Care Quality Commission

Community Voice Limited

# Community Voice Ltd (Oxfordshire Domiciliary Support)

## Inspection report

6 Elm Place
Old Witney Road, Eynsham
Witney
Oxfordshire
OX29 4BD

Tel: 01865733299
Website: www.communityvoice.org.uk

Date of inspection visit:
25 January 2017

Date of publication:
08 February 2017

## Ratings

| Overall rating for this service | Good |
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|---|---|
| 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

We inspected Community Voice Ltd (Oxfordshire Domiciliary Support) on 25 January 2017. Community Voice is a domiciliary care agency registered to provide personal care to people living in their own homes. At the time of this inspection 25 people were being supported by the service.

There was a registered manager in post. 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 and their relatives were complimentary about the staff and their caring approach. They told us staff respected people's dignity and privacy. The staff team worked well with people, their relatives and other professionals to ensure people received support that met their assessed needs. People told us staff had sufficient skills and knowledge to carry out their jobs effectively. Staff felt well supported in their roles and told us they worked well as a team.

People told us they felt safe when they were being supported by the Community Voice team. Risks to people's individual needs and their health and safety had been identified and actions had been taken to manage these. Appropriate arrangements were in place to ensure people were supported with the safe management of their prescribed medicines.

People were supported by staff who were aware of the whistleblowing policy and safeguarding process. Staff knew how to ensure that people were protected if they suspected people were at risk of abuse. There were sufficient numbers of staff employed to provide care to the people using the service and people benefitted from consistency of staff. Records confirmed recruitment checks had been carried out to ensure only staff that were suitable were employed to work with people.

People benefitted from staff that were familiar with the Mental Capacity Act and their responsibilities regarding it. Staff supported people to maintain a good diet and people's nutritional needs were assessed and recorded in their care files.

People and their relatives were involved in the care planning process. People received care and support to meet their individual needs. People told us they knew how to raise concerns and had opportunities to provide feedback on the quality of the service received.

The provider had effective quality assurance processes in place to monitor the service provided and an ongoing action plan to support continuous improvement. The team demonstrated a positive culture and a strong commitment to delivering a high quality support.

## 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.

Staff knew how to keep people safe from the risk of abuse and harm.

People were supported with the safe management of their prescribed medicines.

Risks to people's well-being and environment were recognised and information was available on how to manage risks.

### Is the service effective?

Good

The service was effective.

People were cared for by staff that received relevant training and were well supported in their roles.

Staff were aware of the requirements of the Mental Capacity Act (MCA) 2005 and how to ensure people's right were respected.

People were supported to maintain their nutritional needs and access health services when required.

### Is the service caring?

Good

The service was caring.

People were involved in planning their care and support.

People and their relatives consistently described the staff as compassionate and caring.

People's rights to privacy and dignity were respected and their independence was promoted.

### Is the service responsive?

Good

The service was responsive.

People and their relatives were involved in the care planning

process.

People received support appropriate to their assessed needs.

People told us they knew how to raise concerns but they had never needed to.

People had opportunity to provide feedback on the quality of the service received.

## Is the service well-led?

Good

The service was well-led.

The team promoted a positive, open and transparent culture.

Staff were enthusiastic about working at the service and motivated to provide quality care.

There were quality assurance systems in place that drove improvements and monitored the standard of the service provided.

Care Quality Commission

# Community Voice Ltd (Oxfordshire Domiciliary Support)

**Detailed findings**

## Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 and 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 25 January 2017and was announced. We told the provider two days before our visit that we would be coming. We did this because the manager is sometimes out of the office supporting staff or visiting people who use the service. We needed to be sure that they would be in. The inspection was undertaken by one inspector.

Before the inspection, we looked at notifications we had received. Services tell us about important events relating to the care they provide using a notification. This enabled us to ensure we were addressing potential areas of concern. We also contacted the commissioners of the service to obtain further feedback.

We spoke with three people who were receiving support from Community Voice and to three relatives. In addition we spoke with two care workers, one care co-ordinator and the registered manager of another location. We looked at five people's care records, compliments records, a sample of policies and procedures and at a range of records about how the service was managed. We also reviewed three staff files, including their recruitment, supervision and training records. After our inspection we contacted three external professionals to obtain their views of the service.

