

Verified Care Limited

# Verified Care Ltd

## Inspection report

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## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

Verified Care Limited is a domiciliary care service that provides personal care and support to people living in their own homes in Cottingham in the East Riding of Yorkshire and Kirkella, Hull. There were ten people receiving personal care at the time of the inspection.

Not everyone who used the service received personal care. The Care Quality Commission (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  
People were protected from abuse and harm. The provider had policies and procedures in place about this and staff undertook relevant training. There were enough skilled and experienced staff to meet people's needs. People's care records contained information about the care they required, and risks present to their wellbeing and in their home environment. This helped to maintain the safety of all parties. Staff were aware of this information. Personal protective equipment was provided for staff to use to maintain infection control. Medicine management was robust.

Staff received appropriate induction, training and support and applied learning effectively in line with best practice. People were supported to maintain their dietary needs.

People had their capacity assessed and were supported to have maximum choice and control of their lives. 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 confirmed staff were caring and kind. Information was provided to people in a format that met their needs in line with the Accessible Information Standards.

Care records were person-centred and described their individual care needs as well as what they could do for themselves to promote their independence. Reviews of people's care took place regularly and as their needs changed. Staff worked with relevant health and social care professionals to maintain people's health and wellbeing.

The provider had a complaints policy in place. This was provided to people in a format that met their needs. Issues raised were investigated and the outcome was shared with the complainant. This information was used to improve the service.

End of life care was still being developed. The registered manager confirmed assistance with personal care would be provided as part of their end of life care, but more training was required to make sure staff were able to deliver more specialised care.

Quality assurance checks, audits and spot checks of the staff's practice were undertaken. Action was taken if issues were found. Data security was maintained.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection

This service was registered with us on 15 October 2018 and this was the first inspection.

Why we inspected

This was a planned inspection.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection 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 ●

# Verified Care Ltd

## Detailed findings

### Background to this inspection

#### The inspection

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

#### Inspection team

The inspection was undertaken by one inspector.

#### Service and service type

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

The service had a manager registered with the Care Quality Commission. 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.

#### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or manager would be in the office to support the inspection.

Inspection activity started on 11 October 2019 and ended the same day. We visited the office location and made phone calls to people using the service to gain their views.

#### What we did before the inspection

We looked at all the information we had received since the service was registered. This included notifications, which is information about important events which the service is required to send us by law. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all this information to plan our inspection.

During the inspection

We spoke with three people who used the service about their experience of the care provided and with two relatives. We spoke with the registered manager, care-coordinator and with two care staff.

We reviewed a range of records which included three people's care records. We looked at three staff files in relation to recruitment, supervision and appraisal. We inspected a variety of records relating to the management of the service which included policies and procedures, spot check records and audits.

# Is the service safe?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. People were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse.

- People were safeguarded from abuse. The provider had appropriate safeguarding and whistleblowing policies and processes in place.
- Staff undertook safeguarding training and understood the types of abuse that could occur. They knew they must report any concerns immediately. One member of staff told us "Issues would be reported straight away."
- The registered manager understood their responsibility to report safeguarding issues to the local authority for investigation and to CQC.

Assessing risk, safety monitoring and management.

- People we spoke with told us they felt safe with the staff who supported them. One person told us, "I feel comfortable and safe with the staff."
- The registered manager and office staff monitored late care calls. If staff were held up they phoned the office so staff could contact the person scheduled for the next call to inform them about the delay.
- Risks to people's wellbeing and in their homes were identified, recorded and monitored which helped to keep all parties safe.

Staffing and recruitment

- The registered manager ensured there were enough skilled and experienced staff available to meet people's needs. The service was being developed and recruitment of staff was on-going.
- Care staff were allocated to people's care calls to help to provide continuity of care.
- Robust recruitment systems were in place which ensured staff were suitable to work in the care industry. Previous employer references, proof of the right to work in the UK and the identity of new staff was checked.
- Each member of staff had a criminal record check with the Disclosure and Barring Service (DBS). This provides information which employers consider when they are recruiting staff.

Using medicines safely

- Medicines were safely managed. People's care record contained information about known allergies.
- Staff recorded when prescribed medicines were taken or refused.
- The management team undertook monitoring of people's prescribed medicines and issues found were acted upon. This information was shared with staff so that learning could take place.

Preventing and controlling infection

- People were protected from the risk of infection. The provider had an infection control policy in place and

staff undertook training about infection prevention and control.

- Personal protective equipment such as gloves and aprons were provided for staff to use. This helped to protect all parties from the risk of cross-infection.

Learning lessons when things go wrong

- The registered manager had systems in place to review accidents and incidents that occurred to look for patterns or trends. Advice was sought to reduce the risk of re-occurrence.
- The registered manager shared information with staff when things went to develop the staff's knowledge.



# Is the service effective?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. 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; supporting people to live healthier lives, access healthcare services and support

- Each person had an assessment of their needs undertaken to help inform the staff.
- Staff understood their responsibilities to provide care and support which respected people's culture and religious needs in line with current equalities legislation.
- People's care records were person-centred. They were reviewed regularly or as people's needs changed to ensure staff provided the care and support people required.
- Staff reviewed and monitored people's health care needs. Relevant health care professionals were involved in reviewing people's changing needs. This information was shared with staff to keep them informed.

