Velvet Glove Care Limited

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Inspection report

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Ratings

Overall rating for this service	**Requires improvement**
Is the service safe?	**Requires improvement**
Is the service effective?	**Requires improvement**
Is the service caring?	**Good**
Is the service responsive?	**Requires improvement**
Is the service well-led?	**Requires improvement**

Overall summary

This unannounced inspection took place on 26 February 2015.

The Velvet Glove Care Limited provides personal care to people living in their own homes.

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

At the last inspection in June 2014 we asked the provider to make improvements to the care and welfare of people who used the service, the management of medicines and to assessing and monitoring the quality of care provision. The provider had made these improvements.

Medicine management systems had improved and people received the support they need to take their medicines as prescribed. Although there were sufficient staff to meet people's care needs there were times when staff were under a lot of pressure to provide the level of care needed. People received an assessment of risk

Summary of findings

relating to their care; however these lacked specific detail of how identified risks were to be managed in practice. Staff were of good character and there were robust recruitment processes in place.

The procedures for obtaining people's consent needed further development as it was unclear whether people had capacity to make specific decisions about their care. There was a basic system of staff training and development in place and this included training staff for more specialist areas of care. People received support to prepare their meals and eat their foods and drinks as independently as possible. The staff monitored people's wellbeing and liaised with other services such as the district nurse and G.P.

Staff promoted people's privacy and dignity and people were involved in daily decisions about their care. Arrangements were in place to promote people's independence and people were encouraged to care for themselves, wherever possible.

The systems in place to plan people's care needed further improvement to reflect changes in people's needs. The provider had a complaints system in place and complaints were logged appropriately and dealt with.

Quality assurance systems had improved; however needed further improvement to spot potential failings in the service and make the required improvements. People's records were not well managed and they were not stored in a secure and accessible way to allow them to be located quickly.

We found a breach of Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010; this corresponds to regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.This is related to record keeping and you can see what action we told the provider to take at the back of the full version of the report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires improvement

The service was not always safe.

Staff were not always able to meet people's care needs in a timely way.

Risk assessments did not demonstrate how risks would be managed.

People were safeguarded from the risk of abuse and staff understood the safeguarding adult's procedures in place.

People's medicines were managed in a safe way.

The provider had a recruitment system in place designed to reduce the risk of unsafe staffing.

Is the service effective?

Requires improvement

The service was not always effective

The system to assess people's capacity and to make best interest decisions was not firmly in place.

People received appropriate nutritional support from the staff and people's health and wellbeing was monitored.

Is the service caring?

Good

The service was caring.

People received care that was respectful of their need for privacy and dignity.

People were supported to live independently and make decisions about their daily lives.

Is the service responsive?

Requires improvement

The service was not always responsive

The system of care planning did not always take into account people's changing needs.

The provider had a complaints system in place and people's complaints were dealt with appropriately.

Is the service well-led?

Requires improvement

The service was not always well-led

The system of quality assurance did not always identify potential failings in the service.

People's records were not stored safely and securely so they were accessible when they were needed.

Velvet Glove 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 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 26 February 2015 and was carried out by an inspector.

Before the inspection, we looked at information we held about the service including statutory notifications. A notification is important information about events which the provider is required to send us by law. We also spoke to health and social care professionals and service commissioners. They provided us with information about recent monitoring visits to the service including the outcomes of safeguarding investigations.

During this inspection we spoke to the registered manager and four care workers. We also spoke with four people's relatives and conducted visits to two people in their own home.

We reviewed the care records of four people who used the service and five staff recruitment files. We also reviewed records relating to the management and quality assurance of the service.

We asked registered manager to send us information about the management of records and staff recruitment. The registered manager sent us this information within the agreed specified time.

Requires improvement

Is the service safe?

Our findings

At our last inspection we found that the provider did not have a detailed policy for managing people's medicines and staff were unaware of some of the risks in administering people's medicines. During this inspection visit, we found the provider had introduced a more detailed medicines policy which contained information about people's medicines and managing them in people's homes. We also found that staff were knowledgeable about the medicines procedures and where possible people's medicines were prepared in 'blister packs' by the pharmacist. This improved the safety of people's medicines as they were fully prepared and ready to administer and were clearly labelled for each day of the week. People and their relatives told us they were happy with the way their medicines were managed. One relative said "[person's name] has their medicines every day and I am confident that they are managed safely". Another relative said "The carer gives [person's name] their medicines and this is working out well".

Although people and their relatives had no specific concerns about how risks to their health or wellbeing were being managed; the arrangements did require some strengthening. For example, there was a lack of specific detail in people's risk assessments to show how risks would be managed. For example, one person was at risk of developing an infection and there was a lack of information in their risk assessment about how this should be managed. While, we found that staff understood the risks to people's care well; there was a lack of available information which demonstrated how risks were managed in practice. The registered manager told us they had identified this and planned to make improvements to risk management.

