

## Village Homecare Limited

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### Inspection report

Swan House Business Centre  
Bosworth Hall Estate  
Market Bosworth  
CV13 0LJ  
Tel: 01455290257

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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

The inspection took place on 2 July 2015 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in.

The service provides care and support to people with needs associated with age, dementia, learning disabilities, physical disabilities or dementia living in their own homes in the community. At the time of our inspection the service was providing care and support to 47 people.

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

People spoke positively about the care and support that they received. They told us that they felt safe when staff supported them and that they were provided with the care and support that they had requested.

# Summary of findings

When people started to use the service a care and support plan was developed that included details about their care needs. We saw that these contained detailed guidance for staff to follow to ensure that people's needs were met. Information about people's likes, dislikes and preferences were all included so staff had all of the relevant information to meet people's needs.

People did not always receive the amount of care and support that had had been agreed. Care that was planned for care staff to carry out sometimes overlapped which meant that they were not able to spend the amount of allocated time with each person.

The provider could not be assured that people had all received their medicines and creams as prescribed by their doctor. There were a number of gaps in medication administration record (MAR) charts. There was a risk that people may not have been receiving their prescribed medicines and creams as they required.

Staff told us that sought people's consent prior to providing their care. We saw that there were a number of consent forms in place that the service used. However the usage of these was inconsistent and where people did not have the capacity to consent to their care and treatment there was no record of how the care provided had been agreed in line with the Mental Capacity Act 2005 and its requirements.

People told us they were able to express their opinions and were listened to. Staff were introduced to people prior to them providing their care. People knew how to make a complaint. Complaints that had been made had been investigated and appropriately acted on.

Quality assurance questionnaires were sent out to obtain people's feedback about the service. The questionnaires were analysed and a plan put in place to address issues that were raised. There were no systems in place to ensure that people received the amount of care that had been agreed.

# 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?

The service was not consistently safe.

People told us that they felt safe when staff were supporting them. There was an on call system operated by the provider so that people were always able to contact a member of staff. The provider could not be assured that people had all received their medicines and creams as prescribed by their doctor.

Requires improvement



### Is the service effective?

The service was not consistently effective.

People told us that staff had skills and knowledge to enable them to meet their needs. Staff sought people's consent prior to providing their care, however, where people did not have the capacity to consent to their care there was no record of how the care provided had been agreed in line with the Mental Capacity Act (2005) and the requirements of it.

Requires improvement



### Is the service caring?

The service was caring.

People told us that staff were kind and friendly. People told us they were able to express their opinions and were listened to. Staff knew people's likes, dislikes and preferences. Staff were introduced to people prior to them providing their care.

Good



### Is the service responsive?

The service was not consistently responsive.

People told us that they were provided with care and support that they wanted. People felt able to raise concerns with the service. People's complaints were investigated and responded to. People did not always receive the amount of time of care that had been agreed.

Requires improvement



### Is the service well-led?

The service was not consistently well led.

Quality assurance questionnaires were sent out to obtain people's feedback about the service. People knew who the manager of the service was and staff felt able to approach the manager with any concerns. There were no systems in place to ensure that people received the amount of care that had been agreed.

Requires improvement



# Village Homecare 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 2 July 2015 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in.

The inspection was carried out by two inspectors and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to

make. Before our inspection, we reviewed the information included in the PIR along with information we held about the service. We contacted the commissioners of the service to obtain their views about the care provided. The commissioners are the organisation that has funding responsibility for some people who used the service.

We reviewed a range of records about people's care and how the service was managed. This included five people's plans of care and associated documents including risk assessments. We looked at five staff files including their recruitment and training records. We also looked at documentation about the service that was given to staff and people using the service and policies and procedures that the provider had in place. We spoke with a director of the company, the registered manager, a line manager and three care workers.

We made contact with 14 people who used the service and four relatives of people who used the service by telephone. This was to gather their views of the service being provided. We also visited a person in their own home and obtained their feedback about the service they received.

