

Versacare Limited

Versacare Limited

Inspection report

2 Church Path
Coulsdon
Surrey
CR5 1HA

Tel: 08000087661

Website: www.versacare.co.uk

Date of inspection visit:
05 September 2017
08 September 2017

Date of publication:
26 October 2017

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

Versacare are a specialist 24 hour live-in care Provider. The service provides care workers to enable people who require full-time 24 hour support remain in their own home. The live-in care service is delivered nationwide, with teams of field supervisors based in each region. People using the service ranged from young adults to the elderly. People had a range of needs including learning or physical disabilities and those with mental health or psychological issues. At the time of our inspection 85 people were using the live-in care service. In addition Versacare provided staff to work in 24 supported living units that were registered with other providers. In these situations Versacare was not the main provider of care but worked with the providers staff to provide care and support.

At the last inspection in July 2015, the service was rated Good.

At this inspection we found the service remained overall Good.

Care was tailored to meet the needs of each person using the service and people were complimentary about how the service recognised and responded to their needs. People and their relatives described staff as going "beyond the call of duty" and the service as "outstanding." Staff knew the people they were supporting well and provided a personalised service for them. People and their relatives felt fully involved in creating their own care records. These focused on people as individuals and gave clear information and guidance to staff about how they would like their care delivered.

Changes in people's needs were quickly identified and highlighted so staff were aware. Detailed staff handovers allowed time for care workers to truly understand how people like things done and the support they wanted. People who used the service felt able to make requests and express their opinions and views.

Staff used information in people's care plans to help involve and encourage people to follow their own activities and interests both at home and in the wider community.

People told us they felt safe and that they trusted staff. There were processes in place to help make sure people were protected from the risk of abuse. Staff were aware of safeguarding adult's procedures and understood how to safeguard the people they supported. Staff were up to date with training and the service followed appropriate recruitment practices.

People were very happy with their care and liked the staff that supported them, they told us staff were caring and respectful. People had the same staff to care for them and the service worked hard to make sure the right staff were matched with the right people at the start of the care package. When there were changes to staff, people said service would let them know.

Any risk that people may face was identified by risk assessments and appropriate plans were put in place to help keep them safe while still encouraging choice and independence. Care records and risk assessments

were regularly reviewed. Staff supported people to attend appointments and liaised with their GP and other healthcare professionals to help meet their health needs. People were supported to take their medicine when they needed it.

People were asked about their food and drink choices. They felt involved in their daily menu and told us they enjoyed the food staff cooked and prepared for them. People and their relatives told us they would complain if they needed to, but most had never needed to. Everyone we spoke with knew who the managers were and felt comfortable speaking with them, the care staff or the office staff about any problems.

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

People were contacted regularly to make sure they were happy with the service. Field staff carried out spot checks to review the quality of the care provided.

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.

Versacare Limited

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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.

The inspection took place on 5 and 8 September 2017 and was announced. We told the provider two days before our visit that we would be coming. 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 that they would be in.

The inspection team consisted of one inspector and an expert-by-experience who spoke with people after our inspection. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service and had experience in elderly and dementia care. Before our inspection we reviewed the information we held about the service which included statutory notifications we had received in the last 12 months and the Provider Information Return (PIR). The PIR is a form we ask the provider to complete prior to our visit which gives us some key information about the service, including what the service does well, what they could do better and improvements they plan to make.

During our inspection we spoke with one person using the service, both registered managers, the director and seven staff members. We examined seven people's care plans, seven staff files as well as a range of other records about people's care and how the service was managed. After our inspection we spoke with seven more people using the service and four relatives of people using the service. We also spoke with five more members of staff on the telephone.

Is the service safe?

Our findings

Everyone we spoke with told us they felt safe with Versacare and the staff that supported them. Comments included, "They do a grand job, I feel safe", "They are big on safety here, I always feel they protect me" and "My carer is excellent and keeps me safe and out of trouble."

Staff knew what to do if there were any safeguarding concerns. They understood what abuse was and what they needed to do if they suspected abuse had taken place. Staff told us they would report any witnessed or suspected abuse to their manager. All staff had received training in safeguarding as part of their induction programme and this was refreshed every year.

People told us how staff managed the risks they may face while in their home. Comments included, "The staff know how to do things so I don't hurt myself...They encourage me to do things and reassure me they will help. They are ever so good", "They show me how to use my frame so I can move around easier" and "We talk about what I can do myself and what I need help with. They help me to do things I struggle with like getting dressed so I don't fall."

