

V.i.P Homecare

VIP Homecare

Inspection report

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Tel: 07973550707

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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

VIP Home Care Service is a domiciliary care agency. It provides personal care to people living in their own homes. At the time of the inspection 49 people were provided with personal care.

The inspection took place on 13 December 2017 and was announced.

At the last inspection on the 12 and 15 December 2014, the service was rated Good; at this inspection we found the service remained Good.

People felt comfortable and safe in the company of staff who came into their homes and people were staff knew how to reduce risks to their safety when providing care. Staff were able to describe in detail the needs of people they supported and how to support people's safety from potential abuse or neglect. Staff showed an awareness of the risks to people as these had been identified, assessed and were regularly reviewed. The registered manager shared learning from incidents and accidents to learn from these to assist in reducing the risks of similar occurrences from happening.

Environmental risks were assessed and any identified hazards to people who used the service and staff were reduced as far as possible. Staff were provided with the knowledge and equipment to reduce the risks of the spread of infections.

There were sufficient staff and people's planned home care calls had been reliably completed. Efforts had been made to ensure wherever possible people were provided with care and support from staff they knew well in order to promote continuity of care for people. Background checks had been completed before new staff had been appointed to reduce the risks to people's safety of being supported by unsuitable staff in their homes.

People benefited from having their specific needs met by staff who were supported and trained to ensure they had the skills to assist people effectively. People were supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible. People were able to make decisions about how they wanted to receive support to ensure their health needs were met.

People who required assistance to eat and drink plans were in place to meet their individual needs and preferences. Staff linked in with healthcare professionals when people required support to maintain their health and wellbeing. People received assistance where required to take their medicines by staff who had been trained to do this and records were kept to reflect this was done safely.

People had built caring relationships with regular staff who provided their support. Care was planned and reviewed with people and the registered manager and their staff team ensured people's choices were followed. People's privacy, dignity and independence were respected and upheld by the staff who supported them. The registered manager had arrangements in place so confidential information was kept

private.

People had care plans which included information about how they preferred to be supported. Changes in people's needs were reviewed so they continued to receive care which was responsive to each person's needs. People were confident to voice their complaints should they have any and these were investigated and responded to in line with the provider's policy.

People's views about the quality of their home care service were sought and their contribution supported the continual development of the services offered. The registered manager had a variety of quality checking and monitoring arrangements which supported them in identifying where improvements could be made. Staff and the registered manager had common values about keeping people at the centre of the care and support service they received in their own homes.

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Further information is in the detailed findings below.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

VIP Homecare

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, 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 13 December 2017 and was unannounced and was carried out by one inspector.

We gave the service 48 hours' notice of the inspection visit because the location provides a domiciliary care service. We did this because the registered manager is sometimes out of the office supporting staff or visiting people who use the service. We needed to be sure they would be available to contribute to the inspection.

The inspection site visit activity started on 13 December 2017 and ended on 20 December 2017. It included telephone calls to three people who used the service, seven relatives, one friend and three staff members. This was to seek their views about how well their care services were meeting people's needs. When we visited the office location on 13 November 2017 we met staff at the office and spoke with the registered manager and care coordinator.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We looked at the information we held about the provider and this service, such as incidents, or injuries to people receiving care, this also includes any incidents of abuse. We refer to these as notifications and providers are required to notify the Care Quality Commission about these events.

We asked the local authority if they had any information to share with us about the services provided. The local authority are responsible for monitoring the quality and funding for people who use the service.

We looked at a range of documents and written records about how care services were being provided which

included sampling four people's care files, three staff recruitment files, staff meeting minutes. In addition, we looked at information relating to the administration of medicines and the management, auditing and monitoring of the overall service people received in their own homes.

Is the service safe?

Our findings

People felt safe in the company of staff who understood their particular needs. One person described to us how staff met their particular needs which meant they, "Always feel safe, they help me to have a cooked meal which I enjoy and they always ask if there is anything else I want doing." Another person said, "They help me which makes me feel safe." Relatives we spoke with consistently told us they believed their family member's needs were met safely by staff who understood their caring roles.

People were confident staff understood how to keep them safe from harm. Staff we spoke with had received training in how to recognise possible abuse or neglect and understood their responsibilities in reporting any concerns they had. One member of staff told us, "If I had any concerns or worries about anyone I visit I would report these back to [registered manager] and they would take action. People's safety is important to us all [staff team]." We found the registered manager knew their responsibilities in reporting possible abuse or neglect. This was important so they could take action if they were worried a person was at risk in their own homes.

