

Virtue Care Ltd

42 Alexandra Road

Inspection report

Suite 3, 42 Alexandra Road
Farnborough
GU14 6DA

Tel: 07950904023

Website: www.virtuecare.co.uk

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

42 Alexandra Road is a domiciliary care agency which was providing personal care to 15 people on the day of the site visit. The provider's office is located in Farnborough and they provide care to people living in both Hampshire and Hounslow. They provide care to both younger and older adults, who may have a disability, a mental health diagnosis, a learning disability or who may be living with dementia.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

People's experience of using this service and what we found

People and their relatives were happy with the care received. They felt care was provided by skilled, regular staff, who understood their care preferences and how to manage any risks associated with the provision of care.

The registered manager recruited sufficient staff to ensure people's care could be provided safely. There were robust staff recruitment processes, to ensure only suitable staff were recruited. They ensured people received their medicines safely from appropriately trained staff. Staff assessed potential risks to people and measures were in place to mitigate any identified risks. People were protected from the risk of abuse by the systems and processes in place. Staff had received relevant infection control training and understood how to protect people and themselves from the risks of acquiring an infection. The registered manager ensured learning took place and this was shared with staff.

People's needs were assessed and their care was planned in accordance with legislative requirements. Staff were supported in their role. Staff ensured people were supported to eat and drink. Staff liaised with health care professionals as required, to ensure people's healthcare needs were met. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People received care which met their needs and preferences. People were involved in planning their care which was reviewed to ensure it remained relevant. Processes were in place to enable people to raise issues and to seek feedback about their experience of the care provided. The registered manager took relevant action in response to issues raised. Staff supported people with end of life care where required.

The registered manager had implemented robust processes to monitor the quality of the service and to identify areas of the service for improvement. The registered manager promoted a positive culture focused on achieving good outcomes for people. They understood their role and ensured the additional conditions placed upon their registration following the last inspection were met. The registered manager worked openly with other agencies to provide people's care.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was requires improvement (published 12 July 2019).

Why we inspected

We carried out an unannounced comprehensive inspection of this service on 08 April 2019. Breaches of legal requirements were found. Conditions were placed on the provider's registration, which required them to provide regular updates on their actions to improve the service.

Since this rating was awarded the registered provider has moved premises and changed the name of the location. We have used the previous rating and enforcement action taken to inform our planning and decisions about the rating at this inspection.

We undertook this focused inspection to check they now met legal requirements. This report only covers our findings in relation to the Key Questions of safe, effective, responsive and well-led. The rating from the previous comprehensive inspection for the key question of caring which was not looked at on this occasion was used in calculating the overall rating at this inspection. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for 42 Alexandra Road on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

42 Alexandra Road

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was completed by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service a short period of notice of the inspection activity because it is small, we needed to be sure they would be available.

Inspection activity started on 29 March 2021 and ended on 06 April 2021. We visited the office location on 29 March 2021.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We gathered this information during the inspection.

We reviewed information we held about the service, for example, statutory notifications and the monthly reports the provider had submitted as a condition of their registration. A notification is information about

important events which the provider is required to tell us about by law. We sought feedback from commissioners about the service. We used all of this information to plan our inspection.

During the inspection

We spoke with the registered manager who is also the provider and one member of staff. We reviewed three people's care records and their medicines records. We also reviewed three staff recruitment records.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with one person and four people's relatives. We also received feedback on the service from six staff.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

At our last two inspections the provider had failed to establish fully robust recruitment procedures to ensure the suitability of staff employed. This was a continuing breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 19.

- The registered manager had robust policies and processes in place to ensure staff's suitability for their role. Their staff pre-employment recruitment checks included a Disclosure and Barring Service (DBS) check and other relevant checks upon staff's suitability for their role. Staff recruitment files contained all of the required evidence.
- The service employed sufficient, suitably qualified staff to enable them to provide people's contracted hours. People and their relatives told us they received their care as commissioned. One relative said, "We get the care at the right time" and another commented, "They stay the half hour." Where people required two staff to provide their care, there were sufficient staff to provide this level of care. Staff reported there was enough time for travel between calls.
- The registered manager was supported by two care co-ordinators and a field care supervisor, who assisted them in having oversight of the day to day work of the care staff.
- The registered manager closely monitored the staffing rosters and adjusted them to ensure they could respond to any unforeseen events. They used their electronic call log system to monitor people's call times. Staff were required to log into calls within 15 minutes of the time booked, or an alert went to the office. The provider reported to commissioners where monitoring indicated people's needs had changed and they required additional care calls.