Good

# Is the service safe?

## Our findings

All people we spoke with when asked whether they were safe with the staff from Community Voice told they were. Comments included, "Yes, they're excellent", "No concerns, I am safe" and "Oh yes, safe, they're very nice people". Relatives also felt people were safe with staff. One relative said, "[Person] is safe with staff".

Staff were aware of their responsibilities in reducing people's risk of harm and what action to take should they suspect abuse. Staff told us they would not hesitate to report any concerns to the management team and they were confident appropriate action would be taken. One staff member said, "If a person raised any safeguarding concerns I'd explain to them I was obliged to pass these on to my manager". Another member of staff said, "Management would definitely do something about it".

Risks to people's well-being and their environment were assessed and recorded. People's care files contained risk assessments in relation to their mobility, medication management or manual handling. Risk assessments gave clear instructions of what action needed to be taken if required. For example, where people did not have a smoke alarm the risk assessment prompted to contact the local fire service and gave the number of who needed to be contacted.

People were supported with their medicines where required. People's care files contained a list of their medication, including the reason the medicine was prescribed. The specific shape and marking on the tablet was also recorded to ensure medicines were easily identifiable. We saw Medicine Administration Records (MAR) which had been accurately completed. Where a person did not take their tablet the staff promptly recorded on the reverse of MAR the reason. People we spoke with told us how staff supported them with taking their medicine. One person told us, "They give me (my tablets) from a box". Another person told us, "They help me to apply cream on my back, even if I don't want a wash, they will check and put cream on if needed".

People and their relatives told us there was sufficient staff to meet people's needs. People benefitted from continuity of staff which helped to form caring relationships. Comments included, "Mostly it's the same carer", "We had a few carers they're all good" and "We get to see four different ones, the same each morning, it's nice as you can build a relationship". Staff also told us there were enough staff. One staff member said, "This is the first care company where I feel satisfied, we get enough time to get to people's homes and we're not rushed here. You bond with people, you get to know them, it work both ways".

The provider used an electronic system to monitor the time and length of support visits. The staff logged in and out using telephones. The system was also used for scheduling and one of the office staff told us they were working with the team to ensure there was sufficient travel time allocated between the visits. They monitored the system closely to ensure the care was delivered as planned and the staff met the compliance with login in and out.

Records relating to the recruitment of the staff reflected relevant checks had been completed before staff worked unsupervised at the service. These included employment references and Disclosure and Barring

Service checks (DBS). DBS checks enable employers to make safer recruitment decisions and prevent unsuitable people from working with vulnerable people.

There were systems in place for the recording of accidents and incidents however no people who used the service suffered an accident in the last year. The provider ensured there were contingency plans that covered areas such as adverse weather conditions.

Good

# Is the service effective?

## Our findings

People told us staff had sufficient skills and knowledge to support them effectively. All the people we spoke with and people's relatives were satisfied with the service provided and told us it met their needs. One person told us, "They know what they're doing". Another person told us, "Oh, yes, well trained, excellent". One relative told us "They seem to be well trained". Feedback received from an external health professional was positive, they told us, "The staff are very skilled".

Staff we spoke with told us they received appropriate support and felt they had the skills they needed to provide effective support for people. One member of staff told us, "Support is fabulous. You're supported all the time. I shadowed an experienced member of staff (during induction), they made sure I was confident and happy to work on my own". Another member of staff told us, "I had two weeks of training and shadowing, if I had not done care before I could have shadow lot longer, I know others did shadow for longer". Staff training programme included training in nutrition, communication, manual handling, safeguarding awareness, health and safety, food hygiene and infection control.

Staff benefitted from supervision meetings that occurred regularly. This gave the staff opportunity to discuss their performance and training needs. There were also spot checks to ensure staff day to day practices were closely monitored. The staff complimented the support received from the management team. Comments included, "Very supportive office staff, on call is rotated between three people so they're always there to help you" and "They (office staff) have all done care themselves so they understand the challenges and give you confidence, I can't speak highly enough of them".

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. 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.

Staff received training and had a good knowledge of the principles of the MCA. Staff we spoke with were able to tell us how they put the principles of the Act into practice on a daily basis to help ensure people's rights were respected. Comments from staff included: "I have to assume people have got capacity unless proven otherwise", "All clients have right to make individual choices and we can't say they have no capacity, we support them with making their own decisions" and "They (people) have got rights to do anything they want even if we think it could be an unwise decision".

