

Vera Care Limited

# Vera Care Limited

## Inspection report

The Old Courthouse  
New Road Avenue  
Chatham  
Kent  
ME4 6BE

Tel: 07789275703

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	<b>Requires Improvement</b> 
Is the service effective?	<b>Good</b> 
Is the service caring?	<b>Good</b> 
Is the service responsive?	<b>Good</b> 
Is the service well-led?	<b>Requires Improvement</b> 

# Summary of findings

## Overall summary

We carried out this inspection on 26 July 2017. The inspection was announced.

Vera Care Limited is a small domiciliary care agency which provides personal care and support for adults in their own homes. The service provides care for people living in the Medway area. At the time of our inspection they were supporting two people who received support with personal care tasks.

The service had a registered manager. 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 were positive about the service they received. They told us they received a safe, effective, caring, responsive and well led service.

People's medicines were not always well managed and recorded. There were gaps on the medicines records and codes to evidence why medicines had not been given as prescribed were not used consistently. Medicines records did not detail the times of day that people received their medicines, which meant there was a risk that people would receive their next dose too close together.

There were quality assurance systems in place. These were not yet fully embedded. Quality checks undertaken had not identified the issues in relation to medicines.

Risks to people's safety had been assessed and recorded with measures put into place to manage any hazards identified. Risk assessments had not always been updated as people's needs changed. We made a recommendation about this.

Recruitment practices were safe and checks were carried out to make sure staff were suitable to work with people who needed care and support. There were suitable numbers of staff on shift to meet people's needs. Staffing files were missing photographs of staff. We made a recommendation about this.

Accident and incident recording systems were in place. There had been one accident that had not been appropriately recorded. Appropriate action had taken place to deal with the accident. We made a recommendation about this.

Staff and the management team had received training about protecting people from abuse, and they knew what action to take if they suspected abuse.

Procedures and guidance in relation to the Mental Capacity Act 2005 (MCA) were in place which included steps that staff should take to comply with legal requirements.

Policies and procedures were in place, which meant staff had access to up to date information and guidance.

Staff had received training relevant to their roles. Further training courses had been booked. Staff received regular support and supervision from their line manager.

People's information was treated confidentially. People's paper records were stored securely in locked filing cabinets.

People received medical assistance from healthcare professionals when they needed it. Staff knew people well and recognised when people were not acting in their usual manner.

People's needs had been assessed to identify the care and support they required. Care and support was planned with people and reviewed to make sure people continued to have the support they needed. People's care plans detailed what staff needed to do for a person. The care plans included information about their life history and were person centred. People were supported to be as independent as possible.

People told us that staff were kind, caring and communicated well with them.

People and their relatives had been involved with planning their own care. Staff treated people with dignity and respect.

People were given information about how to complain and how to make compliments.

People's views and experiences were sought through review meetings and through surveys.

People told us that the service was well run. Staff were positive about the support they received from the registered manager. They felt they could raise concerns and they would be listened to.

Communication between staff within the service was good. They were made aware of significant events and any changes in people's behaviour.

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

## 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 consistently safe.

People's medicines were not always well managed and recorded.

Risks to people's safety were well managed to make sure the risk of harm were minimised. Risk assessments had not always been updated in a timely manner.

People were protected from abuse or the risk of abuse. The registered manager and staff were aware of their roles and responsibilities in relation to safeguarding people.

Effective recruitment procedures were in place; records relating to employment were mostly complete; staff photographs were missing. There were enough staff deployed to meet people's needs.

### Is the service effective?

**Good** 

The service was effective.

Staff had completed training to help them meet people's assessed needs. Staff received regular supervision.

Staff had a good understanding of the Mental Capacity Act 2005 and how to support people to make decisions.

People received medical assistance from healthcare professionals when they needed it.

People had appropriate support when required to ensure their nutrition and hydration needs were well met.

### Is the service caring?

**Good** 

The service was caring.

People told us they found the staff caring, friendly and helpful.

Staff were careful to protect people's privacy and dignity and

people told us they were treated with dignity and respect.

People's information was treated confidentially.

### Is the service responsive?

Good ●

The service was responsive.