Internal and external environmental risk assessments were in place to ensure staff safety while supporting people. People had effective risk assessments to help keep them safe and support their independence, which were up to date and detailed. They described the hazards that people may face and the support they needed to receive from staff to prevent or appropriately manage these risks. Any new risk identified was highlighted in red so staff were aware of any changes and the additional support required. For example, one person was at risk of falls so a hoist had been fitted to be used when needed. We noted this was a recent change and had been highlighted in red so staff were aware.

Emergency 24 hour on call numbers were clearly printed on the care workers handbook and with people's care records. Staff told us they could call at any time for advice and assistance. All the care staff we spoke with were aware of how to respond in the event of an emergency to ensure people were supported safely.

People told us they were happy with their live in carer arrangements and that they were always told who would be covering when their care worker went on holiday or took some time off. One person told us, "If they send someone else to help me if my chap goes on holiday they call and tell me in advance and they are never late, I always have the help I need." Another person told us, "[The care worker] tells me in advance if she is going on holiday and the office tell me too. I get a call and a letter."

The service followed robust recruitment practices that ensured people's safety. Staff files contained a checklist which clearly identified all the pre-employment checks the provider had obtained. This included up to date criminal records checks, at least two satisfactory references, photographic proof of identity, a completed job application form, a health declaration, their full employment history, interview questions and answers, and proof of their eligibility to work in the UK. Additional checks were carried out to ensure applicants had the correct identity and there were no problems with the legal documents they were using.

People told us they were supported to take their medicine safely. One person told us, "I know when I take my tablets and [my care worker] helps me take them and we write it down in the folder. I know what they are for." Staff had undertaken training in the administration of medicines and this was updated yearly. Records were kept of people's prescribed medicines and when they needed them. Charts were completed when a person had taken their medicine. These were checked by field staff during their regular visits. Any issues identified were addressed at the time. People we spoke with said staff helped remind them when to take their medicine and staff prompted or assisted them. We saw the care records for one person who was receiving covert medicine. Covert is the term used when medicine is administered in a disguised way without the knowledge or consent of the person receiving them. Authorisation for a care worker to give this had been obtained from the GP but the agency had not received guidance from the pharmacist. This was important because adding certain medicines to food or drink or crushing them can alter the way they work or how they affect people. Guidance was in place for staff to give PRN or 'as required' medicine. However, one person was receiving a controlled drug as and when required. Although basic instructions were in place we discussed the benefits of having additional guidance in this case to give staff supplementary information so they would be sure when the person should receive this type of medicine. The registered manager's immediately acted on our findings and produced an action plan detailing what they would do and when including contact with the pharmacist, updating records and staff training. This gave us assurance that people would continue to receive their medicine in a safe way.

Is the service effective?

Our findings

People told us they were supported by staff who had the skills to meet their needs. One person told us, "I think they are very well trained and my needs are always met." Another person said, "My carer goes off for training sometimes and comes back and tells me what he has learnt. I feel he looks after me so well." A relative told us, "She [care worker] is so well trained."

All the staff we spoke with told us they thought they had received enough training to do their job well. One staff member told us, "The induction was fantastic and I worked with another care worker for two weeks after that."

All new staff attended a two day induction in the office; this was also attended by existing staff who needed to refresh their mandatory training. We spoke with the registered manager and the trainer who explained this worked well as older staff were able to share their experiences with new staff and answer any questions about their day to day working experience. After induction staff were asked to complete learning packs that could be returned to the training department for assessment. The learning packs were based on those used by the care certificate and designed to give staff the skills they needed to do their job well. Training covered subjects such as safeguarding, medicines, first aid, infection control, food hygiene, moving and handling, dementia care, person centred care and effective communication. After induction staff updated their mandatory training either yearly or two yearly depending on the course. Systems were in place to monitor staff training needs and identify when training was due or needed to be refreshed. Staff that had not completed their mandatory training were not allowed to work.

Staff told us they had regular supervision with field staff. Supervision was incorporated as part of a regular visit or spot check to the person using the service. Annual appraisals were also undertaken by field staff.

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. 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.