Using medicines safely

At our last inspection the provider had failed to provide people's medicines safely. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- People received their medicines from appropriately trained staff whose competency to administer people's medicines had been assessed. Staff had access to the provider's medicines policy for guidance.
- People's medicine's needs and associated risks had been assessed and documented in their care plans. Staff recorded the administration of people's medicines on an electronic medicine administration record (MAR) which contained all of the relevant, required information. Any gaps on people's MARs were flagged up on the provider's electronic monitoring system, so any required action could be taken.
- Staff applied topical creams for seven people. These are creams applied to specific parts of a person's body. People told us staff applied their creams as prescribed. Staff recorded the administration of 'over the counter' topical creams for two of the seven people in their daily notes but not on their MAR. Over the counter medicines, can be purchased without seeking treatment by a health professional. We brought this to the registered manager's attention as all creams whether prescribed or purchased 'over the counter' must be recorded on a MAR. The registered manager took immediate action to ensure these creams were added to the MAR, to ensure their application was properly documented.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to maintain securely an accurate, complete, up to date and contemporaneous record for each person. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Staff had received training in record keeping. Staff ensured once they had completed people's care they documented the care provided on the person's electronic daily record. This ensured there was an accurate and contemporaneous record of people's care.
- Potential risks to people had been assessed and where risks were identified, measures were in place to mitigate them. For example, risks related to people's moving and transfers, falling, bathing, skin integrity, fire and their home environment had been assessed. There was written guidance for staff about what equipment people required them to use to ensure the safe provision of their care. A relative told us, "Staff manage the risks well" and their loved one's skin was well cared for.
- Staff received relevant training in moving and handling people and had their practical skills in this area assessed. Staff reported they were shown how to use the equipment in people's homes safely.
- Staff told us they had access to people's risk assessments and were informed of any changes. Staff were instructed within people's care plans to report any concerns to senior staff, so relevant action could be taken.

Systems and processes to safeguard people from the risk of abuse

- People were safeguarded from the risk of abuse. People and their relatives felt they were safe in the care of staff. Staff had received safeguarding training, had access to relevant guidance and understood the potential signs of abuse. They understood who to report any concerns to and how. The registered manager understood their responsibilities and had worked with the relevant local authority to safeguard a person following a safeguarding alert.
- The registered manager understood people's potential vulnerability to financial abuse and recorded any support they required from their family or staff. Staff wore a company uniform and had an identity badge so people knew they were the provider's staff.

Preventing and controlling infection

- We were assured staff were using the personal protective equipment (PPE) provided effectively and safely. Staff had received relevant training and people confirmed staff wore the PPE provided. A relative said, "They wash their hands regularly and ensure they wear all the PPE."
- We were assured the registered manager was accessing testing for staff and checking for symptoms of COVID-19.
- We were assured the registered manager was promoting safety through the layout and hygiene practices in their office.
- We were assured the provider's infection prevention and control policy was up to date.

Learning lessons when things go wrong

- Staff understood their responsibility to raise any concerns about people's safety or welfare. Processes were in place to ensure staff could be informed promptly about any incidents or any updated information about people's care they needed to be aware of.
- The registered manager ensured lessons were learnt and improvements made if things went wrong. For example, when a potential medication risk for a person was identified, appropriate actions were taken to manage the identified risk and relevant staff were informed.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence. At the last inspection this key question was rated as requires improvement.

At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's physical, mental health and social care needs had been assessed by the provider and the delivery of their care and treatment reflected legislative requirements and good practice guidance. The provider ensured they obtained copies of people's assessments from commissioners to guide and inform their assessment.
- Staff had been trained in working in a person-centred way and equality and diversity to ensure people were not discriminated against in the way their care was provided. For example, one person's care plan noted they communicated non-verbally, but that they understood what information staff were communicating. There was written guidance for staff about how to communicate effectively with the person to aid their understanding. Another person needed staff to charge their hearing aids daily ready for their use, to ensure they could hear effectively.
- People's care plans reflected how they wished to be supported. They documented their identified needs and their expected outcomes from the delivery of care. People and their relatives were overall very pleased with the outcomes achieved. Feedback included, "We are happy with the care" and "They [provider] are small, but they are very good."

Staff support: induction, training, skills and experience

- Staff had the relevant knowledge and skills to carry out their role. New staff shadowed more experienced colleagues initially and completed the provider's online training which met the requirements of the Care Certificate. This is the industry minimum induction training standard for staff new to social care. Staff received training in working with people living with dementia, mental health and learning disability awareness.
- Staff received spot checks of the quality of their work with people and had one to one supervision. In addition, senior staff often worked alongside staff in the provision of people's care where two staff were required. This provided them with the opportunity to observe and mentor staff.

Supporting people to eat and drink enough to maintain a balanced diet

- Staff's responsibilities to ensure people were provided with food and drinks of their choosing were documented in their care plan. For example, one person's care plan noted what they liked to eat and how they were to be positioned to ensure they could eat safely. Another person's care plan noted their food needed to be cut up small for them. Where people's relatives were responsible for meal preparation this was documented for clarity. Where required, staff left people with food and drinks within their reach between their care calls, to ensure they were hydrated and could eat between visits.