In addition, the registered manager showed a candid approach as they described to us how they had managed an incident. The registered manager told us how they utilised their disciplinary procedures which reflected the importance they placed on making sure the safety of people was not compromised. The registered manager's quality checking procedures also assisted them to identify shortfalls and reflect on situations to make on-going improvements. For example, missing staff signatures on medicine records was identified and staff reminded of their responsibilities in reflecting people had taken their medicines as required.

When people required support to take their medicines they were confident they received these as required from staff who had been trained to do this. One person told us, "They [staff] must have training as they know how to sort my drugs out for me." Medicines were recorded and stored within an agreed place within people's home. Staff told us they had been provided with medicine training.

The registered manager had recruitment arrangements in place so when new staff started working for the organisation their suitability for their caring role was thoroughly checked. For example, from looking at a sample of recruitment paperwork we saw potential candidate's references had been obtained and DBS checks had been completed. A DBS check shows potential candidates did not have relevant criminal convictions and had not been guilty of professional misconduct. One staff member said, "I had to provide references and could not start work until all checks had been done."

People told us they had a small group of regular staff with other staff covering at times too. People consistently described they knew their regular staff well and their care calls were never missed. During the period of bad weather people described how they were contacted if there were any delays forecasted and/or to establish how they were managing. One person told us, "They never miss my calls; I can honestly say they are reliable." One relative told us they were impressed staff managed to cover the three care calls their family member required during the snow. The care coordinator was proud of how they managed

people's care calls to ensure these were coordinated with regular groups of staff and the care services people received were reliably maintained.

The registered manager maintained effective systems to ensure potential risks to people's safety and wellbeing had been considered and assessed. For example risks relating to medicines and people's physical needs. People described to us how the arrangements in place, to reduce risks to their safety. One person told us without the support of staff they would feel less confident in their physical abilities and staff assisted them to remain safe. The person confirmed, "The carers [staff] help me to do what I can for myself but I do this knowing I am safe to do so with them on hand." Staff knew people well including the equipment people required to support their needs and to move around their home. We saw care and risk plans with information to guide staff about each person's specific equipment which staff told us was helpful.

An environmental risk assessment was completed for hazards in the home and whether staff were able to use any of the facilities, for example, using the microwave. The assessment included information about potential infection hazards including information about how staff needed to wash their hands before providing care and cover any broken areas of their skin. Staff told us they always had access to a stock of equipment, such as gloves and aprons to ensure they followed good hygiene practices to reduce the risk of spread of infections. The registered manager had procedures whereby they monitored and managed the usage of equipment so there was no risk of this not being made available to staff.

Is the service effective?

Our findings

People and their relatives described how the staff team knew their individual care and support needs. One person said, "They're excellent carers, they must have been trained as they know exactly how to do things for me." Another person told us, "How the carers [staff] help me does meet my every need and expectations." One relative talked about the specific equipment staff were required to use when assisting their family member and in reference to this commented, "They [staff] know what they are doing."

People's needs were assessed prior to their home care service starting to ensure their specific needs and requirements could be met. For example, assessments identified people's preferred methods of communication and staff were provided with guidance on how to effectively communicate with people. Assessments also covered people's individual needs relating to their physical and health needs. Staff told us they used the care planning guidance to support them in providing people with personalised care which met their needs in the right way and at the right times.

The registered manager had arrangements in place to support staff in providing people with effective care. For example, new staff worked alongside other experienced staff members and had an opportunity to get to know people. People who used the service and relatives were appreciative of this arrangement as they felt it assisted them and staff in getting to know each other. Staff also felt this was a good support mechanism when they had started work for the organisation with one staff member stating, "It helped me to feel confident and become familiar with people and my job."

Staff were supported to complete nationally recognised vocational training and the care certificate; this sets out common induction standards for social care staff. It has been introduced to help new care workers develop and demonstrate key skills, knowledge, values and behaviours which should enable them to provide people with safe, effective, compassionate and high quality care. Staff were provided with support through individual one to one meetings with senior staff. Staff were encouraged to reflect on their practices and how they supported people. One staff member said, "We talk about any areas I need to improve on or where I am doing a good job. I can also ask any queries I have." Another staff member told us their practices were checked by senior staff so they were supported with any areas which could be improved and to recognise what they did really well.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The staff told us that people who used the service had capacity to make decisions about their care and support. People felt they were helped to make decisions and be in control of their care and had consented to this. The registered manager and staff understood where people were no longer able to make specific decisions about aspects of their care for themselves, people's representatives could help make these decisions in the persons best interests.