We checked if the service was working within the principles of the MCA. If a person lacked capacity this was recorded in their care records and we were given examples where the service worked with healthcare professionals and family when a decision about care was required in the person's best interests. We spoke with the registered manager about one person who had fluctuating capacity and could make some decisions but sometimes could not make others. Their care records clearly stated staff should always offer a choice and their preferences were clearly stated in their care plan.

People were positive about their mealtime experience and told us they had a choice in what they ate and drank. Comments included, "They help me cook my food and I get to choose what I have. We usually eat

together and it's nice to have company", "We choose a menu together and he [care worker] cooks it for me" and "[My care worker] asks me what I would like to eat and does the shopping. I get to choose and it is very tasty. I have lots of drinks and snacks on my chair next to me."

People's dietary needs were assessed before they started using the service this included people's likes and dislikes. We saw examples where people needed a softer diet or higher calories to help them gain weight. One relative told us, "The carers discussed a healthy diet with me when they started and now he is eating better and putting on weight." To help staff learn about the type of food people may enjoy the service produced a recipe booklet that went out with a regular newsletter to staff. Managers told us the feedback from staff had been positive and the recipes gave them ideas of meal choices to offer people.

People were supported to access healthcare services when they needed to. People told us, "They call the GP for me when I need one, I just have to ask" and "[My carer worker] encourages me to see the GP. I don't like the doctors but he comes with me and makes me feel safe." People's personal information about their healthcare needs was recorded in their care records. Care records contained details of where healthcare professionals had been involved in people's care, such as, information from the GP and occupational therapists. Staff told us how they would notify the office if people's needs changed and we noted examples of how additional support from various healthcare professionals helped people maintain good health. For example, the service had liaised with the occupational therapist to obtain a hoist for one person when they had problems mobilising.

Is the service caring?

Our findings

All the people we spoke with were complementary about the standard of care and support provided by staff. People told us, "[My care worker] is excellent and always there when I need him", "The support I get is very good and my carers are fantastic", "My carer is an angel and I am well looked after by everyone" and "My carer is very good at looking after me and I get everything I need." One relative told us, "The care is excellent and it is well planned so everyone knows what they are doing."

All the staff we spoke with told us they enjoyed working with the people they cared for and were committed to providing care that was centred on people's individual needs. Comments included, "If my client is happy, I am happy", "Seeing a smile on people's faces, I know I have done well" and "I like to make people happy." Another member of staff who worked in the office told us, "I try to match client's expectations and get them the care staff they want... I look at the other side, how would I like to be treated in this situation if it was my mum. That's how I look at it. I love doing a good job, seeing people happy, it motivates me." One relative told us they observed mealtimes and said, "It's like a social event and they eat together. They are always laughing and chatting at meal times."

The service was committed to helping people express their views. They were able to demonstrate various ways to help staff understand how people would like to be cared for and highlight the day to day difficulties and obstacles people may face. For example, during training staff were asked to feed one another yogurts so they could experience what it felt like to be assisted at mealtimes. This reiterated the importance of unhurried mealtimes and reminded staff to always help people at their own pace.

People told us they felt fully involved in making decisions about their care. One person told us, "I know all about the care I need, we discussed it and when I need changes they explain it to me simply so I understand. I am very happy with this." Another person said, "I am very well cared for in the way I like. I feel involved and kept informed."

People's privacy and dignity was always respected while still encouraging people to be independent. People told us, "[The staff] are respectful and I get privacy when I need it, I don't even have to ask", "[My care worker] respects me and I get privacy. He always knocks on my door. He is very nice and kind." A relative told us, "She [care worker] is amazingly calm and respectful of my [relatives] house, her visitors, her belongings and everything. She is kind and caring and I feel we have a superb carer, the best."

The staff handbook gave guidance to staff and covered the service objectives. This included respecting people's autonomy, respect, privacy, confidentiality and the right to make informed choices.

Managers and staff worked closely with healthcare professionals when people were reaching their end of life. The registered manager explained they worked hard to support staff, respect people's wishes and adapt as people's needs changed.

Is the service responsive?

Our findings

People and their relatives told us they received outstanding personalised care that was responsive to their needs. Words used to describe people's care included, "Excellent, sensitive and discreet", "Fantastic", "Amazing" and "Outstanding." One person told us, "They [staff] make me feel important and my needs are met." Another person said, "My needs are met because [my care worker] works so hard just to help me keep healthy, safe and happy." A relative told us "Our needs are always met and [staff] go beyond the call of duty to make sure [our relative] is happy. She sings and makes him laugh. I feel we all have a good relationship." Another relative told us, "Our carer is calm, knowledgeable and makes [my relative] and us feel confident in the care we receive. It is outstanding."