Staff working with other agencies to provide consistent, effective, timely care: Supporting people to live healthier lives, access healthcare services and support

- People's diagnosis and any associated healthcare needs, including oral health care, were noted in their care plan. Staff liaised with other services as required to ensure people received the care they required. For example, staff had liaised with occupational therapists regards people's equipment needs in their home. They also liaised with people's GP and relevant healthcare professionals as required.

Ensuring consent to care and treatment in line with law and guidance

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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- Staff had completed MCA training and had access to relevant guidance. The provider informed us everyone currently cared for had capacity to consent to their care.

- People's records demonstrated they had been consulted about their care provision and their consent sought. The provider used a form to document their preliminary assessment of people's capacity to make decisions about their care. If the person lacked capacity to make decisions about their care, then the form could be used to document any decisions made in their best interests.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs. At the last inspection this key question was rated as requires improvement.

At this inspection this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People and their families where relevant, were involved in developing their care plans. These reflected their needs and preferences about how their care was to be provided and their level of independence. For example, a person's records noted the support they required to ensure their comfort. Staff were to encourage another person's independence during the provision of personal care and support them to choose their own clothes.
- A relative told us, "There is a care plan in the house," this enabled people to access and review their care plan as they wished. People had reviews of their care, to ensure it still met their needs and to enable them to provide feedback on the care provided.
- Staff understood people's needs and preferences. A staff member told us they got to know people, "Through their care plans, by having conversation with the clients, information from the manager and other carers." People felt staff understood their needs and what they wanted. A person told us, "They [staff] understand what I like" and "We have our routine." A relative confirmed, "Staff are well informed."
- Staff recognised and respected people's cultural background. For example, one person's daily notes showed staff had wished a person, 'Happy New Year' on the date their culture celebrated their New Year. Staff told us some people required them to wear shoe covers in their home for religious observance, which they respected.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs related to any disability or sensory loss were documented within their care plan. The provider was able to provide information in different formats such as large print if required.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People's care plans noted their social contacts, who was important to them and how these contacts were maintained. They noted how people liked to spend their time.
- Due to the pandemic, staff had not been able to support people to pursue their interests and outside activities as they had been. However, staff told us prior to the pandemic, they had supported people to access a variety of community-based activities where commissioned to do so.

Improving care quality in response to complaints or concerns

- The provider had a complaints process for people and their relatives to raise issues. People were also asked if they had any complaints about the service at their reviews and people's daily notes were audited to identify any issues.
- One written complaint had been received. Records showed the registered manager had investigated the issue and liaised with the complainant and commissioners. They had identified improvements they could make, which they had implemented with staff. Feedback provided showed the complainant was satisfied with the way the issue had been addressed.

End of life care and support

- People were supported to make decisions about their preferences for end of life care. Where required, people had a plan in place which documented their wishes regarding their end of life care.
- Staff undertook training in end of life care and had access to the provider's end of life policy. Staff told us they felt able to support people at the end of their lives. Staff worked alongside district nurses and hospice staff to support people.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Continuous learning and improving care

At our last inspection the provider had failed to operate effective systems to ensure compliance with regulations. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The registered manager understood the need for good quality assurance. They had robust auditing and monitoring processes to monitor and assess the quality of the service provided. For example, a sample of staff recruitment files, people's medicine records and daily records were audited monthly. Any issues identified were added to the provider's monthly audit report. This outlined what action was due, by whom and by when. The registered manager monitored progress against each action. Records showed a variety of actions had been taken when issues had been identified such as, arranging staff supervisions, additional staff training and sharing updated guidance.
- The registered manager also used call monitoring, staff supervisions, spot checks on staff's practice, training compliance, people's reviews and surveys to monitor the quality of the service. All of these processes were used to drive improvements in the service for people.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Details of the service provided, were set out in the provider's statement of purpose. Overall feedback from both people and staff about the service and its leadership was positive. Feedback from people and their relatives included, "The manager's lovely" and "Staff are kind and respectful." Staff told us they felt overall the service was well managed and they felt supported in their role.
- As the service was small, the registered manager regularly worked alongside staff providing people's care. This enabled them to have regular contact with both people and staff and to have oversight of the quality of care provided. The registered manager had the knowledge, experience and integrity they needed to lead the service effectively.
- The service employed staff from different ethnic backgrounds, which enabled them to offer people diversity in the staff rostered.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- No-one had experienced a notifiable safety incident. The registered manager understood their legal duties in the event anyone experienced an incident.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The service had a manager registered with CQC. The registered manager of the service was also the provider. They were supported by three senior staff who worked across Hampshire and Hounslow.
- The registered manager ensured relevant notifications had been submitted to CQC. They had also met the additional conditions upon their registration at the location in full. They had provided CQC with copies of their audits and updates on their service improvement plan each month as required.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager sought the views of people and staff about the service. People's feedback on the service was sought, through reviews of their care and an annual survey. People's feedback from the annual survey had been positive.
- Staff views were sought through their spot checks, supervisions, team meetings and an annual survey. Staff told us they felt listened to.

Working in partnership with others

- The service was transparent and open and worked in partnership with external agencies to support the delivery of people's care.