People's care plans were person centred and contained important information such as their life history and personal history.

A complaints policy and procedure was in place and people knew how to complain.

People had been asked their views and opinions about the service they received.

### Is the service well-led?

Requires Improvement ●

The service was not consistently well led.

The systems to assess quality had not identified the concerns found in the inspection. The provider and registered manager had not always followed the provider's policies.

Staff were aware of the whistleblowing procedures and were confident that poor practice would be reported appropriately.

The registered manager was aware of their responsibilities in relation to reporting incidents to CQC.

# Vera 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 checked 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 26 July 2017 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service; we needed to be sure that someone would be in. The inspection was carried out by one inspector.

Before the inspection, we asked the provider to complete 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 visited two people to ask them about their views and experiences of receiving care. We spoke with three staff during the inspection, which included a member of care staff, an administrator who also was a member of care staff (who was a director for Vera Care Limited) and the registered manager.

We contacted health and social care professionals to obtain feedback about their experience of the service. These professionals included local authority care managers.

We looked at two people's personal records, care plans and medicines charts, risk assessments, staff rotas, staff schedules, staff recruitment records, meeting minutes, policies and procedures.

We asked the registered manager to send us additional information after the inspection. We asked for a copy of the training matrix and copies of policies and procedures. These were received in a timely manner.

The service had been registered with us since 21 October 2015. This was the first inspection carried out on the service to check that it was safe, effective, caring, responsive and well led.

# Is the service safe?

## Our findings

Medicines were not managed effectively. People received support from staff to manage their medicines. Medicines administration records (MAR) were not always completed appropriately to evidence that people had received the medicines they had been prescribed. MAR charts showed that people were taking medicines which were not listed on their medicines list within their care plan and records. One person had assistance from their relatives to administer their medicines on occasions. The MAR chart was recorded with a code when this had happened. The MAR chart showed a missing entry for the 31 May 2017. No signature or code had been recorded. We spoke with the provider who said they think that the person's relatives had administered the medicine on this evening and agreed that no record had been made of this on the MAR chart. Another MAR chart showed that an O code had been recorded when people refused their medicines. However, the same code was used when the person had run out of stock.

Medicines records did not detail the times of day that people received their medicines, which meant there was a risk that people would receive their next dose too close together which had the potential to cause an adverse reaction. For example, pain killers should not be administered too close together as this could cause an overdose if too many were administered over the course of a 24 hour period.

People were in receipt of as and when required (PRN) medicines. There were no PRN protocols in place to detail how each person communicated pain, why they needed the medicine and what the maximum dosages were.

This failure to ensure that medicines were suitably administered and recorded was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Before any care package commenced, the registered manager carried out risk assessments of the environment, and for the care and health needs of the person concerned. Environmental risk assessments were thorough, and included risks inside and outside the person's home. For example, approach to the house and whether the garden posed any risks such as trip hazards and poor lighting. Risk assessments for inside the property highlighted if there were pets in the property, and if there were any obstacles in corridors, such as worn carpets.

Individualised risk assessments were in place to mitigate the risks of care tasks and in relation to people's mobility. People's individual risk assessments included information about action to take to minimise the chance of harm occurring. For example, people had restricted mobility and information was provided to staff about how to support them when moving around their home and transferring them in and out of their bed or to a wheelchair. One person told us that staff used their specialist equipment when providing them their care. They said, "I feel safe, I've never felt unsafe with them". Where people's health or mobility had deteriorated the registered manager had not always taken timely action to review and amend risk assessments to evidence what staff should do to mitigate the risks to the person and themselves. Medicines risk assessments were not fully completed, medicines were not listed on the risk assessments and the section for known side effects was also blank which meant that staff may not recognise a side effect of

medicines a person was taking. As the service was so small, the three staff consistently provided care to people, which meant they knew them very well. This mitigated the risks of not having up to date risk assessments.

We recommend that the registered manager reviews the systems they have in place in line with published health and safety guidance for the correct review for risk assessments.