# Is the service safe?

## Our findings

People told us that they felt safe when staff were supporting them. One person told us, "I am [age in years] I feel safe when they are around." Another person told us, "Well we've never had any concerns about safety." A relative told us, "Of course we feel safe when the carers come."

Staff members had a good understanding of the various types of abuse and knew their roles and responsibilities in the reporting of any safeguarding concerns. They told us about the actions they would take if they had any concerns and these were consistent with the provider's safeguarding policy. However the policy did not include any contact details of where concerns should be reported to. We spoke to the registered manager who told us that if they had any safeguarding concerns they would report them to the local safeguarding authority.

The local authority have the lead responsibility to investigate safeguarding concerns and it is a requirement of the Care Quality Commission (Registration) Regulations 2009 to report any abuse or allegation of abuse in relation to a service user to CQC. There had been a recent incident at the service that had been reported appropriately and investigated by the safeguarding team but the provider had failed to notify the Care Quality Commission. We spoke with the manager about this who apologised for the oversight and assured us that this would not happen again.

Staff told us that risk assessments were carried out when people started to use the service. We saw that risks relating to people's care were assessed and control measures had been put in place to ensure that risks were reduced. We found that instructions relating to the control measures in place were clearly identified for staff. For example where a person was at risk of spilling hot drinks, advice to staff was to not over fill the cup and ensure that hot drinks were not left with the person.

The registered manager told us that there was an on call system in place so that people were always able to get hold of a staff member from the service should they need to. We saw that the service had a business continuity plan in place to enable them to respond to any emergencies or untoward events that may occur.

There was a recruitment and selection policy in place that was followed when the service recruited staff. We looked at the staff files of five staff members and found that all appropriate pre-employment checks had been carried out before they started work to ensure the safe recruitment practices had been followed. However one staff member's file did not contain any references and another staff member only had one written reference. We discussed this with the registered manager who advised us that this would be followed up.

People told us that staff arrived on time and that they didn't feel rushed by staff. One person told us, "They arrive on time and if there's a problem they let me know." Another person told us, "They don't rush." Staff told us that at the current time there were a number of staff off from work so it was having an impact on the allocation of work and the times of people's calls. They went on to tell us that this was not usual though and more staff were being recruited which would help the situation. The registered manager confirmed that there were a number of staff off from work at the current time and explained how they were using staff that were usually office based to cover people's calls. One person told us, "The 'boss' has been here, sometimes she helps out when they are short."

Staff told us that they felt confident with the tasks relating to medication that they were being asked to do. There was a medication policy in place that detailed the tasks that staff may be expected to assist people with in relation to their medicines and the actions that should take. The medication policy clearly stated that care staff must record assistance given by them. We looked at the records relating to medication that were available. We found that there were a number of gaps in medication administration record (MAR) charts and records relating to the administration of creams. For example we found that for one person who should have had a prescribed cream applied three times a day it was recorded that staff had applied the cream, one time on one day, two times on four days and three times on one day over a month period. Therefore the provider could not be assured that people had all received their medicines and creams as prescribed by their doctor.

# Is the service effective?

## Our findings

People told us that they thought that staff had received sufficient training to meet their needs. One person told us, “They seem to know what they’re doing. I think they do get training, they have the right skills.” Another person told us, “I think the staff have on-going training.” Staff told us that they’d received enough training to enable them to carry out their roles, but they felt that it would be good to have a practical refresher session in moving and handling.

We looked at the records relating to training. We saw that staff had received e-learning training in a number of areas to assist them in their roles. However we found that the moving and handling training did not include any practical training. Staff members told us that they had received practical training in their previous employment. The registered manager told us that recently two staff had attended a course which would enable them to carry out practical moving and handling training with staff. The registered manager advised us that at the current time there were only a small number of people who required staff and equipment to assist them with their mobility.

