

Velvet Glove Care Limited

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## 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

Velvet Glove Care Limited provides personal care to people living within their own homes in the community.

At our last inspection we rated the service good. At this inspection, we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and on-going monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last comprehensive inspection.

This service provides care and support to people living in their own homes in the community.

Staff had a good understanding of what safeguarding meant and the procedures for reporting abuse. People had risk assessments in place to cover any risks that were present within their lives, but also enable them to be as independent as possible. All the staff we spoke with were confident that any concerns they raised would be followed up appropriately by the registered manager. Staffing levels were sufficient to meet people's current needs. The staff recruitment procedures ensured that appropriate pre-employment checks were completed to ensure only suitable staff worked at the service.

Medicines were managed safely. The processes in place ensured that the administration and handling of medicines was suitable for the people who used the service. Staff were trained in infection control, and supplied with appropriate personal protective equipment (PPE) to perform their roles safely. Arrangements were in place for the service to reflect and learn from complaints and incidents to improve safety across the service.

People's needs were assessed and their care was provided in line with up to date guidance and best practice. People received care from staff that had received the right training and support to carry out their roles. Staff were well supported by the registered manager and one to one supervisions and observations of their practice took place.

Staff supported people to make healthy dietary choices to maintain their health and well-being. Staff supported people to attend appointments with healthcare professionals and worked in partnership with other organisations to ensure that people received coordinated and person-centred care and support.

People's consent was sought before any care was provided and the requirements of the Mental Capacity Act 2005 were met. 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 support this practice

Staff treated people with kindness, dignity and respect and spent time getting to know people. People were happy with the way that staff provided their care and support and they were encouraged to make decisions about how they wanted their care to be provided.

People were listened to, their views were acknowledged and acted upon and care and support was delivered in accordance with their assessed needs and wishes. Records showed that people were involved in the assessment process and their on-going care reviews. There was a complaints procedure in place to enable people to raise complaints about the service.

The service worked in partnership with other agencies to ensure quality of care across all levels. Communication was open and honest, and any improvements identified were worked upon as required.

The service had an open culture that encouraged communication and learning. People, relatives and staff were encouraged to provide feedback about the service and this was used to drive continuous improvement. The provider had quality assurance systems to review all aspects of the service to drive up improvement.

## 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.

# Velvet Glove Care 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.

This comprehensive inspection was announced took place over four days, the 23 and 24 April, the 8 and 19 May 2018. We gave the service 48 hours' notice of the inspection visit because the location provides a domiciliary care service and we needed to arrange calls to people using the service and staff.

The inspection was carried out by one inspector, an assistant inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

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 reviewed the previous report, information we held about the service and notifications we had been sent. Notifications are changes, events or incidents that providers must tell us about. We also received feedback from commissioners.

On the 23 and 24 April, the expert by experience made telephone calls to 12 people using the service and three relatives to seek feedback on their experience of using the service. We visited the agency office on the 8 May 2018 to look at care and management records and we spoke with two care co-ordinators, the administration assistant, the registered manager and the company directors. On the 19 May, the assistant inspector made phone calls to six care staff to seek feedback on their experience of working for the service.

We looked at the care records belonging to four people who used the service. We also looked at other information relation to the management of the service. This included four staff recruitment records, staff training records. We also looked at policies and procedures, and records relating to safeguarding, complaints and quality assurance monitoring records.

# Is the service safe?

## Our findings

People told us they felt safe. One person said, "I feel safe with my carers because they know what they are doing." Another person said, "It is lovely having the same carers, I feel so safe at all times with them." A relative said, "I am confident that [name of person] is completely safe with the carers, they all have a lovely attitude."

The systems, processes and practices safeguarded people from abuse. The provider had a safeguarding procedure in place. Staff had received safeguarding training and knew how to recognise the signs of abuse and what action to take if they suspected abuse. One member of staff said, "If I had any abuse concerns, I would first report it to management. If I didn't get any joy there, I would pick up the phone and report it to the Adult Protection Service." Records confirmed staff received relevant and up to date training in this area. We saw that safeguarding incidents had been reported to the relevant authorities as required. We discussed with the registered manager the file containing safeguarding records would benefit from having an overview informing the date the safeguarding alert was raised, the action taken, the date the safeguarding investigation was closed and the outcome.

Risks were managed so people were supported to stay safe. The risk management plans identified people's individual risks, whilst promoting independence. They were reviewed regularly and updated as and when people's needs changed.

