

Mr Philip Walters

VP Community Care

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

This inspection took place on 23 December 2015. VP Community Care is a domiciliary care service which provides personal care and support to people in their own home across the UK.

The provider, who is registered with us as an individual, manages the service so is not required to have a

registered manager. 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.

Staff knew how to keep people safe and understood their responsibilities to protect people from the risk of abuse. Risks to people's health and safety were managed and plans were in place to enable staff to support people

Summary of findings

safely. There were sufficient numbers of staff to meet people's care needs and staff were recruited safely. People received the level of support they required to safely manage their medicines.

Staff received appropriate induction, training, supervision and appraisal. People's rights were protected under the Mental Capacity Act 2005. People received the assistance they required to have enough to eat and drink. External professionals were involved in people's care as appropriate.

Positive and caring relationships had been developed between staff and people who used the service. People

were involved in the planning and reviewing of their care and making decisions about what care they wanted. People were treated with dignity and respect by staff who understood the importance of this.

People received the care they needed and staff were aware of the different support each person needed. Care records provided sufficient information for staff to provide personalised care. People felt able to make a complaint and knew how to do so.

People and their relatives were involved in the development of the service. Staff told us they would be confident raising any concerns with the management and the registered provider was meeting their regulatory responsibilities. There were systems in place to monitor and improve the quality of the service provided.

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 safe.

Staff knew how to keep people safe and understood their responsibilities to protect people from the risk of abuse. Risks to people's health and safety were managed and plans were in place to enable staff to support people safely.

There were sufficient numbers of staff to meet people's care needs and staff were recruited safely. People received the level of support they required to safely manage their medicines.

Good



Is the service effective?

The service was effective.

Staff received appropriate induction, training, supervision and appraisal. People's rights were protected under the Mental Capacity Act 2005.

People received the assistance they required to have enough to eat and drink. External professionals were involved in people's care as appropriate.

Good



Is the service caring?

The service was caring.

Positive and caring relationships had been developed between staff and people who used the service.

People were involved in the planning and reviewing of their care and making decisions about what care they wanted.

People were treated with dignity and respect by staff who understood the importance of this.

Good



Is the service responsive?

The service was responsive.

People received the care they needed and staff were aware of the different support each person needed. Care records provided sufficient information for staff to provide personalised care.

People felt able to make a complaint and knew how to do so.

Good



Is the service well-led?

The service was well-led.

People and their relatives were involved in the development of the service.

Staff told us they would be confident raising any concerns with the management and the registered provider was meeting their regulatory responsibilities.

There were systems in place to monitor and improve the quality of the service provided.

Good



VP Community Care

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.

We visited the service on 23 December 2015, this was an announced inspection. We gave 48 hours' notice of the inspection because the service is small and we needed to be sure that the registered provider would be available. The inspection team consisted of two inspectors.

Prior to our inspection we reviewed information we held about the service. This included information received and statutory notifications. A notification is information about important events which the provider is required to send us by law.

We also contacted the commissioners of the service, health and social care professionals who had contact with the service and Healthwatch Nottinghamshire and Healthwatch Nottingham to obtain their views about the quality of the care provided by the service.

During our inspection we spoke with two people who used the service, one relative, two professionals who worked with the service, five members of care staff, a care coordinator, the manager and the registered provider. We looked at the care plans of four people who used the service and any associated daily records such as the daily log and medicine administration records. We looked at four staff files as well as a range of records relating to the running of the service such as quality audits and training records.

Is the service safe?

Our findings

People were protected from the risk of harm or abuse. People told us they felt safe when staff were caring for them. One person said, “The [staff] are so patient and well-mannered and I do feel very safe when they are here.” A relative said, “VP were recommended to us and they keep my [family member] safe at all times – I trust them completely.”

Staff told us how they kept people safe, and were able to tell us about the different types of abuse that could happen, and how to spot signs of abuse. Staff told us they were confident in reporting any concerns to the manager or to the office. The provider’s safeguarding policy and procedure was in the staff handbook.

Relevant information had been shared with the local authority when incidents had occurred. The provider ensured that staff received relevant training and development to assist in their understanding of how to keep people safe.

Steps had been taken to protect people and promote their safety without unnecessarily restricting their freedom. A relative said, “Doesn’t matter where [my family member] wants to go they take [them].” A professional said, “I think because they send the same staff all the time reduces any risks quite a bit – they know exactly what needs to be done – the care is very individualised.” People who used the service had care plans in place, which also contained information about how to support people to keep safe without unnecessarily restricting their freedom.

Assessments of risks to people’s health and safety were carried out and we saw examples of these in the care plans we viewed. All the records we checked contained risk assessments, which outlined any potential dangers and risks, and looked at ways to minimise these dangers in order to keep people safe.

The service had plans in place which meant that the service to people could continue even if there was, for example, a loss of power at the main office. This meant that people would not be left without support in such an emergency. Accident and incident forms were being completed and were analysed to identify actions to prevent similar incidents in the future.

People were supported by sufficient numbers of staff, and this was confirmed by the people we spoke with. A person said, “The carers are always on time – they usually come early and there have never been any missed calls.” A relative said, “There has never been a missed call – no, never.” A professional said, “There have never been any staffing issues, not that I can remember and I have never heard the [staff] complaining about being short staffed.” Staff told us that there were sufficient staff to meet people’s needs. The service knew how many staff were needed and were able to respond when staff were on holiday or off sick.

