Care Quality Commission

VJ Carers Limited

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Inspection report

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Tel: 01491411635

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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

Summary of findings

Overall summary

We carried out our inspection on 22 April 2016. The inspection was announced.

VJ Carers is a domiciliary care service registered to provide personal care to people living in their own homes. At the time of our inspection here were 23 people using the service.

The service had a registered manager who was responsible for overall management of the service and worked closely with the provider. 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.

The provider, registered manager and staff were not clear about their responsibilities in relation to the Mental Capacity Act 2005 (MCA). Staff had not received training in MCA and care plans did not reflect the principles of the MCA.

The service had a person centred culture which was promoted by the provider and registered manager. The provider and registered manager were approachable and were responsive to any issues raised. People were not always aware of the complaints policy but were confident that any concerns raised would be dealt with promptly.

People and relatives were complimentary about the caring approach of staff and appreciated being supported by regular care staff which enabled them to build meaningful relationships. People received visits on time and staff always stayed for the required length of time.

People were supported by staff who had the skills and knowledge to meet their needs. Staff were kind and caring and knew people well. People were treated with dignity and respect. Staff were well supported by the management team and felt valued.

Care plans detailed how people's needs would be met. Where risks were identified, care plans did not always contain details of how risks would be managed.

There were systems to audit the quality of the service, however there was no system in place to enable trends and patterns of any issues to be identified in order to improve the service overall.

We found one breach of the Health and Social Care Act 2008. 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?

Requires Improvement

The service was not always safe.

Risk assessments did not always include details of how risks would be managed.

People were supported by consistent staff. People had not experienced any missed visits.

Staff were clear about their responsibilities to identify and report concerns in relation to abuse. Staff knew the outside agencies they could report to.

Is the service effective?

Requires Improvement

The service was not always effective.

The provider, registered manager and staff did not have a clear understanding of their responsibilities in relation to the Mental Capacity Act 2005.

Staff were supported by regular supervision and completed training to ensure they had the skills and knowledge to meet people's needs.

People were referred to health professionals appropriately.

Is the service caring?

Good

People were supported by staff who were caring.

People were treated with dignity and respect.

People were involved in developing and reviewing their care plans. Care plans reflected how people wished their care needs to be met.

Staff understood their responsibility to protect people's human rights.

Is the service responsive?

Requires Improvement

The service was not always responsive.

People did not always know how to make complaints. People did not receive a copy of the provider's complaints policy.

Care plans did not include information about people's histories, likes and dislikes.

People were supported to maintain independence and be in control of their care.

Is the service well-led?

The service was not always well led.

There was no system to identify areas for improvements that could be made to the overall service.

The provider promoted a caring, person centred culture which put people at the centre of all they did.

People, relatives and staff were positive about the approachability and responsiveness of the provider and registered manager.

Care Quality Commission

VJ Carers 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 22 April 2016 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 office.

The inspection was carried out by one inspector.

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. We sent out questionnaires to people who used the service, relatives and social and healthcare professionals. We received responses from eleven of the questionnaires sent out.

Prior to the inspection we looked at notifications received from the provider. A notification is information about important events which the provider is required to tell us about by law. We contacted the commissioners of the service to get feedback about the service.

During the inspection we spoke to the provider and registered manager. We looked at four people's care records, four staff files and a range of records showing how the service was managed.

Following the inspection we spoke with two people who used the service, three relatives and three care staff.

Requires Improvement

Is the service safe?

Our findings

People told us they felt safe when care staff were supporting them. One person said, "I definitely feel safe with them". Relatives were confident that people were safe. One relative told us, "I wouldn't leave the house if I wasn't happy and thought (person) was safe".

Care plans contained risk assessments which included risks associated with; moving and handling, pressure care, sensory impairment and cognition. However, where risks were identified there was not always a plan in place to identify how the risk would be managed. For example, one person's risk assessment identified they were at risk relating to sensory impairment, mobility and incontinence. The 'actions required' section of the risk assessment did not mention the use of a hoist to support the person to mobilise or how risks associated with incontinence were being managed.