The feedback from people, their relatives and staff indicated that some improvements to staffing were necessary. For example one relative said "Sometimes they find it hard to fit all the calls in and they have been late. We have a new carer now and they are consistent and come every day". Another relative said "They usually get here on time and if they are going to be late, they do let us know". Staff told us that while they managed to meet people's care needs; this was often a challenge as they had a busy schedule of care calls to attend to. One member of staff said "Sometimes there are not enough carers and at times there are people on holiday and we have to cover their shifts. We are always trying to recruit new staff". Another member of staff said "We are usually assigned to the same people; however it can be challenging to fit everyone in". The registered manager told us they were continually recruiting new staff and acknowledged the difficulties of retaining staff. They also told us that they had a core team of long standing permanent staff which provided people with a continuity of care. Staff working rota's confirmed that any staffing variances such as sickness and annual leave were covered with staff that worked for the provider.

People and their relatives told us that staff were pleasant and able to do their jobs. One relative said "The care staff are really nice and have a good nature". Another relative said "our carer is a great person". We also found that the provider had a recruitment system in place to assist them with recruiting the right staff to care for people using the service. We saw this included making checks such as a Disclosure and Barring Service check (DBS) and checking people's employment history by gaining references from previous employers. A DBS check helps employers make safer recruitment decisions and prevents unsuitable people from being employed. The staff also confirmed that there was a robust recruitment system in place. One staff said "I had to complete an application form and I had an interview with the manager. I've had DBS clearance and gave references from my previous employers".

The provider had safeguarding procedures in place and staff understood their responsibilities in relation to safeguarding people. For example, the staff were knowledgeable in recognising the signs of abuse and understood their duty to report any concerns to the registered manager. The registered manager was aware of their responsibility to make safeguarding referrals to agencies such as the Local Authority and the Care Quality Commission (CQC).

Requires improvement

Is the service effective?

Our findings

The procedures for obtaining people's consent for their care required improvement. While, people and their relatives told us they were happy with the arrangements for making decisions about their care; we saw that some relatives had signed consent agreements on people's behalf. The registered manager stated that this was because they lacked capacity to make decisions about their care. However, there was a lack of available evidence which showed how the registered manager had decided the person lacked capacity to make this decision. The registered manager told us that this was an area that needed improvement and planned to implement a system that considered people's decision making abilities when planning the arrangements for their care.

People and their relatives told us that staff were competent to do their jobs. One relative said "They seem responsible and able to help [person's name]". Another relative told us that "The staff seem clued up". The staff told us that they had been trained to do their jobs and were well supported by the registered manager. One staff said "I have supervision with the manager and they look at how I'm getting on and if I want any more training". Another staff said "I have had an induction and did shadowing shifts with experienced carers. I've also done health and safety, dementia care and fire prevention training". There was a system of staff training in place and this included training in moving and handling, dementia, record keeping and infection prevention and control measures. We also saw that when people needed a more specialised level of care, staff received this training. For example, staff providing care to people with a percutaneous endoscopic gastronomy (PEG) had received training in providing this care. A PEG is a feeding tube which is passed into the person's stomach when they are unable to eat and drink by mouth.

People received appropriate nutritional support and staff monitored people's health and wellbeing. One person said "They make me a sandwich and a nice cup of tea". One relative said "We buy in the food that [person's name] likes and the carers will make it up for her". We saw that people's care records gave staff information about the support needed to help people to eat and drink their meals. This included instructions to assist people with the cutting and eating of their meals. We also saw that staff monitored people's health and wellbeing and liaised with professionals involved in their care. One relative told us "We usually take [person's name] to see the G.P, but staff have helped with this in the past. They always call us with any changes to their care". The staff also told us that they had good relationships with the district nursing teams and regularly communicated changes about people's care. This included reporting concerns to the registered manager and contacting people's G.P's, families and where required emergency medical services.

Good

Is the service caring?

Our findings

People and their relatives told us the staff had a caring approach. One relative said “The carers are good and respectful and are easy to communicate with”. Another relative said “They are very caring and I have never had any concerns about the care”. We observed that staff interacted with people in a positive way and saw that people were happy and relaxed in their care. The registered manager told us that it was important to consider how people and staff got on together. They said “during the initial assessment, I get to know each person and their personality. I try and match them up with a carer who can meet their needs and also one who they will get on with”. The staff told us that this approach worked well in practice and liked being permanently allocated to people’s care as this provided a consistent approach. One staff said “We have a good relationship with people and they treat us like one of the family”. Another staff told us that they knew the people they looked after really well and had developed “trusting” relationships which helped provide a good level of care.

People received care that was respectful of their need for privacy and dignity and were supported to live as independent lives. For example, we observed that people received care at regular times of the day and this enabled them to live in their own home. We also saw that people looked clean, well dressed and nourished. The staff told us they understood the need for dignified care and supported people with their independence. One staff said “We try and encourage people to do things themselves and coach them to take part in their care”. We also observed that staff referred to people by their preferred name and understood how to respect people’s privacy.