People retained their independence for managing their health care and staff knew about people's health needs and how this affected their support. Talking of people they supported, one staff member told us how

if they had concerns about a person's health and they required emergency treatment they would call for paramedics. This approach was confirmed by one person who used the service, "If I became ill I would be confident the carers [staff] would help to get the medical care I needed. I have no doubts about this." Another staff member told us how they had access to information about a person's health needs and how they gained knowledge from health professionals to guide the care provided.

Staff assisted people to eat and drink whenever this was required. Each person's care plan detailed any particular likes or dislikes and these were respected by staff who also understood the importance of offering people choice in what they had to eat and drink. For example, one staff member told us, "One person I support has a ready meal for lunch and they choose which one. Confirming this approach, one person said, "They [staff] always make me anything I fancy." Staff were provided with food hygiene training as part of their induction and were also aware of any risks which had been identified in order to effectively support people to eat and drink.

Is the service caring?

Our findings

People told us they were happy with their home care service and staff were caring and kind. One person said, "My care is good, nice carers [staff], same one's they're used to me. They're all friendly makes a big difference." Another person told us, "They're [staff] all lovely." Relatives we spoke with were equally happy with how caring staff were to their family members. One relative said, "They [staff] love her [family member]."

The caring and thoughtful approaches of staff were appreciated by people who used the service and relatives. For example, we heard how staff had made sure people were provided with care during the period of bad weather and care calls were not missed unless this was arranged with each person. One relative talked about how bad the snow was and commented how care continued to be provided to their family member. The relative commented on this by stating, "They [staff] all came, they went above and beyond." Another example was how staff had remained with people when they were poorly and/or had experienced a fall until paramedics had arrived. One person's friend talked about how, "Marvellous" staff were in staying with the person and they went, "Beyond the call of duty."

We heard when arranging and coordinating people's care and support the registered manager took into account people's preferences. The registered manager arranged for staff to receive training and had policies on equality and diversity. Staff we spoke with understood people's support was based on their individual needs. People's care plans covered all features of their lives and staff were knowledgeable about the plans and were able to give us examples of how they supported people in line with their wishes, lifestyle and particular needs. One person told us, "Carers are on first name terms with me, which is what I like, and respect me for who I am."

Staff understood the importance of supporting people's independence and reflected this in the way they provided care and support. For example, one staff member discussed how they had provided support to a person who was going through a period of rehabilitation. The staff member told us how the support had been beneficial to the person as they had regained their abilities and no longer required a home care service. Other examples were provided by people who used the service. One person told us how with staff's support they felt able to move with confidence and as much independence as possible which they believed assisted them to gain strength in their legs. One relative talked about how staff provided support to their family member by not rushing them when assisting them with the personal care and encouraging their family member to wash parts of their body where they could comfortably do.

In the PIR the registered manager told us of their expectations of how people's support should reflect and respect people's dignity. Talking about this the registered manager's comments read, 'While staff are providing personal care, service users are covered with a towel.' We consistently heard from people how staff supported their care needs whilst respecting their privacy and dignity. Where people were provided with assistance with their personal care they said staff made sure curtains were drawn where required. One person told us staff made sure they felt comfortable when they provided personal care, such as covering up parts of their body whilst assisting them to wash so they did not feel uncomfortable or embarrassed. One

relative told us they always found the staff to, "Treat [family member] well and with respect."

The registered manager was aware of the need to maintain confidentiality in relation to people's personal information. We saw personal files were stored securely in the office and computer documents were password protected when necessary.

Is the service responsive?

Our findings

People we spoke with told us, they received care and support based on what they needed and in a way that they liked. One person told us, "They (staff) help me with whatever I need nothing is too much trouble." Another person said, "They (staff) are excellent carers and they know me well enough." Relatives were also confident staff responded to their family members needs so they were able to meet their wishes of living in their own homes.

We saw written compliments from relatives about how staff had provided care to people up until their death which reflected people's appreciation for how staff responded to their needs. One relative's comments read, "We know dad's last year was made more bearable because of the kindness shown by the staff." Another relative's words read, 'Throughout mom's illness and her death they [staff] could not have been more thorough and kinder in their care.'