People told us they had the same staff providing their care. One person told us, "If they are going to be late they let me know by text". People confirmed they always knew who was going to be providing their care. This was also confirmed with the person daily. Another person said, "They turn up at the right time, traffic permitting".

Vera Care Limited employed enough staff to cover the care packages that were in progress. Rotas and schedules showed that people had consistent staff working with them.

The provider followed safe recruitment procedures so that staff working with people were suitable for their roles. Records showed that staff were vetted through the Disclosure and Barring Service (DBS) before they started work and records were kept of these checks in staff files. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Employer references were also checked. Robust recruitment procedures were followed to make sure that only suitable staff were employed. Recent photographs of staff had not been obtained by the provider to meet the requirements of schedule 3 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had not taken any identity photographs to provide staff with identification when providing care. This had little impact on the two people receiving care as they both knew those providing care well.

We recommend that the provider reviews and amends recruitment records to meet schedule 3 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff were provided with appropriate equipment to carry out their roles safely. For example, they were issued with gloves and aprons when they started. Staff confirmed that they could access more equipment when required. There was a stock of personal protective equipment (PPE) kept in the office which staff could access regularly to stock up.

People were protected from abuse and mistreatment. The staff we spoke with had a good understanding of their responsibilities in helping to keep people safe. Staff told us they would have no hesitation raising concerns with the appropriate people if they needed to. Staff were confident the registered manager would deal with any issues taken to them for their attention. Staff had access to the providers safeguarding policy as well as the local authority safeguarding policy, protocol and procedure. This policy is in place for all care providers within the Kent and Medway area, it provides guidance to staff and to managers about their responsibilities for reporting abuse.

There had not been any documented accidents or incidents for the registered manager to review or action. However, there had been an accident which had occurred in May 2017. The provider had taken action to prevent the issue happening again by replacing the faulty equipment involved and providing advice to the person and their family. However, the provider had not followed their own procedure in relation to fully documenting the accident.

We recommend that the provider and registered manager review systems and processes for recording and



monitoring accidents and incidents in line with Health and safety Executive (HSE) guidance.

The provider had a business continuity plan in place which detailed how the service would operate if the office premises became unusable due to fire or flood. The plan also detailed how they would continue to meet people's needs in the event of extreme weather such as snow. This meant suitable systems were in place to respond to emergencies and provide people with consistent care and support.

## Is the service effective?

### Our findings

People told us they received effective care and support from staff that knew them well. People confirmed they had support with preparing and cooking meals and support to eat meals when it was required.

Staff files showed that staff had completed a number of training courses to enable them to meet people's care needs. Courses attended included, handling medicines, health and safety, moving and handling and safeguarding adults. The provider had arranged training courses for staff to attend to update and refresh their knowledge and skills. The provider had attended a train the trainer course to enable them to train staff in key areas as the business expanded.

Induction for new staff included reading through policies, reading people's care files and shadowing experienced staff. A staff member confirmed that this had been done when they started. Staff will then complete the Care Certificate, where practice will be observed by the registered manager and provider to ensure that knowledge and skills are embedded into practice. The Care Certificate includes assessments of course work and observations to ensure staff meet the necessary standards to work safely unsupervised.

Records showed that supervision meetings with staff had taken place frequently. A staff member confirmed, "I have had quite a few supervisions, they [the registered manager] are very supportive". The registered manager had also carried out spot checks on staff practice to check they were working with people in a safe and personalised manner. This met staff had adequate support to carry out their roles.

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.

We checked whether the service was working within the principles of the MCA 2005. There were procedures in place and guidance was clear in relation to MCA 2005 that included steps that staff should take to comply with legal requirements. Guidance was included in the policy about how, when and by whom people's mental capacity should be assessed. Staff knew about the MCA 2005. Both people receiving a service had capacity to make their own decisions relating to their care and their lives. Staff respected these decisions.

People received support to prepare and cook meals and drinks to meet their nutritional and hydration needs. Care plans detailed the support people needed. People purchased their own food through shopping on the internet and through support of their relatives. One person said, "I eat quite a lot of salad and vegetables. [Staff member] is a good cook". Staff detailed how they supported people to eat foods they liked. Staff knew that the people they supported required their foods to be chopped up into small pieces to prevent the person from choking. One person detailed how a staff member, "Spends time feeding me".

