

Velvet Glove Care Limited

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Inspection report

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09 February 2017
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Ratings

Overall rating for this service

Inspected but not rated

Is the service safe?

Requires Improvement



Is the service well-led?

Requires Improvement



Summary of findings

Overall summary

We carried out an unannounced comprehensive inspection of this service in March 2016 and rated the service as overall good.

The Commission carried out a focused inspection on 9 & 10 February 2017, due to concerns received in relation to shortage of care staff and missed calls. As a result we undertook a focused inspection to look into those concerns. This report only covers our findings in relation to those topics. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Velvet Glove Care Limited on our website at www.cqc.org.uk

This service is registered to provide personal care to people in their own homes; at the time of our inspection there were 42 people receiving care and support from Velvet Glove Care Limited.

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.

The provider did not have systems and processes in place to monitor whether people had received their planned care. However these have now been implemented but we were unable to rate their effectiveness until they had been embedded in to practice.

Care staff did not always recognise that people declining their care and support was a safeguarding concern and should have been reported to the Registered Manager so appropriate action could be taken.

People received care from staff that were kind, caring and passionate about providing the care and support people wanted to enable them to stay in their own homes. People were supported to take their medicines as prescribed.

The recruitment practice protected people from being cared for by staff that were unsuitable to work in their home.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe

People could not always be assured that staff would recognise when to report their concerns.

People received care and support in their own homes by suitable care staff that had been appropriately recruited.

People's risks had been assessed and care plans informed staff how to mitigate these risks.

Is the service well-led?

Requires Improvement ●

The service was not always well led.

The provider did not have embedded systems and processes in place to monitor whether people had received their planned care.

People's quality of care was starting to be monitored using new systems which are yet to be embedded into practice.

People using the service, their relatives and care staff were confident in the registered manager.

Velvet Glove Care Limited

Detailed findings

Background to this inspection

We undertook an unannounced focussed inspection of Velvet Glove Care Limited on 9 & 10 February 2017. This inspection was completed in response to concerns the commission had received in relation to people using the service not receiving care and support at their agreed times and shortage of care staff. This report only covers our findings in relation to those topics.

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 was completed by one inspector. Before the inspection we reviewed the information we held about the service, including statutory notifications that the provider had sent us. A statutory notification is information about important events which the provider is required to send us by law. We also contacted health and social care commissioners who place and monitor the care of some people using the service.

During our inspection we spoke with the provider, registered manager, team leader and three members of care staff. With people's permission we visited two people in their own homes and also spoke to three people on the telephone, we also spoke with two relatives.

We looked at documentation relating to staffing rota's, people's planned visit times, safeguarding investigations, quality monitoring, action plans and staff recruitment files.

Is the service safe?

Our findings

There were occasions in the previous few weeks before the inspection when people could not always be assured that care staff would arrive in a timely way to deliver care and support at the pre-agreed times.

The commission was informed that some people had not received all of their planned care and support. The registered manager had identified that these issues related to a limited number of people on a specific care round; this had arisen when people using the service or their relatives had turned care staff away when they were more than 15 minutes late. The provider had addressed this issue as soon as they had become aware of it; however they had not recognised or been informed by care staff that these incidents had taken place.

We spoke with one person who had declined visits from care staff; they told us that staff had arrived late for their planned visits. They told us they believed that the staff were late because they were not their regular care staff; they had on some occasions turned care staff away. This person also told us that since the registered manager has been aware of the issue their care had been consistently provided in a timely way by the team leader. Another person who had experienced one missed call said "Apart from the one time, by carer is always on time and always does everything I need them to do." We also spoke with a relative of a person using the service and they told us "We have never had any problems with care staff not arriving; sometimes they can be a few minutes late but that is expected and they are always friendly and upbeat when they do come."

