

Vicarage Homecare Ltd

Vicarage Homecare Ltd

Inspection report

Saturn Centre, Suite 9, 2nd Floor
Spring Road, Ettingshall
Wolverhampton
West Midlands
WV4 6JX

Date of inspection visit:
04 November 2019

Date of publication:
20 December 2019

Tel: 01902496823
Website: www.vicarage-homecare.co.uk

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

About the service

Vicarage Home care providing personal care to younger and older adults who may live with dementia, a learning disability, mental health needs, physical disabilities or a sensory impairment. At the time of our inspection the service was supporting 44 people.

Not everyone who uses the service may receive 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

Quality monitoring systems were in place although there was some scope where improvements could be made in respect of record keeping related to daily records and risk assessment.

There had been a lack of adherence to some regulatory requirements in respect of notifications to CQC and display of the last CQC report rating. Whilst these matters were addressed during our inspection, it did identify there had been a gap in knowledge of the law by the provider.

The provider (who was also the registered manager) was open and honest and had taken steps to address any issues we raised.

People were protected from potential risks as staff had a good awareness of what these were and how to mitigate them. However, there was scope for some areas of risk assessment to be formalised to reflect staff knowledge.

Overall, people were satisfied with the arrangements for management of their medicines.

People were supported to have choice and control of their lives and staff supported them where possible in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were supported by enough staff, who were caring and had developed good relationships with them. Staff showed respect for their rights, privacy, dignity and independence. Checks of staff when employed ensured they were safe to work with people who used the service.

People felt able to share their views with the provider and staff and people felt if they raise any concerns the provider would do what they could to put things right. Staff were knowledgeable about people's needs and preferences and people told us they had good relationships with all staff.

People were supported by care staff who had the range of skills and knowledge to meet their needs. Staff

understood their role, and they felt well supported with access to regular supervision.

People's health was supported as staff worked with other health care providers to ensure their health needs were met.

People were supported by staff to have choices, and the provider's policies supported this practice. Recording of the specific decisions people could make could have been better recorded, although people were always asked for their consent by staff. People's likes and dislikes as well as diverse needs were well known and respected by staff.

People could raise concerns and the provider had systems in place to investigate, monitor and respond to these.

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 good (published 04 May 2017).

Why we inspected

This was a planned inspection based on the previous rating.

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 caring?

The service was caring.

Details are in our caring 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 not always well-led.

Details are in our well-Led findings below.

Requires Improvement 

Vicarage Homecare Ltd

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 homes.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection. 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.

Inspection activity started on 06/11/19 when we visited the location and ended on 12/11/2019

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. 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 took this into account when we inspected the service and made the judgements in this report. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with five people who used the service and six relatives about their experience of the care provided by telephone. We spoke with the registered manager (also the provider), and five staff including seniors and care staff. We reviewed a range of records. This included three people's care records and medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found through discussion and feedback to the registered manager.

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 good. At this inspection this key question has remained the same.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Most people told us they felt safe with staff and knew who to talk to if they had any concerns about their safety.
- Staff understood what abuse may look like and what action to take if they were concerned was about people's safety. Information and training on local safeguarding procedures was available to staff.
- Where there were any allegations of abuse these had been appropriately reported to the local safeguarding authority. Where requested by the safeguarding authority the registered manager had completed investigations into allegations of abuse.

Assessing risk, safety monitoring and management

- Staff understood where people required support to reduce the risk of avoidable harm.
- Some areas of risk to people were not captured in assessments, for example how staff should respond to complications related to diabetes. However, staff knew what they should do if a person had low or high blood sugars, and what the symptoms of this could be. The registered manager assured us that these had now been put in place.
- Senior staff told us when they completed initial assessments they would consider risks to the person, this included their environment. Potential risks related to the person's home environment were not however documented. The registered manager again assured documentation of these would be completed.

Using medicines safely

- People told us their medicines were administered safely by staff. One person told us, "I'm quite happy with how they give medicines, they are safe, locked up, staff access with a key and give the right amount".
- A relative told us there had been recent incidents where tablets had been found on the floor. We discussed this with the registered manager (with the relative's permission) and they assured us this issue would be addressed.
- Two other relatives told us there had been similar issues with people's medicines in the past, but these were satisfactorily resolved. One relative told us, "Medicines, there were issues, for example tablets found on the floor, but I did talk to [the registered manager] and they listened, and it has got better".
- Staff were aware of how to administer medicines safely and had all received training and competency checks. A senior member of staff told us, "There was an incident, this investigated and there was retraining for the person involved. I would watch and always tell staff do not sign unless you see the person take them". Senior staff told us they would always watch care staff administer medicines on spot checks (when

part of the call), these were documented.