Another person's care plan identified the person could present with behaviour that could be challenging to themselves or other. The risk assessment did not identify how care staff should support this person when they displayed this behaviour. We spoke to the provider who told us this person had not displayed this behaviour for a long period and they would update the care plan and risk assessment.

People told us they had support from a consistent care staff group who knew them well. No-one we spoke with had experienced a missed visit. On the rare occasion that care staff were late people told us they had been notified by the senior member of staff on duty. People and relatives told us care staff did not rush when supporting people. One relative told us, "They always stay for the full time and often stay over".

Where people required the support of two care staff to meet their needs two staff always attended. Relatives told us the provider always ensured at least one member of the care staff team was experienced and knew the person well.

The provider scheduled and monitored all visits to ensure people were satisfied with the time and duration of each visit. The provider emailed rotas to care staff each week. Care staff were required to acknowledge receipt of rotas, which assured the provider that care staff were aware of their work schedule and that people would receive their support at a time that met their needs.

Care staff understood their responsibilities to identify and report any concerns related to safeguarding vulnerable people. Staff told us they had completed training in safeguarding and were able to describe the indicators of different types of abuse. One care worker said, "I would be looking for marks on the body, or maybe a change in behaviour". Staff told us they would report any concerns to the provider or registered manager. They were confident that any concerns would be taken seriously and were aware they had responsibilities to report to outside agencies. One care worker told us, "I could go to the local authority or CQC if I was worried".

Where people required support with medicine administration this formed part of their care plan. Care plans included a list of the medicines the person was taking and a copy of the current medicine administration

record (MAR). Where people administered their own medicines or where relatives supported the person to take their medicines this was recorded in people's care records.

Care staff responsible for administering medicines had completed training in the management and administration of medicine. Staff competence had been assessed before care staff administered medicines unsupervised. Staff were clear about their responsibilities in relation to the management of medicines and explained fully the system in place to administer and record when they supported people with medicines.

MAR charts were audited when the provider or registered manager visited people. Records showed that where any issues relating to medicine administration were identified steps were taken to address the concerns with staff.

Records relating to the recruitment of new staff contained relevant checks that had been completed before staff worked unsupervised in people's homes; this was to ensure staff were of good character. These included employment references and disclosure and barring checks (DBS). DBS checks enable employers to make safer recruitment decisions and prevent unsuitable people from working with vulnerable people.

Requires Improvement

Is the service effective?

Our findings

The provider and registered manager were not clear about their responsibilities relating to the Mental Capacity Act 2005 (MCA). 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.

Staff had not received training related to MCA and did not have an understanding of how to support people in line with the principles of MCA.

Care plans did not contain any information relating to people's capacity to make specific decisions where there were indications the person may lack capacity. For example, one person's care plan contained a section titled, 'cognitive ability'. The care plan stated, '[Person's] understanding of her personal care is limited'. The care plan did not contain a capacity assessment in relation to the person's ability to understand the care plan There was no guidance for staff in relation to assessing the person's capacity to consent to being supported with personal care. The same person's care plan identified the person could not leave the house unless accompanied by a care worker and that doors should be locked at night. There was no mental capacity assessment to determine if the person had capacity to consent to these restrictions. There was no record of a best interest process to decide if these restrictions were the least restrictive option.

This was a breach of Regulation 11 of the Health and Social Care Act 2008 (regulated Activities) Regulations 2014

People and their relatives told us staff had the skills and knowledge to meet people's needs. Comments included, "They (staff) are well trained" and "The carers (care staff) are well trained. They do not work alone until they are well established".

Staff had completed training which included: health and safety, infection control, first aid, moving and handling, safeguarding and medicines. Staff told us they were well supported and had supervision with the provider or registered manager at least every three months. This was in line with the provider's supervision policy. Staff were positive about the training and support they received. Comments included, "Supervisions are very useful. I can raise any issues and they help me find solutions" and "I have supervision every three months. I can identify any extra training I need. I have just done a four day course which was really good. I'm just being booked on some more courses".

