

Veraty Care Solutions Ltd

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Inspection report

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22 September 2017

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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?

Requires Improvement ●

Summary of findings

Overall summary

The inspection was carried out on 20 and 22 September 2017 and was announced.

Veraty Care Solutions Ltd is a domiciliary care agency that provides personal care and support to people in their own homes. At the time of our visit the agency was providing a service to 20 people. The frequency of and duration of visits across the service varied dependent on people's needs.

There was a registered manager in post who was present during the inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At our last inspection in February 2017, we found breaches of Regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014. We gave the service an overall rating of 'requires improvement'. These breaches related to the provider's failure to follow safe recruitment procedures, to ensure good governance and to notify CQC of events that they are required to do so by law. We asked the provider to make improvements and to send us an action plan of how they intended to address the shortfalls in care.

At this inspection we found that some improvements had been made, but further improvements were still required. The provider had failed to fully embed their quality assurance checks and had not identified all the shortfalls we had found during this inspection. Although people and their relatives told us that they were regularly asked whether they were happy with the care put in place to support them, these care reviews were not always recorded. The registered manager told us they observed staff practice to ensure standards of care were maintained, but they did not always record the outcomes of these checks. We found that people's care plans did not always reflect their needs and the support provided by staff. This had not impacted on the care people received because they received support from regular staff that knew them and their needs well.

The provider had failed to conspicuously display their rating for their previous inspection which they are required to do so by law.

Staff were knowledgeable about the different forms of abuse and how they would recognise the signs of abuse. Staff knew who to report concerns to should they become aware of any abuse or poor practice.

People were supported to take their medicine as prescribed. Only staff who had received training in the safe administration of medicine were able to support people to take their medicine. People were supported to access healthcare support as necessary.

People were supported by regular staff who were allocated enough time to meet their needs and travel

between calls. Staff usually arrived on time and notified people if they were running late. The provider followed safe recruitment procedures to ensure prospective staff were suitable to work with people in their own homes.

Staff sought people's consent before they supported them. Staff provided information in a way people could understand to enable them to make their own decisions wherever possible.

People were supported to eat and drink enough. Staff were aware of people's dietary needs and followed guidance provided by the speech and language therapist.

Staff were positive about the training opportunities available to them and felt well supported by the registered manager and their colleagues.

People were supported by staff who were kind and caring. Staff treated people with dignity and respect and encouraged them to remain as independent as possible.

People and their relatives knew the registered manager and found them easy to talk with. They were asked their views on the quality of the service and felt able to raise any concerns with staff and management should they arise.

You can see what action we told the provider to take at the back of the full version of the 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?

Good ●

The service was safe.

People felt safe with the support provided by staff.

Staff were knowledgeable about the different forms and signs of abuse and knew how to report concerns.

Staff were allocated enough time to meet people's needs.

People were supported by regular staff who were aware of the risks associated with their needs and how to minimise these.

Is the service effective?

Good ●

The service was effective.

People and their relatives were confident that staff had the skills and knowledge to meet people's individual needs.

Staff sought people's consent and gave choices in a way they could understand to enable them to make decisions for themselves.

Staff were well supported and received training appropriate to their role.

People were encouraged to eat and drink enough to meet their nutritional needs.

Is the service caring?

Good ●

The service was caring.

People were supported by staff who were kind and considerate.

Staff had formed positive working relationships with people and their relatives.

People were offered choice and felt listened to.

Staff treated people with dignity and respect and promoted their

independence.

Is the service responsive?

Good ●

The service was responsive.

People received personalised care from staff who knew them and their preferences well.

People received a flexible service that was responsive to their changing needs and circumstances.

The provider had a complaints process which people felt confident and able to use should the need arise.

Is the service well-led?

Requires Improvement ●

The service was not consistently well led.

The provider had failed to fully embed their quality assurance processes. The provider had failed to conspicuously display the rating for their latest inspection which they are required to do so by law.

People, their relatives and staff found the registered manager approachable and easy to talk with.

Veraty Care Solutions Ltd

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 inspection took place on 20 and 22 October 2017 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service for people in their own homes and we needed to make sure there would be someone in the office. The inspection was carried out by one inspector.