Staffing and recruitment

- People told us they received their care calls usually at the times expected. One person told us "Most times staff turn up on time but if they are going to be late they will ring up and tell me, this is odd occasions". Relatives told us there had been past occasions where calls had been late and calls to tell them did not always happen, although this had improved".
- Staff told us there was enough staff available. One told us, "I feel like we have got enough staff no issues but it does depend on a number of things. However if there is a delay we will look to move staff about to help or cover calls. We will ring people if there is a delay".
- One relative told us, "Calls are never late and never missed".
- Staff had been recruited safely. All pre-employment checks had been carried out including Disclosure and Barring Service (DBS) checks.

Preventing and controlling infection

- Staff were aware of how to work with people to support them with their personal hygiene to minimise the risk of cross infection. One person told us, "Staff leave gloves and aprons in bedroom and always use them*".
- A relative told us they raised some concerns about how staff were washing a person, this related to potential cross infection. They told us the registered manager made sure the person's care plan was updated so staff were aware of how to do the task correctly.

Learning lessons when things go wrong

- The registered manager had investigated incidents and looked at how they could learn from these incidents.
- A relative told us. "They [the service] will try and put things right when they go wrong".

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 good. At this inspection this key question has now remained the same.

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

- An initial assessment was completed with people to ensure care was planned and reflected people's individual needs and preferences.
- A relative told us "Staff did come and do an assessment and I was involved".
- The provider had considered protected characteristics covered by equality legislation, for example people's race and religion and whether this impacted on how care was provided. People told us these characteristics were catered for by the staff.

Staff support: induction, training, skills and experience

- Most people and relatives told us staff were well trained. Their comments included, "Staff present as well trained" and, "I like the way staff care for my relative".
- Staff told us they received regular training. Their comments included, "We do lots of training" and, "There is no issue with training which we do face to face and online".
- There was a system in place to monitor training to help ensure this was updated so staff skills and knowledge were current.
- The provider had only recently employed more staff, and this had impacted on overall training targets. Newer staff completed training based on priority, for example they received moving and handling people training prior to any involvement in moving and handling tasks. A newer member of staff told us, "I have just finished shadowing other staff and I had enough time doing this. The training I have done has included moving and handling, medication, risk assessment and food hygiene etc.".
- Staff told us they received one to one supervision and they were well supported. One member of staff told us, "We have supervision, I can make suggestions and discuss matters, what does not work at the moment and what we can do to improve things".

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

- People said they were supported when they needed assistance with food and drink in a way that reflected their personal choices and assessed needs.
- A relative told us, "Staff will give [the person] food and if they do not eat it staff will offer them something else, they are aware they need to eat and will encourage".
- Staff were aware of people who may be at risk of poor nutrition and knew how they monitored these risks to ensure people had enough nourishment.

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

- Staff worked with other health and social care professionals to ensure healthcare support was available.
- Staff supported people to access healthcare services in agreement with their choices but were aware of when access to healthcare services was needed in unforeseen or emergency circumstances. A relative told us, "If there was an emergency I'm 100% confident they will ring me and confident they will not leave [the person] ". Staff told us in these situations they would inform their manager and ring an ambulance or 111.
- Where people required help with oral healthcare there was some information as to what this support may include. There was scope for more depth in accordance with guidance in the recent CQC publication 'Smiling matters. The registered manager was aware of this guidance.

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

- People were asked for their consent before they received any care and staff acted in accordance with their wishes.
- Staff we spoke with had a good working knowledge of how they should gain people's consent and ensure their wishes were observed when providing personal care.
- People's records had documented where people did or did not have capacity although there was limited detail in assessments in respect of whether they had the capacity to make specific decisions. Staff told some people could make some decisions but may have difficulty with others and this staff awareness was not always captured in people's records.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us they were well treated by staff and their diverse needs were considered. People's comments included, "Staff are caring", "Staff are friendly and polite" and, "Happy with care - Can't fault what the staff do"
- Relatives also told us people were well supported. Relative's comments included, "Some carers have been coming a long time. There is consistency and they have built up a good relationship with [person's name]" and "Staff are all polite and everything. Staff are all caring and show respect and are jolly".
- The service had a senior member of staff who was a dignity champion and they told us this had completed training for this role. They told us they would look to ensure staff upheld people's dignity and treated people well.

Supporting people to express their views and be involved in making decisions about their care

- People told us they were involved in their care and staff gave them choice. For example, one relative said the person preferred female staff, and these were provided.
- People and relatives told us they were able to discuss their care with the registered manager or staff when wished and they told us about changes made because of their choices, for example one person told us their calls had reduced by their request as they had gained more independence.
- Staff understood the importance of offering people choice. A member of staff told us, "One person, you ask what they want to eat and will just say I don't know but I know what they like, and they will eat it. I would still ask people for choice though and not assume".