People were supported to make choices about their daily care. For example we observed that people were given different options such as a choice of drinks, snacks and meal choices. The staff also told us that they understood the need for people to make their own decisions about their care and supported decision making by giving people daily choices about their personal care.

Requires improvement

Is the service responsive?

Our findings

At our last inspection visit we found that people's care plans did not contain enough information for staff to provide people's care. At this inspection visit we found that improvements had been made to the care planning systems. For example, each person had a plan of care which contained information about their care needs at different times of the day and this included information about their mobility, communication, eating and drinking and washing and dressing needs. However, the system of care planning still required some improvement as care plans lacked some specific details to ensure care was personalised and met people's needs. For example, one person's family shared the responsibility of the management of their medicines. While, we found that staff were fully aware of these arrangements; their care plan contained little information about how the family shared this responsibility with the staff.

People and relative's told us they were happy with the care provided and care was flexible to meet a range of needs. One relative told us "The care is about right and we have got the right balance. I have increased [person's name] care and the service has adapted to what we need. There is a lot of communication from the service and the care staff will let me know of any changes. I am happy with the service".

Another relative said "They came to see me when [person's name] first started having care and they called me to check if there were any changes to their care arrangements". The staff demonstrated that they had a good understanding of people's care needs and told us how some people had improved their health and wellbeing since receiving their care. For example one staff said "[Person's name] was not able to do much when I first started caring for them, but they have improved greatly since then and are now enjoying doing their crosswords and puzzles again".

The provider had a complaints procedure in place and people's complaints were dealt with straight away. People told us that they did not have any complaints about the service however they would not hesitate to contact the registered manager with their concerns. One relative said "I couldn't complain at all, there is the odd hick up, but if we have had a problem it has been dealt with immediately". We saw that people and their relatives had been made aware of the provider's complaints policy and this was readily available in people's homes. The staff understood the need to deal with people's complaints and their duty to inform the registered manager of any concerns raised with them. We also saw that the registered manager maintained a comprehensive log of all complaints received and this included details of the complaints investigation and whether people were happy with the outcome.

Requires improvement

Is the service well-led?

Our findings

At our last inspection visit we found that there was a lack of formal processes in place to enable the provider to assess and monitor the quality of the service. At this inspection visit, we found that processes had been put in place to improve the arrangements for monitoring the service. The registered manager had implemented a system of spot checks and this was undertaken to check a range of areas of care such as the presentation of staff, the quality of daily records and the management of medicines in people's homes. A system of satisfaction surveys had also been put in place to enable people using the services and their relatives to feedback by telephone.

However, the provider's new quality assurance systems needed further development to be fully effective. For example, people and their relatives were unclear about whether they had received a phone call to check their satisfaction about the service. One relative said "I did receive a phone call once to see if I was happy; but I'm not sure why this was or what it was about". We also saw that the provider's new system of spot checks did not spot potential failings or areas of service improvement. For example, the registered manager was unaware that some people's medicine administration records had not been signed despite the system of spot checks checking the medicines administration records (MAR).

Staff also told us that there was a lack of formal systems in place designed to enable them to voice concerns or feedback about the service. One staff said "It is very open here and you can tell the manager anything. We don't have regular team meetings though. I can't remember when we had the last one". Another staff said "There are no team meetings, it is a more informal approach and we can pop in to the office any time". The registered manager confirmed this and acknowledged the need for a more formalised approach to be put in place. The staff were aware of whistle-blowing policies and procedures and were able to tell us how they could whistle-blow to agencies such as the Care Quality Commission (CQC) and local safeguarding authority. Whistle-blowing is when a member of staff suspects wrongdoing at work and makes a disclosure in the public interest. The registered manager was also aware of their responsibilities in notifying agencies such as the CQC, and local authority.

The systems in place for managing the service needed strengthening. For example, we found the systems for managing staff training did not identify the need for a member of staff to have medicines training before they administered people's medicines. We also saw that some recruitment information such as references and photo identification was not readily available in staff recruitment files. While, the registered manager forwarded this information to us there was a lack of co-ordination in systems in place.

There were significant gaps in people's care records. For example, we requested several people's medicine administration records (MAR) to show how people's medicines had been managed over a period of time. The registered manager was unable to produce all these records and there was a disorganised approach to records management. The registered manager was also unable to provide a satisfactory explanation as to why these important records had not been safely maintained and stored. While, the registered manager was able to retrieve some of these records and forwarded them to us after the inspection; there were still significant gaps in people's medication records being maintained and stored appropriately.

This is a breach of Regulation 20 of the Health and Social Care Act 2008 (Regulated activities) Regulations 2010 which corresponds to regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010 Records People who use services and others were not protected against the risks associated with unsafe or unsuitable care because records were not suitably maintained. Regulation 20(1)(2)(a)(b). This corresponds to regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.