As part of the inspection we reviewed the information we held about the service, such as statutory notifications we had received from the provider. A statutory notification is information about important events which the provider is required to send us by law. We asked the local authority and Healthwatch if they had information to share about the service provided. We used this information to plan the inspection.

Before the inspection we asked the provider to complete a provider information return (PIR) however this was not provided. The PIR is a form where we ask the provider to give some key information about the service, what the service does well and what improvements they plan to make.

During the inspection we spoke with five people who used the service and six relatives. We spoke with six staff which included the registered and deputy manager, the care coordinator and three care staff. We viewed three records which related to assessment of needs and risks. We also viewed other records which related to management of the service such as the roster system, quality assurance processes and two staff recruitment records.

Is the service safe?

Our findings

At our last inspection, we found people were placed at risk of harm because the provider did not consistently follow safe recruitment procedures. This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We asked the provider to make improvements and to send us an action plan detailing how they would achieve this.

At this inspection we found that the provider had safe recruitment procedures in place. Staff told us that they were unable to start work until the provider had completed the necessary checks to ensure that they were suitable to work with people who used the service. These included references from previous employers and satisfactory Disclosure and Barring Service (DBS). The DBS service allows employers to make safe recruitment checks. Records we looked at confirmed that the necessary checks had been made.

People and their relatives felt safe with the support provided by staff. One person told us, "They (staff) keep a good eye on me." Another person said they felt safe when staff helped them to move around in their wheelchair. One relative we spoke with explained that their family member had poor mobility and was waiting for further equipment to be delivered. In the meantime they told us, staff supported them to move around safely with the use of a wheelchair. They said, "They (staff) always put [family member's] needs and welfare first." Another relative told us, "[Family member's name] walks with a frame. They (staff) help them along to make sure they are safe."

Staff demonstrated that they were aware of the risk associated with people's needs and how to minimise these. Staff members told us they needed to use a hoist [piece of equipment] to assist some people. They told us that two staff assisted with all hoist manoeuvres to ensure that people were moved safely. They also ensured that equipment was in good repair before they used it and serviced as necessary. Staff knew people who had limited mobility were at risk of skin breakdown and monitored their skin condition when providing personal care. If they had any concerns they reported these to the district nurses.

As well as completing risk assessments of people's need we saw the provider completed risk assessments of the environment to ensure the safety of people and staff. Staff told us they looked out for any hazard each time they visited. One staff member told us, "I look at the surroundings making sure it is all safe. It is second nature to do this each time you go in." When staff identified concerns such as, trip hazards they reported these to the person, their relatives or the office in order to rectify the situation.

Staff had received training on how to protect people from abuse and were able to recognise the different signs of abuse. This included physical signs such as, bruising or injuries and emotional signs such as withdrawal or changes in behaviour. Staff knew how and who to report concerns to should they become aware of, or witness any abuse or poor practice taking place. The registered manager had made referrals to outside agencies when necessary and informed us of such events in order to keep people safe.

Staff told us they would take appropriate action in the event of an accident. They would assess the immediate situation and seek medical attention if necessary. They would alert the office or 'on call' service.

The registered manager would reviewed the incidents to ensure that appropriate action had been taken.

People told us they benefitted from staff who were reliable and prompt. They received care and support from a regular staff group. When asked if staff arrive on time one relative told us, "There have not been many slip ups and they let us know if they are going to be late." Another relative said, "We have regular carers who arrive on time give or take a few minutes. If they're running late they will give me a courtesy call to keep me in the picture."

Not everyone we spoke with needed help to take their medicines. Those that did told us they were happy with the support they received. One person told us staff made sure their prescriptions were taken to the chemist. Staff then gave them their medicine and signed to say they had seen them taking it. Another person said, "They (staff) keep a check on my stocks (of medicine) and take my prescription around to the chemist." A relative we spoke with said, "They do [family member's] tablets and make sure they have them on time." Another relative said, "They (staff) help with medicines. It is all done by the book." Only staff who had received training in the safe administration of medicine were able to support people to take their medicine. Staff told us if there was a medicine error they would report this to the office and seek medical advice without delay.

Is the service effective?