Respecting and promoting people's privacy, dignity and independence

- People told us care staff treated them with respect whilst promoting their dignity, privacy and independence.
- One person told us, "Staff do not take independence away, and I do my own medication".
- Relatives told us most staff had good relationships with people helped by the provision of consistent carers. One relative said, "[person's name] likes the staff and gets on with them, it's usually the same two staff".

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 good. At this inspection this key question has remained the same.

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 told us they were involved in planning their care, and relatives also confirmed their views were requested.
- One person told us, "My paperwork is in my home and I could look at if wanted but everything is the way I want it, so I'm not really interested".
- A relative told us, "I was not there for the initial assessment. However another family member was, but [the staff] have explained things really clearly and care received reflects what [the person] wanted."
- Staff were knowledgeable about people's needs and preferences and said they had access to people's care plans. People's care plans were up to date and reflected the care and support they received.

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 told us they were able to access information about the service as it was available at their homes, although some said they were not always interested as they were satisfied with the care they received.
- Some relatives told us they were able to access the provider's on-line recording system (in respect of their relative) and said this was informative as they were able to access up to date information when recorded.
- Relatives told us the registered manager tried to ensure people were supported by staff that could speak their first language.

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

- The service was not contracted to provide anyone with support with their interests or activities beyond personal care, but some relatives did tell us staff provided important support that relieved people's social isolation.

Improving care quality in response to complaints or concerns

- People told us they knew how and were able to complain, and their views were listened to by the registered manager.
- One person told us, "I have no complaints and I'm not worried. Staff are friendly and polite, I could talk to

if worried and have a phone number I could ring".

- A relative told us, "I have no complaints. If there is an issue or I'm worried will always call them [the service] up and let them know and they will sort it out".
- The provider was able to demonstrate that any complaints received were followed up and action was taken to address any concerns raised.

End of life care and support

- At the time of our inspection the service was not catering for any one on end of life care.
- The registered manager told us should a person be on an end of life pathway they would ask about any advance wishes or consult with their relatives. In addition, they said they would talk with other healthcare services involved.

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 good. At this inspection this key question has now deteriorated to requires improvement.

This meant whilst service management and leadership was consistent, there was scope to develop some areas of governance.

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

- The provider had several systems in place to monitor the governance of the service including spot checks on staff, managers completing calls to talk to people, and medicine audits.
- There were however gaps in the provider's electronic records on several occasions. As some relatives monitored entries on this system for specific persons they told us records needed were not always updated. One relative told us, "The electronic records is good for people at work but staff are not always completing notes, two visits from yesterday there were no notes". This meant it was not always clear whether calls had been completed.
- The registered manager and some staff told us weekly audits of the records had commenced since the start of our inspection and those staff identified as not completing records had been spoken with.
- The registered manager had not ensured we were notified of events as required by the law prior to our inspection, although these were submitted retrospectively. In addition, the rating from our previous CQC inspection rating had not been displayed on the provider's website, this addressed before we completed our inspection. The rating and report were however available at the providers office. This had shown the registered manager had not understood all the requirements of the law prior to these being raised with them as part of the inspection process.

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

- People were very positive about the service they received and most felt fully involved in any decisions about their care. People's comments included, "The staff come out and do their job well".
- Most relatives agreed they were happy with the service. A relative told us, "Overall I am confident with the agency and compared to the first agency we used far better".

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

- The registered manager understood their duty of candour and said they would uphold this when dealing with people.
- People told us the management team were open and honest. Relatives comments included, "They [staff] are quite open and transparent" and, "[The registered manager] is very obliging and [staff name] I can ring

up any time, can't ask for better" and, "They are co-operative with us".

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

- People and relatives told us the registered manager and other senior staff were approachable and they were able to talk to them. A relative told us "I did talk to [the registered manager] and they listened, and it has got better. They were quite understanding. They are very approachable if any concerns".
- Staff were positive about the support they received and said they could share their views. Staff comments included, "I'm happy with the support I get and can approach and talk to managers" and, "I have had good support and the manager is really good. They help you a lot, you can call them anytime".

Continuous learning and improving care

- People and relatives told us there had been some issues around communication and not always calling people if a call was delayed but this had improved. This meant people were far more satisfied with the service as improvements had been made.
- The registered manager had identified learning from analysis of individual incidents, although could consider looking at an overall analysis to identify any potential trends.

Working in partnership with others

- The provider worked in conjunction with allied services and other professionals to offer better opportunities for people.