks identified in people's homes. For example for assisting people to move and protecting their skin from sores. Some risk assessments did not fully detail what action staff should take to reduce risks to people. The registered manager followed up these issues and added this detail.
- Action taken helped to ensure that any risks to people's personal care and environment were identified, prevented and reduced.

Staffing and recruitment

- Sufficient staffing was always in place according to people and relatives. There were no missed calls reported. Two relatives said a number of calls had been untimely and call times changed from week to week. One relative said this had caused an issue for their family member who needed regular call times to eat. These issues were followed up by the registered manager.
- Recruitment systems protected people from receiving personal care from unsuitable staff members.
- Records showed evidence of good character and criminal records checks had been completed for staff before they began working at the service. Two references did not indicate whether they came from previous health and social care management. The registered manager followed up this issue with the employer.

- Assessments and support plans identified the number of staff required to delivery care safely.

Using medicines safely

- Medicine was safely supplied to people.
- People and relatives confirmed that there had been no problems when staff supplied or prompted medicines.
- A medicine audit system was in place to check that medicine had been administered properly. Staff were trained to administer medicines.

Preventing and controlling infection

- People were protected from infections.
- People and relatives told us staff had always wore personal protective equipment (PPE) such as masks, aprons and gloves.
- Staff members described relevant infection control measures that were in place to protect people.
- Staff had received training in infection control, including COVID-19. Staff members told us there was always enough PPE available to ensure people were protected from infection.
- Processes were in place for the reporting and follow up of any accidents or incidents.

Learning lessons when things go wrong

- Processes were in place for the reporting and follow up of accidents or incidents.
- The registered manager said there had been no need, to date, to learn any lessons but would supply this information to staff by the WhatsApp chat in dealing with any future issues and discussing these issues in staff meetings.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Peoples' needs were assessed before personal care was provided.
- Details of people's assessments were in place. This information helped to ensure staff were sufficiently trained to provide the care and support needed.
- People and relatives said there had been no problems in the care provided by staff. They were satisfied care plans included all necessary information to provide effective care.

Staff support: induction, training, skills and experience

- Staff were provided with detailed training and had received training and support appropriate to their role.
- People and relatives said staff were aware of what care was needed and provided them with the care they needed.
- Records showed staff had received induction and relevant training such as infection control, medication and health and safety. Staff members told us this training made them feel confident to meet people's needs.
- The registered manager planned to extend the training to include more specific health conditions tailored to people's needs such as for stroke and Parkinson's disease.

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

- People were provided with assistance with food and fluids. They had a relevant care plan in place to meet this need. A care plan we inspected detailed how to provide food safely to the person.
- People and relatives said staff always asked if people wanted a drink or wanted to be left with a drink. This helped to protect people from potential dehydration.

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

- People and relatives said staff had recommended involvement from other health care professionals such as GPs and nurses when necessary.
- Staff were aware of what to do should someone need medical assistance.
- People's assessments and care plans covered their health care needs.

Ensuring consent to care and treatment in line with law and guidance The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of people who may lack the mental capacity to

do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

- Mental capacity assessments had been completed. People were able to decide their day-to-day choices.
- Staff members understood the principles of the MCA and supported people to make choices.
- People and relatives confirmed staff always asked for consent before providing care.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question good. At this inspection the rating has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were well treated and supported.
- People and relatives said staff were very friendly and caring. A person said, "Staff are really good. They go the extra mile."
- Staff members had a good knowledge of the people being supported. They were positive about providing quality care to meet people's needs. People said staff respected the way they wanted to live their lives.
- The registered manager and staff members fully understood respecting people and their diversity. This information was highlighted in the charter of rights for people and in their care plans.

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

- People were supported to be involved in making decisions about their care.
- People and relatives told us that they were involved in their care reviews and in surveys so they could express their views of the care provided.
- Staff members were aware of how people liked to receive their care. For example, people were supplied with choices of what clothes they wanted to wear and what food they wanted to eat.

Respecting and promoting people's privacy, dignity and independence

- People were respected and their privacy, dignity and independence was encouraged. Staff members said they always encouraged people to be independent such as being able to wash themselves. Staff said they would only provide support when this was needed.
- People and relatives said staff promoted privacy and dignity when providing care. Staff members gave good examples of how they would do this such as closing curtains and doors and covering people when providing personal care.
- Staff members were aware of keeping information safe and confidential. This was supported by the provider's policy on confidentiality which stressed the importance of doing this.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has remained good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care was personalised. They had choice and control over the way their care was provided.
- Care plans detailed some of people's personal history such as family, but did not always include important information such as past employment and hobbies. The registered manager took action to add more personalised information. This will help staff understand people's preferences and needs at an early stage.
- People and relatives all said they enjoyed the company of staff as staff were always friendly and treated them as individuals.

Meeting people's communication needs Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The registered manager had put systems in place to provide information when needed by supplying accessible information by large print, audio and pictures. This information was provided to people in the service user guide.
- There was evidence in people's care plans reflecting people's communication needs.
- The registered manager was aware of the need to respect people's preferred communication styles.

Improving care quality in response to complaints or concerns

- Complaints had been investigated.
- A complaints policy and procedure was in place so complaints were recorded and investigated.

End of life care and support

- At the time of the inspection, end of life care was not delivered by the agency.
- The registered manager was aware of the need to respect people's end-of-life preferences to include respecting people's religious and cultural wishes. The registered manager sent us information that included people's personal preferences such as which visitors they wanted to see and whether they wanted music playing.
- People and relatives said any relevant information would be supplied when they were ready to do so.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People were protected by quality assurance and governance systems.
- Systems measured the quality of the care provided by the service. Some of these lacked detail about issues such as timeliness of call times. This was swiftly followed up by the registered manager.
- The registered manager had submitted statutory notifications to keep CQC informed of relevant information and how it had been dealt with by the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager engaged with people and relatives.
- There were records showing engagement with people using the service or relatives. For example, when carrying out spot checks on staff and supplying surveys to people and relatives. These showed that people rated the service was either excellent or good.
- The culture of the service valued people's individuality.
- One person told us, "Staff could not be more thoughtful. They are all friendly and the service is good."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their responsibilities under 'duty of candour' to be open and honest when things went wrong, for example, notifying relatives if their family member had an accident or became unwell.
- There had not been any incidents which had met the duty of candour threshold.
- Staff knew how to raise concerns and told us they would report to relevant agencies if they felt their concerns were not acted on.

Working in partnership with others

- People's records evidenced contact with health and social care professionals. For example, referral to occupational therapists to obtain relevant equipment to meet peoples' needs.
- The registered manager was aware of the need to work with health professionals to ensure people's needs were met.

- Staff understood they needed to inform the manager and people's families if people were ill or had an accident.
- The registered manager was positively receptive to feedback when we discussed the inspection findings.