Our findings

People and their relatives were confident that staff had the skills and knowledge to meet people's needs. One person told us, "I can't really fault any of them (staff)." Another person told us, "They (staff) are all very good. I'm very lucky to be with Veraty." A relative we spoke with said, "They've (staff) been absolutely brilliant. I can't fault them." Relatives we spoke with thought staff were competent in their roles and believed this provided reassurance that their family member was well cared for. Another relative said, "I can't speak highly enough of them (staff)."

Staff were pleased with the training opportunities available to them and the support they received from the management team to undertake the training. One staff member told us, "I've found the training very beneficial as it has given me more awareness. If I did not have the training I would not have a clue." Another staff member said, "I like that there are plenty of opportunities to learn. Every bit of training has helped me grow in confidence." Staff told us they had meetings with their line managers and could approach them for support and guidance in between meetings. During their meetings they were able to discuss their training and development needs. They received feedback on their practice and could talk about any issues that were of importance to them. We saw that the provider had systems in place to monitor staff training and when refresher training was required.

Staff we spoke with told us they received an induction in to the service which included training that the provider considered essential such as, food hygiene and safe handling of medicine. They also worked alongside experienced staff to gain practical experience and to learn how people liked their care to be delivered. The registered manager told us that new staff were supported to undertake the Care Certificate. The Care Certificate is a nationally recognised training programme that trains staff about the standard of care required of them.

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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People and their relatives told us that staff sought people's consent before supporting them. A relative we spoke with told us, "I've heard them (staff) check that [family member] is happy to be supported." Another relative said, "I can hear the dialogue. They're (staff) very good, they always say what they are about to do with [family member]." Staff felt it was important to enable people to make their own decisions wherever possible. One staff member recognised that it was important not to give people too many options as this may cause confusion. They said people needed to be given time to process information in order for them to understand and respond to questions asked. Other staff explained where people had difficulty following what was being said they showed them options of what to wear or eat and drink. They would observe people's reaction to choices offered through their hand gestures or body language. The registered manager explained if people lacked capacity to make their own decisions they would work with the person, their relatives and professionals involved in their care. They would ensure decisions made were in people's best interest and protected their rights.

Not everyone we spoke with had assistance with their meals. Those that did were happy with the meals provided. One person told us, "They (staff) are good at making meals." They went on to say, "They always ask if I want a drink before they go." Staff we spoke with were aware of people's dietary needs and food preferences. One person followed a gluten free diet. Staff were aware of this and it was recorded in their care plan. Some people lived with diabetes which was diet controlled and staff prepared meals to suit their needs. Staff told us they always prepared a drink for people to have between their care calls.

People were supported to access healthcare as necessary. One person told us, "If I'm unwell they (staff) will call the GP, they have done so in the past." Another person said, "I realise they (staff) are not trained medically. If something is beyond their solving they will report back and get the district nurse. They don't just leave it." Another relative said, if staff found their family member to be unwell when they visited they would deal with the problem and contact them. A further relative confirmed staff followed the guidance provided by the speech and language therapist. They told us, "[family member] is only able to have liquid medicine and these have to have thickener added." Staff told us they because they knew the people they supported well they were able to recognise when they were unwell. Depending on the circumstance they would advise the person or their relatives to arrange a GP appointment and report their concerns to the office. If the person did not have any relatives the office staff would make the necessary arrangements.

Is the service caring?

Our findings

Staff had formed positive working relationships with people and their relatives. One person told us, "To be honest, I look forward to them (staff) coming. They are all cheerful and all like a laugh." Another person said, "I'm quite happy with them (staff)." A relative we spoke with said, "We like to have some friendly banter." Another relative told us, "I'm very happy with all the carers. They are all courteous and they also check I'm okay."

People and their relatives found staff and the registered manager to be kind and courteous. One person told us, "They're (staff) very caring, any time I've had problems they've been dealt with quite well." A relative we spoke with told us, "I can't fault them (staff) they're lovely, they go above and beyond." Another relative said, "They (staff) are very helpful. They always have a chat and check everything is alright. They are a good bunch, they really are."