There was sufficient numbers of suitable staff to support people to stay safe and meet their needs. People said the staff usually arrived on time for calls and if they were going to be very late, the office staff contacted them to let them know. They said they never felt rushed by staff and that enough time was allocated for staff to complete their tasks during their calls. Most people told us they had a core group of regular carers who attended their calls, however a couple of people commented that when these staff were off work, they were not always informed as to which staff were allocated to attend their calls.

Records demonstrated that the service carried out safe and thorough employment checks to ensure that all staff were suitable to be working at the service. We looked at staff files that showed all staff employed had a disclosure and barring service (DBS) security check, and had provided references and identification before starting any work. We discussed with the registered manager the importance of carrying out document checks on all car drivers, using a car to carry out their duties to ensure they had a valid driving licence, car insurance, car tax and MOT (if applicable).

The provider ensured medicines were managed safely. People that required support to manage their medicines told us that staff supported them to take them on time. Staff told us they had received training in the safe handling and administration of medicines; and their competencies were assessed. Staff told us they would report any concerns they had about people's medicines for example, they would report any errors or missed medicines to the office staff for follow up. One member of staff said, "The office staff would take the proper steps to investigate any medicines errors." Records showed that medicines audits were carried out to check that staff followed the medicines administration procedures. Any areas identified for improvement

were followed up with staff in one to one supervision meetings.

People were protected by the prevention and control of infection. Staff received training in relation to infection control and food hygiene, following current good practice guidance. Staff confirmed they were supplied with Personal Protective Equipment (PPE) to protect people from the spread of infection or illness and this was an area observed during unannounced 'spot check' visits.

Lessons were learned and improvements were made when things went wrong. The staff understood their responsibilities to report accidents and incidents, and raise any concerns in relation to people health and well-being. The registered manager told us that emerging risks were communicated with the staff team during one to one meetings, staff memos and included in the service newsletters.

# Is the service effective?

## Our findings

People's needs and choices were assessed and their care, treatment and support was delivered in line with current legislation, standards and evidence-based guidance to achieve effective outcomes. A relative said, "When [Name of staff] came from the office, they did the care plan with my husband and me, making sure everything that was needed was recorded." Records showed that people's care was assessed prior to taking up the service to ensure their needs could be fully met. The assessment covered people's physical, mental health and social care preferences to enable the service to meet their diverse needs.

Staff had the skills, knowledge and experience to deliver effective care and support. Staff told us they received induction training and on-going refresher training. One member of staff said, "The Induction training was detailed and thorough." The staff training records confirmed that all staff completed all areas of health and safety mandatory training. Staff confirmed they also received specific training to meet people's individual needs. For example, Percutaneous Endoscopic Gastrostomy (PEG) feeding, (which is a feeding tube passed into the stomach), and catheter care training had been provided by a community nurse.

Staff told us they felt supported, one member of staff said, "The manager and office staff are very approachable, if I have any questions I phone and say 'can I have 20 minutes of your time', they always take time to listen." Another member of staff said, "The office staff and the manager are brilliant, absolutely brilliant." Records showed that staff received regular supervision and an annual appraisal of their work. The service held informal social events for staff and recently they held a McMillan coffee morning and a 'Bake Off' when staff brought in home baked cakes for fundraising.

People supported to eat and drink enough to maintain a balanced diet. Many people using the service lived with their relatives and the provision of food and drinks was often a shared responsibility between the agency and family members. One relative said, "I do [Name of person's] meals, but if I have to go out I am confident that the carers can get [Name of person] something they like to eat." The care plans had information about the level of support people needed to eat and drink and details of people's dietary preferences and any food allergies. The staff training records showed that staff received up to date training in food and hygiene.

The service worked together with other health and social care professionals to deliver effective care, support and treatment. Staff took appropriate action in response to any deterioration in people's health. One member of staff said, "If a person was unwell but stable I would contact their GP first, if that wasn't possible I would call an ambulance and inform the manager. Another member of staff said, "I dealt with an emergency in the past and stayed with the person who had fallen over and was having trouble breathing. I phoned the ambulance and waited with the person until they arrived." We saw that input from other services and professionals was documented clearly in people's files, as well as any health and medical information.

People were supported to live healthier lives, have access to healthcare services and receive on-going healthcare support. People told us staff supported them in a timely manner with their healthcare needs. For example, attending their GP, hospital, optician, dental and chiropody appointments. The care plans gave

information on people's medical history and their current health needs, so that staff could observe for any adverse signs or symptoms and alert the appropriate healthcare professionals to seek timely support and advice.

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 procedures for this in community services come under the Court of Protection. We saw people's capacity to make decisions was assessed, and people assessed as not having capacity had 'best interests' decisions made on their behalf by family members or their representatives. Some people had a Power of Attorney appointed to make decisions on the person's behalf. Records showed that staff had received training on the mental capacity act; however, some staff spoken with lacked an understanding of the principles of the act. Although they did understand the importance to always seek people's consent, before providing people's care and to respect their wishes.