The provider and registered manager carried out 'spot checks' on staff to ensure they were competent in their role and had the skills and knowledge to meet people's needs. Where issues were identified these were addressed through individual staff supervision and staff meetings.

The registered manager had a record of staff training and a plan for regular updates. A supervision planner

identified when staff supervision was due and when it had been completed. Staff files included copies of supervision notes which identified issues discussed and development needs required to ensure staff had the skills and knowledge to meet people's needs.

Where people required support to eat and drink this formed part of their care plan. For example, one person's care plan stated, 'Leave two glasses of fresh water". Staff were knowledgeable about people's dietary requirements.

Care plans showed people had been referred to health professionals when needed. For example, one person had been referred to the occupational therapist in relation to concerns about the person's moving and handling equipment. The provider and registered manager liaised with health professionals and families when there was a change in people's condition.

Good

Is the service caring?

Our findings

People were positive about the caring approach of staff. Comments included, "They're (care staff) brilliant" and "They are really good. I have built up lots of good relationships with staff". Relatives were complimentary about staff. One relative said, "The carers are very good". Another relative told us, "They have built really good relationships. I often hear laughter coming from the room when they are here".

Staff spoke with kindness and affection when speaking about people. Staff clearly enjoyed their work and understood the importance of building meaningful relationships with people. Comments included; "I have regular clients, so I really get to know them" and "I see the same people all the time, which is important. I love my job".

Staff put people's well-being at the forefront of everything they did. For example, staff stayed extra time with people when they were unwell. One relative told us staff had stayed with them when an ambulance had been called. Staff stayed until the ambulance had arrived and supported the person while the ambulance staff were present. The relative said, "The company should be proud of them".

People were treated with dignity and respect. One person said, "They definitely treat me with dignity". A relative told us, "They are very respectful of my home". Staff described how they would protect people's privacy. For example, by keeping people covered when providing personal care.

Staff had completed training in equality and diversity and knew how to protect people's human rights. One member of staff said, "It's about treating people as individuals and doing things the way they want them done".

People were involved in developing their care plans. People and relatives told us the provider or registered manager visited to carry out reviews. Care plans identified how people wished their care to be delivered and how their choices were respected. For example, one person did not want any medical intervention. This was sensitively recorded and showed discussions with health and social care professionals to identify how the person's wishes would be respected.

People's information was kept confidential. Care records were kept in a locked cupboard in the office, which was secured when there were no staff present. Staff understood the importance of respecting people's confidential information and any information shared electronically was done so securely.

Requires Improvement

Is the service responsive?

Our findings

People had care plans which contained information relating to the support they required at each care visit. Care plans detailed people's needs and how needs would be met. Where relatives provided some support to people this formed part of the care plan. Relatives we spoke with felt care workers supported them as well as the people receiving the care visits. One relative described the care provided as 'flexible and supportive'. The meant the service recognised the importance of others involved in people's care.

Care plans detailed what aspects of care people were able to do themselves and encouraged people to maintain independence. For example, one person liked to give instructions to staff on how to support them. The care plan identified the importance of this in making the person feel in control of their life. Staff we spoke with were knowledgeable about the support this person required but were aware that it was important to the person that support was not provided 'automatically'. Staff understood and respected the importance of waiting for the person to give them instructions.

Care plans detailed people's cultural needs and how these would be met. For example, one person's first language was not English. The care plan stated that where possible a member of staff who spoke the person's language would support the person. Where this was not possible staff were advised to speak with family members who were available to translate. Staff told us communication with the person had not caused any concerns.

Care plans did not contain details of people's histories, their likes, dislikes or hobbies. However, staff we spoke with knew this information about people as they supported people regularly and had got to know them well. Relatives told us staff took an interest in people and spoke with them about things that interested them. One relative told us "Staff are really good with [person]. They know all about him and are always chatting with him". We spoke to the provider who told us they would ensure this information was included in people's care plans.