People and their relatives confirmed they were involved in decisions about their care and were given choice. One person told us they had written their own support plan with the help of staff. A relative we spoke with said, "[family member] is able to let the carers know how they like things done. They (staff) listen and offer choice. [Family member] knows what they want. One of the things they like is their routine." Another relative we spoke with said, "[family member] is given choice. They will choose if they want a bed bath or to go to the bathroom." Staff felt it was important to talk with people and their relatives to build up a rapport and trust so that people were comfortable when receiving support. One staff member said, "It's about getting to know the person and what works for them." Staff told us they offered people choice and took time to listen to and act upon their wishes.

The provider recognised that it was difficult for some people to accept care staff into their own homes. They tried to ensure staff were compatible with the people they supported. If they found that people were not happy with a staff member they would arrange another staff member to attend. This was confirmed by a relative we spoke with who said, "I can always tell if [family member] doesn't take to a carer because they won't cooperate. I contacted [registered manager's name] and they won't send that carer again." One person told us they had been involved in interviewing and choosing staff they wanted to support them.

People were supported to remain as independent as possible. One person told us, "They (staff) know my abilities. They get me to do as much I can for myself." Another person told us they were independent in some areas and staff respected this only offering assistance when needed. Staff recognised that to enable people to continue to live in their own home they needed to encourage their independence. Wherever possible they would get people to do things for themselves.

Staff treated people and their homes with dignity and respect. One person told us, "They're (staff) very respectful. I tell them they don't have to keep knocking on the doors before they come in." A relative we spoke with told us, "They (staff) assist [family member] with personal care they are mindful of their dignity and make sure they are happy." Another relative told us staff took care to ensure their family member received dignified care by ensuring they kept them covered up and that the curtains were drawn.

Is the service responsive?

Our findings

People received care and support that was individual to them. One person told us, "We [person and staff] have got a routine worked out on paper. If something else needs doing I tell them (staff) and they will do it." Another person said, "They [registered manager's name] asked individual questions about what I needed doing and when." A relative we spoke with told us, "[registered manager's name] came to visit and went through everything [family member] would like them to do." They went on to say their family member wanted a call at a certain time and this was arranged. Another relative told us, "They [registered manager] sat down and went through everything with us to see what was needed."

People and their relatives told us they benefitted from the support of regular care staff who knew people and their needs well. One person told us, "They (staff) know what they are doing. If I ask them (staff) to do something, they will do it." Another person said, "They (staff) couldn't do any more. I put myself in their hands and let them get on with it." A relative we spoke with said, "They (staff) seem to know [family member's] needs better than we do." Another relative said, "They understand [family member] very well. If [family member] is in a jolly mood they (staff) will have a laugh with them. If [family member] is quiet they will have a quiet chat with them." A further relative said, "They (staff) go above and beyond. They came up with ideas to get [family member] out of the house which they enjoyed."

Staff told us they got to know people by reading their care plans but ultimately by talking with them and asking them what they wanted each time they visited. Staff explained that they supported the same people on a regular basis which enabled them to quickly identify any changes in their needs. They informed the registered manager of any such changes. Likewise the registered manager would send a group text message to staff's work phones to let them know about any changes to people's care needs. All the staff we spoke with felt that there was good communication between staff and management. They felt that this allowed them to provide continuity of care.

People received a responsive service. One relative told us, When they [Veraty Care Solutions] first came in [family member] was in an ordinary bed. They [registered manager] arranged a ripple bed. They also sorted a shower chair for [family member]. They have been really helpful in getting the things we need. Another relative said, "They (staff) are very aware of [family member's] anxieties and have worked around them." They went on to explain that their family member was apprehensive about receiving support. The registered manager had gradually introduced support at a suitable pace and things were working well.

People and their relatives informed us that people's care plans were kept under regular review. One person told us, "[Registered manager's name] will pop in and ask if everything is alright. Others [senior staff] will check that everything is done as it should be." A relative we spoke with told us, "The carers and [registered manager's name] check we're happy with everything." Another relative said, [staff member's name] will come in and go through the books to see if anything needs updating." However, we found that people's care plans did not always reflect people's needs and the support provided by staff. This had not impacted on the quality of the care they received as they were supported by regular staff who knew them and their needs well.