## Is the service caring?

### Our findings

People were treated with kindness, respect and compassion, and given emotional support when needed. One person said, "I could never be shown any more respect, by anyone coming into my home than I am by the staff that come in from Velvet Glove." Another person said, "My carers are so caring and respectful towards me, nothing is too much trouble to them." A relative said, "All the carers are so kind and caring to mum it gives me so much confidence in all them."

The service supported people to express their views and be actively involved in making decisions about their care, support and treatment as far as possible. People told us they were given a choice as to whether they wanted a male or female member of staff to provide personal care. One relative said, "Before we started with Velvet Glove I was asked if we were bothered whether we had male or female carers. I asked [Name of person] and they said they would be happier with a female carer, so that's what we have it works very well for us." The ethos of the service was to provide person centred care, the care plans were individualised and reviewed regularly and updated as and when people's needs changed. .

People's privacy, dignity and independence was protected and promoted. One person said, "When I am having a shower the staff close the curtain to keep me covered to protect my dignity." Another person said, "I do what I can for myself with the support of the carers, it helps me to remain as independent as I can be." A relative said, "I am not always in the room when the carers are busy with [Name of person], but I hear them asking if it's ok for them to do things for [Name of person]. A member of staff said, "I always make sure people have full privacy when assisting them to wash and dress." Staff had received training about respecting equality, diversity and upholding human rights. One member of staff spoke of how they supported people to worship according to their faith, they said, "I am mindful to remain impartial and respect their religious beliefs."

People's choices and preferences were recorded in their care plans and staff were introduced to the people they would support. The staff knew people well and could describe their daily routines and preferences. The examples they gave about people's needs and the care they provided was were consistent with the information in people's care plans.

The details of advocacy services were made available for people. An advocate is a trained professional who supports, enables and empowers people to speak up. The registered manager confirmed at the time of the inspection that no people were currently supported by advocacy services.

Staff were aware of their responsibilities related to maintain confidentiality and of their duty to protect personal information. Information held electronically was password protected and written documentation was stored securely.

## Is the service responsive?

### Our findings

People received personalised care that was responsive to their needs. People and their relatives, if required, were involved in the pre assessment process. People were asked to share information about their individual preferences as to how they wanted their care provided. The information formed an individualised care plan that contained information on the person's lifestyle choices, preferences, religious beliefs, family and personal history. The care plans were regularly reviewed and updated involving the person and relatives were needed. From the discussions with the registered manager, care co-ordinators and care staff it was evident that staff knew the people they provided support for very well.

The provider looked at ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016. It makes it a legal requirement for all providers of NHS and publicly funded care to ensure people with a disability or sensory loss can access and understand information they are given. The service had the contact numbers available of an interpreter service in the event the service may be required.

People's concerns and complaints were responded to, listened to and used to improve the quality of care. One person said, "I have never had to make a complaint, but if something is wrong I would contact the office and I am confident it will be sorted out." A complaints policy was in place and records showed the service responded appropriately to complaints following their policy.

Systems were in place to ensure when needed, people were supported with end of their life care to have a comfortable, dignified and pain-free death. A member of staff was trained in the Gold Standard End of Life Care and the service had good relationships with the community district nursing team. Although at the time of inspection, no people were receiving end of life care.

# Is the service well-led?

## Our findings

A registered manager was 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.

The service had an open culture that encouraged open communication and learning. The people we spoke with were overall very pleased with the service they received and people spoke highly of the management team and the staff providing their care. One relative said, "I can always get through to the office, someone always answers the phone, they are always very helpful." Staff told us that the management team were approachable and always available to contact.

Staff understood their responsibilities and received regular training updates to keep up to date with current good practice guidelines. They received support through day-to-day contact with the registered manager and care co-ordinators, and had formal one to one supervision meetings. The staff felt able to voice any concerns or issues and felt their opinions were listened to.

The feedback from people using the service and relatives was positive. People's views about the quality of care were sought and the results of quality surveys indicated that people were pleased with the service they received.

Established systems were in place to report accidents and incidents investigate and analyse incidents. People's care plans were regularly reviewed to reflect any changes in people's care needs.

The registered manager was aware of their responsibility to report incidents, such as alleged abuse or serious injuries to the Care Quality Commission (CQC).

Quality assurance systems were in place to continually drive improvement. These included a number of internal checks and audits, which highlighted areas where the service was performing well and areas that required further improvement. A relative said, "We regularly get a phone call from the office checking that everything is ok for us."

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had displayed their rating at the service and on their website.