Care, treatment and support plans were central to providing good person centred care. The manager explained how they took time to develop a person's care package right from the start. They listened to people and made sure their care plan was what they wanted, needed and responsive to their needs. They told us, "We have learnt that spending quality time at the start of care stops any issues." All the people and relatives we spoke with told us they were actively involved in developing their care plans and told us their care was planned proactively in partnership with them. They felt listened to by staff on a day to day basis and during their regular care reviews. One person told us, "We talk about my needs all the time and a lady comes from the agency every month or so and we talk about it and it is written in my folder." Another person told us, "I have the same carer living here. They talk to me about what I like and any changes. I decide if I would like to do things differently or need anything else."

We saw how the service involved people in their plan of care at the start of their package so they felt empowered, listened to and valued. For example, one person was registered as partially sighted and we saw all their care records were in a larger print so they were able to read and understand the care plan in place. Another care plan had detailed information from relatives about the person, their personality, history, how they liked things done and how staff could engage with the person through conversations and activities. This allowed staff to provide exceptional person centred care that greatly enhanced the person's quality of life.

The service was flexible and responsive to people's individual needs and preferences. It found creative ways to make sure people had a choice about who provided their care. Each staff member had a photo and a personal profile telling people about them, their past work history and experiences. Managers used this profile to make a decision on which care worker would be suitable for which person. People were given the staff members personal profile so they were fully informed of who would provide care and support for them. They were encouraged to speak with their proposed care worker on the telephone before they met in person. The registered manager told us, "The assessment will take as long as it takes, it's absolutely crucial to get the right introduction to the right carer." Face to face introductions happened at the start of care and field staff would keep in close contact with the person and their family over the first two weeks to ensure everything was going well with their care worker.

People's decisions, preferences and choices were respected. We were given examples when people

requested different care workers and how the agency worked to accommodate them. Once people were happy with their care worker the agency worked hard to keep the same staff member with the same person. Everyone we spoke with told us they had the same staff members to look after them or were given plenty of notice about new staff members. They felt able and comfortable to make a decision about who would be with them in their home. One person told us, "I always have the same [care worker] and when they are on holiday I usually have someone I know come in. If they are new we are introduced and have a cup of tea together before they move in." Another person said, "I tell them how I like things and they listen. The carer makes suggestions and I tell them if I like it or not which is fine." Relatives told us how having the right staff had a positive impact on their relatives giving them an exceptional quality of life. One relative told us "Our carer is known affectionately in our family as 'The Saint'. She is amazing and part of our family. The agency are brilliantly organised, brilliant care and communication and work fantastically well with the other care service we use in our carers down time. The carers liaise with each other to provide continuity for [our relative]. The carer and service are in another league."

Care records contained details of people's healthcare needs but also reflected how they wanted to receive their day to day care. Details of people's likes, dislikes, family links and history gave staff the important information they needed to give individual and personalised support. One relative told us "I cannot begin to tell you how amazing they are. The support they give [my relative] is impeccable, 100%."

There were robust systems in place to ensure changes in people's needs were communicated to those who needed to know. Prompt action was taken when necessary and we spoke with staff about how they responded to emergency situations and the healthcare professionals they had contact with. Staff shared information with the office and each other at the end of their period of care during detailed handovers. The handovers were thorough and covered all people's healthcare and personal needs and staff were given adequate time to ensure the new staff member knew exactly how people wanted them to provide their care and support. Any changes in people's needs were reported to the office and if necessary a review of care would be carried out by field staff. Any new changes were written in red so care staff knew exactly what current position was.

People told us they were able to access the community and were supported to undertake activities, hobbies and interests. One person told us, "I go to the shops and for walk with my carer... She helps me call my friend and we meet for tea." Another person told us, "They take me where I would like to go. I went swimming and to the library last week." A relative told us, "Our carer does everything with [our relative], coffee groups and clubs, church, gardening and baking. It's marvellous." Another relative told us, "They watch movies together and have film afternoons." We met one person who used the service locally and their care worker. They were going for a walk and planning their lunch. They spoke about the doctor's appointment they had attended earlier that day. The person talked to us about activities they did together like going to church, or the day centre for coffee and how they liked their garden and the sunshine. We heard how they enjoyed completing puzzles and word searches. As they talked together we observed they enjoyed each other's company, they laughed and joked together and there was a genuine friendship between the person using the service and their care worker.