The provider had a complaints policy in place. However, the provider told us they did not provide a copy of the complaints policy to people as they felt it was 'too complicated'. The provider included the contact details for the Local Government Ombudsman (LGO) in people's care plans. The Local Government Ombudsman looks at complaints about all types of care service for adults in England. LGO investigate complaints in a fair and independent way. People who gave feedback through CQC questionnaires were not always sure how to make a complaint. The provider told us they would review the complaints policy and ensure people using the service received a copy.

People and their relatives told us they would raise any issues with the provider or registered manager and were confident issues would be addressed. Comments included: "I would call the office with any worries. They are very good at sorting out problems"; "I've never had any issues but I would be happy to raise them with [provider]" and "I have made a complaint and [provider] was very responsive. It was sorted immediately".

Requires Improvement

Is the service well-led?

Our findings

People and relatives were extremely complimentary about the provider and registered manager. Comments included: "It is an excellent service. They (registered manager and provider) always sort things out. They are very responsive"; "I always call the office. They are very good at sorting out any changes"; "There is excellent communication. I like the owner (provider). Very proactive and always comes back to me straight away" and "I can speak to the manager whenever I need anything and they sort it out".

Staff were positive about the provider and registered manager. Comments included: "They have supported me, they respect me. They don't treat me as a worker; they treat me as an individual"; "It's like a family. A family environment, friendly"; "I definitely enjoy working for VJ Carers. Employers are good, always responsive and helpful" and "I am so confident as a person because of the way I am treated and respected".

Staff felt valued and listened to. One care worker told us how they had made a suggestion to improve the comfort of a person. The care worker had discussed the suggestion with the provider who had contacted the occupational therapist. Following an assessment by the occupational therapist the improvement to the person's care was implemented.

There were regular staff meetings where staff were encouraged to share ideas and discuss solutions to issues. Staff appreciated this opportunity and told us they were able to have 'open discussions'. Records of staff meetings showed that positive feedback was shared with staff.

Staff told us there were effective methods of communication between the management team and the care staff and that teamwork was 'excellent'. The provider was available for advice and guidance at any time.

There was a caring culture that included caring for people, relatives and staff. For example, the provider told us they sent people birthday cards. Staff also received birthday cards and vouchers to 'thank them for their hard work'. The provider had hired a room in a more central location for staff meetings to make it easier for staff to attend.

The provider promoted a person-centred approach to care that put people at the centre of everything the service did. The provider knew people, relatives and staff well and told us this was key to providing good quality care. The provider told us they planned to expand the service but would only do so if they could continue to provide a personalised and caring service.

The registered manager had sent out questionnaires to get feedback about the quality of care. There had been one response returned to the service. All elements of the service had been rated positively.

The provider or registered manager visited people at least every three months to carry out audits on all documentation in people's homes, monitor the quality of the care provided and to ensure people were satisfied with the service. Where issues were identified action was taken to address the issue. For example, one person had discussed the time of their care call. The time had been adjusted to meet the person's

needs. However, there was no system in place to look for trends and patterns in relation to issues identified to enable improvement of the overall service.

The service did not have records of any accidents and incidents. The provider told us they had not had any incidents or accidents. The service did have an accident and incident policy should there be any reported.

Polices in place were not always up to date and contained incorrect information relating to regulation. For example, the safeguarding policy was last updated on 16/05/2014 and referred to CQC outcomes and not the fundamental standards set out In the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The safeguarding policy also stated staff should be referred to the Independent Safeguarding Authority (ISA). ISA merged with the Criminal Record Bureau to become the Disclosure and Barring Service in 2012.

We spoke to the provider and registered manager who told us they would review and update the policies.

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 11 HSCA RA Regulations 2014 Need for consent The service did not ensure care and treatment was only provided with the consent of the relevant person. Regulation 11 (1) (2) (3) (4) (5)