In the PIR the registered manager confirmed, 'Care Assessments and risk assessments are done at the property along with the service user [person who used the service], family member or social worker that is involved. Any issues/concerns that may be raised are dealt with immediately and care assessment updated and care staff are informed.' People who used the service, relatives and staff we spoke with told us their care needs were assessed before their home care service started to ensure these could be responded to and met. Staff were aware of people's individual needs and preferences which enabled them to provide support which was centred around each person and responsive to their needs. One staff member described to us the care they provided to people who they regularly visited. They knew the little details about people's needs, such as how people liked to receive support with their personal care which responded to people as individuals and met their needs. Another staff member told us, "We have information in care plans. We talk to people and their relatives so we get to know what they need, their likes."

People who used the service and relatives confirmed to us staff were responsive to people's individual needs. One person described to us how staff had helped them with their personal care in they preferred way which was reassuring to them. The person also said staff would have a chat to them which helped to brighten their day. One relative explained how staff had noticed their family member's skin had become sore and made sure action was taken to address this so their family member did not experience any unnecessary discomfort.

People we spoke with told us staff were able to spend sufficient time with them so they received care which was responsive to their needs. One person said, "They always arrive and never rush or not help me." Another person told us, "They will always let me know if they are running late." Staff we spoke with told us that geographical areas had been taken into account when planning people's rounds [care calls] so staff did not have to travel long distances between visits.

We noted staff understood the importance of promoting equality and diversity. Staff had been provided with details in people's care plans to show the registered managers pledge to put this into action for each person. An example of this was how people were consulted about which gender of the staff who assisted

them.

People were confident their concerns would be responded to and knew how to raise any concerns and make complaints if needed. We saw the registered manager had procedures in place so complaints received would be investigated and recorded. The registered manager confirmed they had not received any formal complaints which was also noted in the PIR. However, they told us complaints would be used to support and drive through any identified improvements to people's care services.

Is the service well-led?

Our findings

People who used the service and relatives felt the service was well led. In addition, people knew who the registered manager was by name and made positive comments about how confident they were in how she maintained a well-run service.

We saw people had made written compliments about their care which were positive. One person's comments read, 'Without you [registered manager] and the teams support, I would have found it impossible to have given [person's name] the quality of care she deserved.' Another person said, "I would not have a single reservation in recommending [registered manager] and the girls [staff] to anyone as care providers.'

The service had a registered manager who was also the registered provider and they understood the responsibilities of their registration with us. They reported significant events to us, such as safety incidents, in accordance with the requirements of their registration. 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.

The registered manager had a variety of methods in which they sought people's views on the quality of the home care service people received. For example, through reviews of people's care and asking people to complete satisfaction questionnaires. We looked at the feedback people had provided and this was positive. However, if people had raised any issues about their care this was addressed with the person in a timely way. One relative told us about an issue they had which was resolved straight away which gave them confidence the service was effectively managed.

Staff told us they were encouraged to contribute to the development of the service through one to one meetings and staff meetings. One staff member described how the home care service had grown in the amount of people now receiving care. The staff member said the registered manager continued to maintain a visible presence and remained 'hands on' which they believed supported people who used the service and staff. Another staff member said, "Provide a really good service. Really nice company to work for."

The registered manager and staff were proud of the home care service they provided and shared common values of how they supported people to remain living in their own homes. These values were appreciated by people who used the service and relatives we spoke with. We consistently heard how people's wishes were to remain living in their own homes with their home care support assisting them to achieve this.

The registered manager had a number of arrangements in place to check and monitor the quality of the home care service people received. We saw records were audited when they were received into the office to make sure people's home care service was provided in line with their care plans. In addition, where people received their medicines as part of their home care service they did so as prescribed. Staff who assisted the registered manager in undertaking quality checks showed they were passionate about wanting to ensure people received quality care to meet their needs. We saw where shortfalls were identified these had been

resolved. For example if staff practices fell short when completing daily records they would be reminded of their responsibilities in completing these. This was done through one to one meetings and staff meetings to promote a culture of continual learning.

The registered manager shared with us how the home care service had grown and how they had put in place procedures to ensure people continued to receive a quality service. For example, they had supported staff to progress into senior roles and as stated in the PIR to continue with, 'Recruitment of staff with different cultures and races' so they could ensure their workforce reflected the population who used the services. We spoke with a care coordinator who showed they were passionate about their role and shared a common goal alongside the registered manager in wanting the service to develop whilst keeping people at the heart of the services offered. One example provided was to consider how information could be reviewed to be more accessible although the information was currently in a suitable format for people who currently used the service.