Staff support: induction, training, skills and experience

- Staff were effectively supported. New staff undertook a period of induction which helped them become familiar with the organisation and their policies and procedures. Induction training was provided so staff learned how to provide effective care and support to people. A member of staff told us, "The training is good."
- Staff undertook the care certificate which is a nationally recognised course to help develop caring skills.
- Supervision was provided for staff to enabled them to reflect on their work and identify any further training or development needs. Yearly appraisal were scheduled to take place.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to eat and drink enough to maintain a balanced diet

- Concerns about people's health care needs were raised with relevant health care professionals to maintain their wellbeing.
- People using the service did not always require their meals prepared for them. People that required meals making or prompting with meals and drinks were supported by staff. One person told us, "Staff cooked me the most beautiful breakfast."

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 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 with appropriate legal authority. 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.

- An assessment of people's mental capacity was undertaken if there were concerns about them consenting to their care and treatment. Where necessary, best interest meetings were held with people's family and relevant health care professionals to help protect people's rights.
- Staff completed training about MCA and understood how to care for people effectively whilst protecting their rights and supporting them to make their own decisions, where possible.

# Is the service caring?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. 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

- The service promoted a person-centred culture. Staff built relationships with people and listened and acted upon what people said. People confirmed staff spoke with them about things that mattered to them.
- People confirmed they were treated as individuals and in a way that protected their human rights. They confirmed staff were attentive, professional and kind. A person told us, "The staff don't treat me as an old man. They really look after me. I like the staff they are very good to me."
- People's diversity, cultural and spiritual needs were recorded. Staff were aware of this information. People we spoke with confirmed their care was provided in a non-discriminatory way and they were supported to live their life the way they wished.
- The registered manager promoted equality and diversity to the staff. A person told us, "Staff have the right attitude and that comes from the top."
- Staff told us they loved supporting people using the service. A member of staff told us "I ask how people want their care delivered and act on what they say."

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

- People confirmed they made decisions about their care. Staff provided appropriate support to people.
- People confirmed staff encouraged them to express their views about their support. One person told us "They [staff] check I am okay."
- Staff followed the guidance recorded in people's care records and understood people's preferences for their care and support.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was protected by staff. People told us their care was delivered behind closed doors in their bedrooms or bathrooms with doors and curtains closed.
- People's care records contained information about tasks they could undertake themselves and goals they wanted to achieve. Staff told us they encouraged people to remain as independent as possible.
- Confidential information was stored securely to ensure privacy was maintained.

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. 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

- A person-centred assessment of people's needs was carried out, the information gained was used to develop person-centred care plans and risk assessments for staff to follow.
- Staff confirmed the information in people's care records was enough for them to understand people's needs. A member of staff told us "I read people's care records to understand their needs."
- People's care was reviewed. Changes in people's needs were reported and monitored by staff.
- Care provided was recorded electronically so people's care records were always current. There were also paper copies of this information in place. The registered manager and on call staff had access to this information which helped them check people were receiving the right care and support.

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.

- People's communication needs were assessed and recorded. People were given information about the service in a format that met their needs.
- People confirmed staff took their time to speak with them responded to their questions.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to undertake social events or maintain their social interests within their local community and maintain their hobbies, if they wished.
- Staff encouraged people to maintain contact and relationships with family and friends to avoid social isolation.

Improving care quality in response to complaints or concerns

- There was a complaints policy in place which people were aware of. Complaints received were recorded, investigated and the outcome was provided to the complainant. Issues raised were used as learning to improve the service.
- People told us they could complain if they wished. One person told us, "On the whole I have no complaints."

End of life care and support

- The registered manager told us at present end of life care packages would not be taken on because they were developing the staff's skills in this area. Personal care was provided to people towards the end of their life.
- People's end of life care wishes were explored, where this was necessary.

# Is the service well-led?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; how the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Monitoring of the service through checks and audits took place to review how the service was developing and to ensure people received a reliable service. If issues were found action plans were put in place and this information was shared with staff immediately to ensure shortfalls were dealt with.
- Staff were supported by the registered manager. Staff understood their role and what was expected of them.
- The registered manager was aware of their duty of candour responsibilities which included responding appropriately when things go wrong. The registered manager understood notifications of certain events had to be sent to CQC as required by law.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people;

- People told us they were provided with an individualised person-centred service that met their needs. We received the following comments from people, "It is a wonderful service. The managers and staff check I am alright" and, "I cannot fault the service it is excellent." A relative told us "The agency is responsive, I am happy with everything."
- The provider had policies and procedures in place to guide staff and promote good standards of care. Spot checks of the support delivered to people were undertaken to assess if people's needs were met and if staff maintained their professional responsibilities.
- Staff were supported to develop their professional skills. One member of staff told us, "The manager is good, they support us."
- There was an 'on-call' system in place for people, their relatives and staff to use to gain advice outside of office hours.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People confirmed their diversity was received respected by staff.
- Quality assurance surveys were used to gain people's feedback and the responses were positive. The management team spoke with people to assess if they remained satisfied with the service they received.
- Staff meetings were held for staff to air their views and discuss any issues.

Working in partnership with others; continuous learning and improving care

- The registered manager and staff worked with social and health care services to ensure people's needs were met.
- Information about people's care and support was provided to health care professionals in emergency situations to ensure people continued to receive the care they required.
- The registered manager monitored staff performance. If there were concerns about staff practice action was taken through supervision, training or providing individual support to improve staff practice.