People told us staff encouraged and supported them to maintain relationships with family and friends and helped them arrange meetings, coffee mornings and outings. People were supported to follow their spiritual needs with staff helping people to religious meetings or services. One relative told us, "[My relatives] religion is acknowledged and respected and the carer takes her to church which is not in her job description so it is a wonderful thing."

The service used a range of ways to encourage people's feedback and enable them to raise any concerns or

issues they may have. This included regular surveys, telephone calls and visits to the people in their own homes all information was used to drive improvement. All the people we spoke with and their relatives told us they knew who to make a complaint to if they were unhappy and most told us they had never needed to. Comments included, "I would complain to the carers and be listened too. If not [the registered manager] visits and I can call her too", "I have never had to complain. They check from the office to see if I'm happy with my care" and "The manager is very nice but I've never had to complain. I know they would deal with it." The service had a procedure which clearly outlined the process and timescales for dealing with complaints and this was included in the service user guide given to everyone when they first started to use the service. When issues had been raised people were provided with details of how the service would make things better. Apologies were made and the service clearly made improvements and shared lessons learnt with staff thus helping to develop an open and transparent culture.

Is the service well-led?

Our findings

The service was spread across a large area of England and had two registered managers who worked together to provide a cohesive and consistent service. One registered manager was office based while the other was in the field managing a team of people to monitor and assess people's care. We met with both registered managers during our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People and their relatives were complimentary about the service. Their comments included, "It is a very good service and they know what they are doing", "They are excellent", "I cannot fault the service" and "A wonderful all round service." People knew the registered managers and the office staff well and were confident that any issues or concerns would be listened to and dealt with. One person told us, "It's all very organised and they answer the phone and get back to you promptly." Another said, "I like the managers and the lady who visits. They are kind and check up to make sure I am happy."

The service had good, open communication with people and their relatives. People told us they had regular contact with the office staff and felt fully informed of any changes. One person told us, "They give plenty of notice of holidays and new people helping me if needed." Another person said, "I get calls and letters and visits about changes or anything else needed."

We met with one of the directors who told us how important it was to look after their staff, he told us how they worked hard to develop an open and transparent working culture where issues were reported, lessons were learnt but staff didn't feel they were to blame and could be confident in coming forward.

People told us they were asked about their views and felt their feedback was welcomed. Comments included, "They ask for feedback and call me to see what I think". At visits they ask my opinions when the carer is busy. The agency are very organised" and "They take any suggestions on board and tell you what they will do." People were able to give their feedback through regular telephone calls, during spot checks carried out by field staff and by surveys asking for their experiences. We looked at survey results from March 2017 and noted they were mostly positive. When issues had been raised people were contacted and thanked for their feedback. Details of how issues raised would be rectified and how the person could make a complaint if they were not happy with the outcome. Apologies were made when necessary and it was clear the process followed was in line with developing an open and transparent culture striving to constantly improve.

Both office staff and care staff were motivated and spoke positively about their relationship with their managers and the support they received. During our inspection we saw good interaction between staff and their managers and staff told us they felt well supported. Comments included, "Any problems I speak to [the registered manager] we get on so well", "I love it, the team are really good. Everyone will drop everything to help" and "We discuss things on a day to day basis. I always talk with [my managers] to get ideas. I like

knowing things and learning things, just having the understanding helps caring."

Care staff and managers confirmed they were in contact with each other regularly and communicated work related issues via telephone calls and during face to face visits at people's homes. We heard how other events, such as training sessions were also used to share learning and best practice so staff understood what was expected of them at all levels. Regular newsletters helped the service communicate with their care workers and gave important information about updates in working practices, training and reminders of how things should be done. For example one newsletter gave staff important information about reporting accidents and incidents and guidance on completing medicine charts. The newsletter also congratulated those staff who were consistently on time and those nominated as care workers of the month for having gone above and beyond in their work.

The registered managers, the office staff and the field team monitored the quality of the service by regularly speaking with people to ensure they were happy with the service they received. A combination of announced and unannounced visits were undertaken to review the quality of the service provided. This included reviewing the care records kept at the person's home to ensure they were appropriately completed.