Staff members told us that they received spot checks and supervisions. We looked at the records that confirmed that spot checks and supervisions took place. However the frequency of these was variable. The registered manager told us that they were working to ensure that these were up to date and carried out on a regular basis.

People told us that the staff sought their consent before providing care. One person told us, “The carers are fantastic, they always consult and ask consent.” Another person told us, “I always tell them what I want.” Care staff told us how they would seek consent prior to assisting people with their care. They also told us how if people did not consent to their planned care they would record it and report it to their manager.

We saw that consent forms were used by the service to evidence people’s consent to use their telephone lines for the electronic care monitoring system that the provider used and to consent to their care. However these were not completed in all of the files that we looked at. We also found that where people did not have the capacity to consent to their care there was no record of how the care provided had been agreed in line with the Mental Capacity Act (MCA) 2005 and its requirements. The MCA is legislation that sets out the requirements that ensures where appropriate; decisions are made in people’s best interests when they are unable to do this for themselves. The registered manager told us that this was something they were going to look into.

We saw that there were some people who used the service who had a do not actively resuscitate (DNAR) order in place. The provider advised us that where the service were aware of them being in place a copy was kept on each person’s file. We discussed this with the provider who was going to take action to ensure that when staff were on call that they were aware of the people who had a DNAR in place.

One person who staff supported with the preparation of their meal told us, “I don’t feel rushed, they come around lunchtime.” A relative told us that their relative was not always provided with the appropriate crockery at mealtimes and that carers did not always ensure that they received a varied diet. We saw that people’s care plans did include information about their dietary requirements and the amount of support and assistance they needed.

A relative told us, “When [my relative] is not well, they always let us know.” We saw that where a health professional had been involved in a person’s care and provided information to the service this had been incorporated into their care plan. We saw that where concerns about a person’s health had been identified medical advice had been sort.

# Is the service caring?

## Our findings

People told us that staff members were friendly and engaged in conversation. One person told us, “I think they are very kind.” Another person told us, “Some of them are really good but the regulars are excellent. I have one that knows what they are doing and it’s good that they let me have the same carer.” A relative told us, “One of them has built up a rapport with [my relative].” One person told us that they were particularly happy that they received regular carers.

Staff promoted people’s independence. One person told us, “I can do things for myself.” Another person told us, “I take my own medication.” We saw that when staff provided care and support they provided prompts and encouragement for the person and allowed them the time they required. Staff communicated with the person and asked them what they wanted. They allowed time for the person to respond.

Staff members knew people who used the service well and were able to tell us about their likes and dislikes. We saw that detailed information about people likes, dislikes and preferences were recorded within their care plans. For example we saw how people’s preferred names were recorded and then we evidenced from daily notes that care staff were using people’s preferred names. This meant that support workers had all of the relevant information about the things that people liked and disliked and how people wanted their care and support provided.

People told us that new staff would almost always be introduced to them prior to them providing their care. One

person told us, “I’m very happy with the care, they wear a uniform and introduce new people to me.” Staff confirmed that they carried out shadowing visits to get to know people before they provided their care.

Staff told us that prior to people commencing with the service they met with them and discussed the care that they wanted the service to provide. People told us that they were involved in decisions about the care and support that they wanted to receive.

People told us that staff listened to them. They told us that they were able to express their opinions and were listened to. One person told us, “Yes you can choose, I said I would like so and so and they listened.” We saw that staff listened to people and acted in accordance with their views.

People told us that staff respected their privacy. One person told us, “They care for me with respect and dignity.” Staff members told us how they respected people’s privacy and promoted their dignity while providing care. We saw that staff were respectful of people’s privacy while they were providing care.

People were not always informed when care staff were running late. People told us that this did not happen on a regular basis. However one person did tell us how their relative became anxious when staff did not arrive at the time they were expected. We discussed late calls with the registered manager who advised us that staff did always try and phone people to advise them if staff were running late. We saw that during our inspection when care staff were delayed they contacted the office and the office phoned the next people who they were due to visit to make them aware.