People felt safe in their homes with the staff that supported them. We observed how relaxed and calm a person was with the care staff that was assisting them. One person told us "I feel comfortable with all the staff; I look forward to them coming." The staff knew how to recognise if people were at risk of harm and knew what action to take when people were at risk. However; one member of staff had not reported to the registered manager that people had not received their care visits and they had been turned away. Once the registered manager became aware of this issue it had been made clear to all staff that any care visit that had not been undertaken must be reported to the office immediately; however this practice could not be assessed until it had been embedded into practice. There was safeguarding procedure in place and each member of staff had been given contact details of the local safeguarding team. We saw from staff records that all staff had received safeguarding training and that this was regularly refreshed.

There were risk assessments in place to reduce and manage the risks to people's safety; for example people who had been assessed as at risk of falling had a risk assessment and care plans that gave details to the staff as to how to mitigate the risks of falling. The registered manager reviewed the care plans and risk assessments regularly; staff told us that if they had any concerns the registered manager would visit and revise the plans and risk assessments.

People's medicines were safely managed. Care plans and risk assessments were in place when people needed staff support to manage their medicines. Staff told us that they were trained in the administration of medicines and the registered manager had tested their competency. There was information available which detailed what medicines people were prescribed. The staff told us if they had any concerns or questions

they spoke to the registered manager who responded promptly. One person told us "The carers always make sure I have my tablets; they won't let me forget."

There were appropriate recruitment practices in place to ensure people were safeguarded against the risk of being cared for by unsuitable staff. Staff had been checked for any criminal convictions and satisfactory employment references had been obtained before they started to work for Velvet Glove Care Limited.

Is the service well-led?

Our findings

The provider did not have systems and processes in place to monitor whether people had received their planned care. Had effective systems been in place, the registered manager would have identified that care staff were arriving late for planned visits and people were declining their care and support. We discussed our concerns with the registered manager and they showed us their new systems and processes which had implemented since becoming aware of the missed calls. However, these new systems and processes were only in place for those people who had been identified as having issues with the timing of their calls. The provider had plans to escalate these systems and processes across all of the service in the future.

The registered manager had been responsive to the concerns that had been raised people missing their care and support due to late calls.. An action plan was in place to address these concerns and it was clear from talking to the registered manager and care staff that new systems and processes had been implemented to ensure people did receive their care and support as planned. The registered manager had planned for a staff team meeting where they were to discuss reporting safeguarding concerns to the office and to external organisations if required. Weekly spot checks for care staff were in place, they were unannounced and every person who used the service had received or had a planned visit from the company liaison officer to gain feedback about the service.

We looked into the concerns that had been raised about staffing rota's and staff not having rota's in advance. We found that all staff had a rota that was sent electronically to them on a weekly basis or staff could call in the office to pick their rota up. One care staff we spoke with said "I have a rota which tells me what calls I am completing; I get my rota weekly and we are asked to check it and report to the office if there is anything on there we may have difficulties with."

People using the service, their relatives and staff told us the registered manager was passionate about ensuring people received the best care possible. This gave confidence to people and their families and it was clear through our observations that the staff now understood the expectations of the manager and delivered care and support in line with these expectations.

Communication between people using the service, families and staff was encouraged in an open way. Relatives contacted the provider on a regular basis to update them on people's changing care needs. The registered manager told us they had an open management style and wanted to ensure that people felt confident to contact them at any time they needed. Staff said the registered manager was very approachable and considered best outcomes for people in everything they did. The registered manager also sent a newsletter to all staff with reminders about procedures and upcoming events and training.

The culture within the service focused upon supporting people's well-being and enabled people to live as independently as possible for as long as possible in their own home. All of the staff we spoke with were committed to providing a high standard of personalised care and support. Staff were focussed on the outcomes for the people that used the service and staff worked well as a team to ensure that each person's needs were met.

People using the service were asked to provide feedback about their experience of care and about how the service could be improved. However, as this feedback was recently received the provider had not collated the responses from people and outcomes from the feedback were unknown.

Staff worked well together and as a team were focused on ensuring that each person's needs were met. Staff clearly enjoyed their work and supporting people, they told us that they received good support from their manager. One staff member said "The manager is really good at caring for people and making sure we care for people."