People's feedback confirmed they were involved in making decisions. One person told us, "They know what I want done". Another person said, "I am involved, I got to know them". People's care plan highlighted there will be 'no decision about me, without me' which was the aim of the service. People's care files reflected that wherever possible people had been fully involved in the care planning process and had consented to the delivery of their care and support.

People were supported to meet their nutritional needs. People's care plans gave clear instructions of people's likes and dislikes. For example, one person's care plans said, "I dislike runny porridge and prefer to have my porridge thick". People told us the staff assisted them with preparation of meals of their choice. One person said, "They help me to prepare something I like to have for lunch".

The team worked with social and healthcare professionals in order to ensure people received care that met their needs. People were supported to access health services if required. Professionals involved included the GP, pharmacists and mental health team. Staff told us how they ensured people were supported to see their doctors when needed. One member of staff told us, "I went to see a person, could tell straight away they were not well and needed a GP as they were hallucinating. I rang their GP and next of kin and they took the person to hospital for some tests, they're back home now".

People's care plan gave clear direction of when to contact an external health professional. For example, one person's care plan read, "If required and permission is given please seek medical advice".

Good

# Is the service caring?

## Our findings

People told us staff treated them with compassion. One person told us, "My carer is wonderful, excellent". Another person said, "I am looking forward to them coming". Relatives were also very positive about the caring nature of staff. Comments received from relatives included, "They are very polite and caring, we've had some excellent carers", "They're pleasant, they make you relaxed when they're here" and "On the whole [person] is well looked after".

People were supported by staff that were enthusiastic and motivated to provide good care. One member of staff told us, "I like to feel proud when I put my organisation uniform on. It's nice to work with a team that you'd have to look after your family". Another member of staff said, "I like working with people and as I wanted to work with older people so became a carer".

People and their relatives told us they were able to build positive working relationships with staff. Comments included, "We have little talk, chat, it could be a long day otherwise, you look forward to somebody coming in", "They're brilliant, very good, always with a smile", "[Person] cheers up when they're here" and "They're kind, helpful people, they always ask - is there anything else I can do for you". One of the external professionals commented, "I have been very impressed, they have been brilliant with one of my patients, very vigilant. They dealt with some potentially challenging scenarios and built a very good relationship with the person and won them over so the person now enjoys them coming".

People told us they were encouraged to be as independent as possible. One person told us, "They do encourage me to do bits for myself, they really care". One relative told us, "They involve [person] and encourage them to do things for themselves".

People's care plans highlighted the need for people to be encouraged to be independent as much as possible. One person's care plan read, "I do not require help with getting my breakfast as I can do it for myself".

People's privacy and dignity were respected. People confirmed they received support in a dignified way. One person said, "When they give me a shower I have never felt uncomfortable or embarrassed". Another person said, "They respect us and the house".

Staff gave us examples how they ensured people received dignified support. One member of staff said, "We deliver care in a way I'd want it to be done to me. Even if people got a key safe, we'd still knock and introduce ourselves. Always ask people how you would like us to support you". Another staff member said, "Whenever you wash a person, you cover with towel, keep bathroom door closed, if a person needs the toilet, leave them on it and come back".

People were cared for by staff that knew how to maintain confidentiality. People's care files were kept in their homes and duplicate records were kept securely in the provider's office. People's care files contained a disclaimer about sharing information and information that the records will be retained for seven years and

then securely destroyed. People we spoke with confirmed staff respected their confidentiality. One person said, "They (staff) never speak of other people".

Good

# Is the service responsive?

## Our findings

People had a thorough assessment of their needs carried out before the commencement of the service. Where applicable people's care files contained the assessment provided by the local social services. Assessments were used to develop a personalised care plan that gave staff clear guidance about the support people required. People and their relatives told us about the assessments they had. One person said, "A lady came, she came and assessed me in first place". Another person said, "At the start they asked, staff always ask if there is anything they want me to put down (in care plan)".