People and their relatives were encouraged to express the views on the quality of the service through care plans reviews and surveys. They felt comfortable to raise any concerns with staff or the registered manager and were confident action would be taken. One person said, "If I wasn't being treated right they would soon know about it." Another person told us, "If I'm not happy. I would certainly let them (staff) know." A relative we spoke with said, "If I ever I do have any concerns I voice my opinion. [Registered manager's name] tells me they will look into it and it's soon sorted. They are very good at sorting things out for me." Another relative told us, "[registered manager's name] has told us any problems let them know but we've not had any." We saw that the provider had a clear complaints procedure in place.

Is the service well-led?

Our findings

At our last inspection we found that the provider was in breach of Regulation 17 of Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We asked them to make improvements and to send us an action plan of how they intended to address the shortfalls we had found. At this inspection we found some improvements had been made but further improvements were needed.

We saw that the provider had completed some quality checks such as, medicine audits and a service user survey. They had used the information gathered to make improvements. For example, each staff member had a work mobile telephone on which they had to log in and out of people's calls. The provider had attached tasks that needed to be completed for each person the staff visited. The staff member had to sign to say each of the tasks had been completed before they could log out of a care call. The provider had also identified that improvements were required to people's care plans and risk assessments. They were in the process of rewriting these documents to better reflect people's needs and the support provided by staff. However, we found that their quality assurance processes were still not fully embedded in practice. For example: The registered manager told us they had observed staff practice, but had not always recorded the outcome of such checks. While people and their relatives told us they had been asked if they were happy with the service they received, these reviews were not consistently recorded. The registered manager had not completed their provider information return in the required timeframe. They recognised that they had not achieved all the required improvements and had started to delegate some of their work to their deputy and team leaders to rectify this situation.

The registered manager had not ensured that they had conspicuously displayed their ratings from their latest inspection completed in February 2017 which they are required to do so by law.

This was a breach of Regulation 20A of the Health and Social Care Act 2008(Regulated Activities) Regulations 2014.

At the last inspection the provider had not notified the Care Quality Commission (CQC) of a safeguarding referral they had made to the local authority. This was a breach of regulation 18 of the Care Quality Commission (Registration) Regulations 2009. The registered manager had since submitted statutory notification as necessary.

The registered manager was also the owner of the service. Their aim was to provide a good quality service to allow people to remain living in their own homes. This was a vision shared and worked towards by both staff and the registered manager.

People and their relatives knew the registered manager well and found them to be caring and easy to talk with. One person told us, "It was [registered manager's name] that pulled me through when I was at the lowest ebb." One relative we spoke with said, "[registered manager's name] occasionally comes in, we get on very well with them. They're a first class person to deal with." Another relative told us, "I know from the way [registered manager's name] talks and behaves that they care about [family member]."

Both people and their relatives felt the service was well run. One relative we spoke with said, "It's one of the nicest companies. The staff are fantastic. If anyone was looking for a care, I would recommend them." Another relative said, "[registered manager's name] is very professional and has guided me along by giving me the right advice when I needed it." They went on to say, "The way [registered manager's name] talked and listened put me at ease. I didn't know where to start and they made it easy."

Staff we spoke with described a positive working culture and felt well supported in their roles. One staff member told us, "[registered manager's name] is really easy to get on with. I know if I have any problems I can go to them. I've not known anyone like them they go out of their way for staff and clients." Another staff member said, "[registered manager's name] goes over and above board to make sure clients are happy and safe. Same with staff they are there to give advice and they listen." Staff also found there was a real sense of teamwork. One staff member said, "We're like a family. We support each other." Staff were asked their views on how improvements could be made and felt that their contributions were valued. Staff were supported by an 'on call' service where they were able to access support outside office hours. They also told us the registered manager had an open door policy and they were able to contact them for support at any time.

The registered manager continued to maintain links with the local community through the 'Hub' they ran at the service. The Hub was attended by some people who used the service and people were encouraged to take an active part running it.

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	<p>Regulation 20A HSCA RA Regulations 2014 Requirement as to display of performance assessments</p> <p>The provider had failed to ensure that the ratings for their latest inspection in February 2017 were conspicuously displayed at the location as they are required to do by law.</p>