# Is the service responsive?

## Our findings

People told us that either before they started to use the service or when they first started a member of the management team visited them and talked through the details of their care. People told us that they were provided with the care that they asked for.

The registered manager told us that when they received an enquiry about the service they would go and visit people and discuss the care that they wanted to receive. The registered manager told us that this information was then used to form a care and support plan.

We saw that care and support plans were in place and that they provided detailed information about people's needs and how staff should support them to ensure that their needs were met. Staff told us that people's care and support plans provide adequate details to enable them to meet people's needs.

We looked at the care records of five people who used the service and found that care and support had been provided in line with their care and support plans. However, we saw that the length of time that care staff stayed with people was variable and not always as detailed in their care and support plans. We discussed this with the registered manager who advised us that staff were responsive to people's needs so if people needed extra help one day, staff would stay longer and if they didn't need as much help then staff would leave before their planned time.

One person told us that they didn't always feel that they received the care that they paying for. We looked at the

care records relating to planned care hours and actual care hours for five people who used the service. We found that care staff were frequently not providing the amount of time at calls that they should have been. For one person we found that they only received their allocated time on two calls out of fifteen that they received during the period of a week. We looked at the programmes of work that were provided for care staff and we found that there were times when care calls overlapped. This meant that people were not always receiving the hours of care that had been agreed. We discussed this with the registered manager who advised us that they were aware of the issue relating to two people's calls and that staff were currently working on the scheduling system.

People told us that they knew how to raise any concerns. One person told us, "I know how to complain but I've never had reason to." Another person told us, "Rarely is there a problem, if there is they resolve it." A third person told us, "I complained a while ago and [the issue] has been resolved." However two people felt that their concerns had not been listened to by the service.

We saw that the service user guide that people were provided with when they started to use the service contained information about the services complaints procedure. It also provided details about how people were able to escalate their concerns if they were not satisfied with the provider's response.

We looked at the complaints that had been received by the service. We saw that the service had investigated people's concerns and taken appropriate action in response.



# Is the service well-led?

## Our findings

People told us that they knew who the registered manager if the service was and that they saw them at times when they helped to provide care. One person told us, “They tell us what is happening and sometimes the manager comes round to help the carers.” Another person told us, “The management come time and again to help the carers.”

Staff members told us that they speak to their manager regularly and receive support from them. They told us that they can approach the manager with any issues and that anything they raised had been dealt with.

We saw that quality assurance questionnaires had been sent out. We saw that a report had been produced from feedback provided and detailed actions that the service was going to take in response. The survey was completed in January 2015. There were no timescales detailed on the actions but we saw that some actions had been taken, for example the addition of roles within the management team. However we also found others that had not for example the auditing of call times.

We saw that a recent staff meeting had taken place where staff were able to raise any issues and concerns. We also saw that issues that had arisen in complaints had been openly discussed with staff members.

There were no audits of call times carried out and although all of the data was available no comparisons of

planned and actual delivered hours of care were made. This meant that people were at times not receiving the amount of care hours that had been agreed and there was no process in place to identify this.

Reviews of people’s care plans were inconsistent and there was no established system in place to ensure that people’s care plans remained up to date. We saw that the service had recently introduced a complaints audit to identify if there were any patterns or emerging themes. The audits were in their infancy but there weren’t dated and did not provide any summary of the information contained.

The registered manager told us that they had recently worked with the quality improvement team from the local authority to assist them to improve practices across the service. The registered manager showed us that they had a list of notifications that they knew they need to complete should certain incidents arise.

The registered manager relied on the office team at the service to ensure that the service was effectively run. There were a number of items that we discussed during the inspection which no specific staff member had full responsibility and accountability for. This meant that sometimes issues had been overlooked. For example the registered manager was not aware that a staff member had started work without any references being obtained and nobody had overall responsibility for this area.