People's care records contained personal information, the details of support required as well as emergency personal and professional contacts such as their GP. People's care files contained information in relation to how they wanted to be addressed and what outcomes they wanted to achieve. For example, one person's care plan read, "I'd like staff to address me by my name". Another person's care file stated that their outcomes were: "To remain living independently at home with assistance from carers and family".

People's care plans were up to date, detailed and regularly reviewed. One person's care plan read, "Please ensure I wear my pendant on my arm just below elbow facing outwards". Staff told us they appreciated the information care plans provided and that this allowed them to get to know people. One staff member said, "Very good and thorough care plans, it's the little things that counts and staff are aware to update care plans if needed".

People and their relatives told us they were able to request any changes relating to the support they received and that the office staff would do their best to accommodate it. One person said "We had situations when the time of the visit needed to be changed and they were able to accommodate this".

People's views were sought through reviews and spot checks. We saw some examples of spot checks and reviews and noted that questions such as 'are you happy with the times' or 'are you happy with the service' were asked. The records confirmed only positive comments were received and people were satisfied with their care. The management were in a process of sending out an annual quality survey questionnaire.

People using the service told us they knew how to raise concerns and complaints but they had never needed to. One person said, "I never needed to complain, they're all excellent. If I had any concerns I'd ring the office". Another person told us, "No complaints, had one concern and I phoned them, nothing to complain about. If things were wrong I would tell you".

One relative told us, "I can go straight to the office if any concerns". Another relative told us, "Never had any problems or a reason to make a complaint, if small concerns they're happy to listen, they don't take any offence".

We viewed the provider's complaint log and noted there were five complaints recorded in the last year. These were responded to promptly by the senior staff. People's care files contained copies of a Service User Guide that included the provider's complaints policy.

Good

# Is the service well-led?

## Our findings

The service was led by a registered manager and a team of care co-ordinators and senior carers. There was a clear structure in place and staff were aware of their roles and responsibilities. The registered manager was on annual leave on the day of our inspection and the additional support was provided by the registered manager from another location.

The feedback received from people and their relatives about the service was very positive. Comments from people included, "As far as I am concerned they are lovely", "I would recommend them". One relative told us, "I am happy with the service, they contact me if [person] is not well, they're keeping an eye on [person] between my visits".

Staff we with spoke with were positive about the support they received from the senior staff, staff morale and team work. Comments included, "Office staff got many years of experience. Manager is easy to approach and listens to us", "We're a lovely service, being so small we have familiarity between clients and carers. Staff are happy here" and "Community Voice are good at employing right staff".

Staff were encouraged to attend staff meetings. We saw staff meeting minutes and noted areas such as compliance, documentation, rotas and good practices were discussed. Staff told us they were able to actively participate in meetings and that their views were considered. One member of staff said, "Staff can feedback, manager is open to suggestions". We noted one of the staff meeting minutes showed a member of staff had raised there was a limited space on the communication sheets and the registered manager was looking into this.

The team promoted an open, positive and transparent culture. One member of staff told us, "No blame culture, as long as staff admit and disclose (if a mistake was made) we'd support them and a lesson would be learnt. It could be they needed more training or more shadowing". Another member of staff told us, "If we have any concerns, office staff will go out with us, assess the person, it helps the carers".

There was a whistle blowing policy in place that was available to staff. Staff were aware of the whistle blowing policy and told us they would not hesitate to raise any issues. One member of staff said, "Whistleblowing allows you to speak to manager (about concerns), I used it once before and response was positive and they addressed the issue. If they did not I know how to report externally (outside the organisation)". Another staff member said, "I can report to manager, Care Quality Commission (CQC) or other external parties depending on situation".

The provider had systems in place to ensure the quality of the service was being monitored. The provider ensured a system of audits was in place. The audits covered areas such as MAR , people's daily records and staff recruitment files. The service was audited by an experienced registered manager who supported the Community Voice Ltd (Oxfordshire Domiciliary Support) team to put an ongoing service improvement plan in place. We viewed the plan and we noted some actions had already been completed. For example, the audit had identified there was no up to date copy of the local authority safeguarding policy and a copy was

obtained. We also noted other action such as review of people's care plans; risk assessments and medicines records were ongoing.

The service worked closely with other external professionals including local GPs, social workers and the local community mental health team. Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC), of important events that happen in the service. The registered manager was aware of their responsibilities and had systems in place to report appropriately to CQC about reportable events.