People told us that they received medical assistance from healthcare professionals when they needed it.

Staff gave us examples of times when they had contacted people's GP or other health professionals such as an occupational therapist (OT) when it was required. People's care files detailed when phone calls or emails had been sent to health and social care professionals such as OT's and local authority care managers. This showed that the service worked in partnership with other health and social care professionals. People received support from staff or their relatives when required to attend medical appointments. One staff member told us that one person's GP was very good at providing home visits when this is required.

# Is the service caring?

## Our findings

People told us that staff were kind and caring. One person said, "I am so happy with [staff member]. I class [staff member] as one of my friends now, she gets on well with my kids too". Another person said, "They are sometimes too respectful".

Staff were aware of the need to respect choices and involve people in making decisions. A staff member told us they gave people choices, asked people what they would like and spoke with them. One staff member said, "I can advise, encourage and assist but the decision is [Person's]". Staff made sure people were in control and encouraged people to make decisions.

Staff maintained people's privacy and dignity. Staff explained that they would close doors and curtains when providing personal care to people. Staff explained how they chatted to people whilst providing care which made people feel valued. One staff member said, "I treat people how I like to be treated". Staff explained that they covered people with towels whilst they were assisting them with their personal care to protect their privacy and dignity. A person told us, "They respect my personal space" and "They treat me with dignity and respect, they call me by my preferred name. Everything is done right. I trust them".

We observed staff taking their shoes off when visiting people in their home, respecting the person's wishes.

Daily records showed that people had received consistent care in accordance with their wishes and care plans. People confirmed that they had been involved in setting up their care plans and agreeing what support was required. One person explained that this was the first time in their history of receiving care that they had been asked what they needed help and support with and then care was matched to their needs. They explained that previously other care companies have told them what they offered.

People and their relatives told us that staff supported them to maintain their independence. Daily records reflected that people were doing things for themselves when this was possible and were involved in their care.

Staff knew the people they supported well. People confirmed they had regular and consistent staff. The rota's evidenced that people had consistent staff providing their support. For example, people had a core group of staff that visited them in their homes to provide their care and support. Staff had a genuine interest in the people they provided care and support to. All of the staff including the provider and registered manager shared how they enjoyed their jobs and wanted to make a difference by providing good quality care.

People's information was treated confidentially. Personal records were stored securely. People's individual care records were stored in a locked filing cabinet in the office to make sure they were accessible to staff. Files held on the computer system were only accessible to staff that had the password.

## Is the service responsive?

### Our findings

People told us they were fully involved with agreeing changes to their packages of care. One person said, "I was listened to when it came to setting up care, they put a care plan in. I feel it is all good".

People's care plans detailed their life history and important information about them. For example, details of important events, work history, relatives, favourite sports and activities, places they had lived and important people in their lives. This meant that staff had clear guidance about what people's care needs were. Care plans listed people's preferences such as their preferred names. Care plans did not break down tasks for staff; for example, tasks were listed 'support [person] with showering'. This did not impact the current people receiving care and support because staff knew them well and provided care according to their preferences. We spoke with the registered manager about revising care plans to make them clearer to new staff.

One person's care package included support to utilise their local community. Staff explained how they supported the person to visit relatives and go for walks.

People's care packages had been reviewed regularly. One person confirmed that the registered manager had been to visit to review their care and came and spoke with them. Another person said, "They have not yet reviewed my care, they haven't been providing it for long enough".

People's care needs were thoroughly assessed before the service was provided to enable people to detail what care and support they needed. The assessment process enables the registered manager to meet with people to discuss care and support needs, to inform a judgement as to whether these needs can be met by the service.

People knew who to talk to if they had any concerns or complaints. One person said, "If I have had any issues we talk about it". Another person said, "I feel confident that complaints would be handled effectively". The complaints procedure was available to people within their 'service user guide' which was kept in their care folder in their homes. The complaints procedure gave information about who to complain to if a person was not happy with the complaint from the provider, which included the local authority and CQC and detailed the timescales for acknowledgement and investigation. We spoke with the provider about the procedure as CQC are not responsible for investigating individual complaints. This is a role for the Local Government Ombudsman (LGO). The provider made changes to the service user guide immediately to ensure people had up to date information. The provider and registered manager confirmed that there had not been any complaints.

The provider had received informal compliments from people receiving the service. These had not been formally documented. People we spoke with gave us positive feedback about the care and support they received.

People were encouraged to provide feedback about the service. Both people had completed a service

evaluation form with staff to evidence they were satisfied with the service they received.

## Is the service well-led?

### Our findings

Although the provider and registered manager had some monitoring systems in place to check the service, the concerns relating to medicines had not been identified, when medicines audits had been completed in January 2017 and April 2017. The minor issues which we have made recommendations about in this report had also not been identified. Other audits had not taken place. The registered manager had templates for robust audits of staff records, staff training and care records. The template linked to the quality assurance and quality monitoring policies and procedures. The registered manager and provider planned to utilise these audit systems and embed these as the service grew in size.

The provider and registered manager had failed to follow their own policies and procedures and failed to make accurate and complete records. For example, the accident and incident reporting policy and procedure detailed, 'In the event of an accident, or an incident (e.g. a "near miss" which did not result in an injury but which may have done so in different circumstances) an accident/incident form should be completed and immediately submitted to the registered manager, who, after review of the facts, will take those actions necessary to minimise danger of the same accident/incident in future. These actions should be noted on the form, using the reverse if necessary. The progress of the treatment of any injury must also be recorded, together with any final outcomes evident at the time of completion and transmission of the form. The registered manager must sign the form on completion of the investigation in order to denote that they have discharged their responsibility'. The provider and registered manager had not recorded that a person had fallen whilst being provided with care.

The registered manager and provider failed to establish and operate systems to assess, monitor and improve the quality and safety of the services provided. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us that the service was well run. One person said, "It is well managed, there is always room for improvement but there would be with any care. On the whole I'm quite pleased. There are no major pitfalls". Another person told us, "They are a lovely couple [registered manager and administrator/care staff]" and "They are one of the better companies I've had".

The provider's website detailed, 'At Vera Care Limited, our primary value is the needs of our clients come first, therefore we at Vera Care Limited strive service of highest standards in the provision of Healthcare staff'. It went on to state, 'We are also flexible to respond quickly to adapt our services as per client's needs. We also ensure that our service users are assisted to make their own decisions and control their own lives and are supported in maintaining their own independence. All our service users will be treated equally and protected against any form of discrimination and abuse. Vera Care Limited will ensure that each client's needs and values are respected in matters of religion, culture, race or ethnic origin, sexual orientation, political affiliation, marital status, parenthood, disabilities or impairments'. From the information we read, from practice we observed and from feedback received from people and staff, we could see that the provider's aims and objectives were embedded into practice.

Staff meeting records evidenced that a staff meeting had taken place despite the small size of the team. The meeting record evidenced that health and safety, people, training and staffing were discussed, which showed open discussion and information sharing.

A staff member told us they received lots of support from the registered manager and the provider. They said, "They are not afraid to get their hands dirty and they muck in".

Staff had access to a range of policies and procedures to enable them to carry out their roles safely. The policies and procedures had been updated by the provider and registered manager.

Staff were aware of the whistleblowing procedures and voiced confidence that poor practice would be reported. A staff member explained they could report any concerns to the management team, they had confidence that concerns would be dealt with appropriately. They said, "They [registered manager] would definitely deal with it". The service had a clear whistleblowing policy that referred staff to report concerns directly to the provider, the local authority or to CQC.

The registered manager had a good understanding of their role and responsibilities in relation to notifying CQC about important events. They had not yet needed to make such notifications. The registered manager gained information and advice from the CQC website, community care publications and utilising the internet.



This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  The provider had failed to ensure that medicines were suitably administered and recorded. Regulation 12 (1)(2)(g)
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The registered manager and provider had failed to establish and operate systems to assess, monitor and improve the quality and safety of the services provided. Regulation 17 (1)(2)(a)(b)(c)(f)