The agency made pre-employment checks on all staff to make sure they were safe and suitable to work. A professional said, “Before any new [staff] are employed we see the DBS and references to make sure they are safe to work with our clients.” The guide for people who used the service stated, “You can help us to choose the staff that would be working with you by meeting and interviewing them with us.” The manager confirmed that this took place.

Staff files contained evidence of criminal record checks carried out through the Disclosure and Barring Service, as part of safe recruitment. There was also evidence of references being supplied by former employers. Staff confirmed that they had been subject to these checks before starting employment with the agency.

People received the support they required to safely manage their medicines. Staff knew how to safely support people to manage their medicines and clearly described the different levels of support people needed. They knew how to respond if a medicines error took place.

People’s care plans contained information about what support, if any, they required with their medicines. Staff completed medication administration records to confirm whether or not people had taken their medicines. Records were mostly well completed, however, there were gaps in one person’s records and we told the manager. The manager carried out an immediate investigation and took appropriate action to address the issue.

The manager ensured that staff received training and support before administering medicines and this was provided on an on-going basis to ensure staff remained competent. There were medicines procedures in place, which were in the staff handbook.

Is the service effective?

Our findings

People told us that staff knew what they were doing. They also told us that new staff shadowed existing staff before they started working alone. A person said, “If any new carers start they never come out on their own. A manager always comes out with them on the first couple of calls.” A relative said, “I think they are all very well trained – you can tell when they come out – they do everything that is asked of them and more.” A professional said, “VP provides a high level of service and all staff go through the required mandatory training.” Another professional said, “Some of [the people who use the service] have really complex needs ... but the [staff] have the skills to support them.”

Records showed staff had received training as part of their induction and a wide range of training was attended by staff in addition to their induction. A staff member said, “The induction was really informative.” Another staff member said, “The training is very good.”

Records showed that staff received appropriate supervision and appraisal. Staff told us they felt supported. A staff member said, “They’re on the other end of the phone if I ever need support. They really look after you.” However, a staff member told us they would like more face to face supervision. The registered provider and the manager acknowledged that this was an issue when staff worked further away from the office and told us they would consider how to improve this.

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. Any applications must be made to the Court of Protection. We checked whether the service was working within the principles of the MCA.

Consent to care and treatment was sought in line with legislation and guidance. A professional said, “[People who use the service] are always involved in putting together their care plans and asked for consent for their care package.” Staff described the importance of gaining people’s consent before providing any care. Staff were also aware of their role in supporting people to make their own decisions, even when their capacity to make certain decisions may vary. Staff received MCA training. We saw that assessments of capacity and best interests’ decisions were documented where required.

Where required, people received support from staff to have access to food and drink. People told us they were supported to eat and drink enough. A person said, “Before the carers leave they will leave drinks and snacks out for me. They always ask if I need anything.”

The staff we spoke with described the different levels of support they provided to people regarding eating and drinking. Care records provided clear information for staff on how to support people to meet their nutritional needs.

People were supported to maintain good health. People told us that staff supported them to access healthcare services when required. One person said, “I had to go to the doctors two weeks back and one of the [staff] arranged it all and took me.” A relative said, “They have contacted doctors, social workers and other agencies for us in the past.” Records showed that staff involved external professionals where appropriate.

Is the service caring?

Our findings

People told us that staff were kind and caring. One person said, “The care I receive is brilliant – absolutely perfect.” Another person said, “The carers are brilliant and so is the care. They do everything I need.”

A person said, “The carers know what I like and don’t like and support me with all my needs including any social activities.” Staff described how they involved people in day to day decisions relating to their care and gave people choices. Staff were aware of the information in people’s care plans regarding the preferences people had about their care.

People’s needs were assessed prior to their care package starting and we saw that the information provided by people was made available to staff within the care plans. The manager and staff told us that they regularly asked people if they remained happy with their care.

People and their relatives were able to be involved in making decisions and planning the care to be provided. A person said, “Yes I have recently had a meeting with one of the managers and they asked me if I was happy with the [staff]. I feel fully involved in my care.” A relative said, “We were fully involved when the care package was put together so that made sure all our choices were recorded.”

Records confirmed that people and their relatives had been involved in providing information for their care plans. Care plans were reviewed on a regular basis and people were involved in this process if they wished to be. Information on advocacy services were available if a person required additional support in making a decision.

Where people could not communicate their views verbally staff were able to explain how they would identify people’s preferences. Guidance was also available in care records for staff when supporting people with additional communication needs.

The people we spoke with told us they were treated with dignity and respect by staff. One person said, “[Staff] are very considerate and treat me with total respect.”

People were cared for by staff who understood the importance of respecting their privacy. A staff member said, “You give people as much privacy as you can while they are washing.”

People were encouraged to maintain independence by carrying out tasks for themselves where they were able to. People told us that staff supported them to be as independent as possible. One person said, “The [staff] encourage me to do as much as I possibly can myself and I like it like that.” Staff told us that they encouraged people to do as much as they could for themselves.

Is the service responsive?

Our findings

The people we spoke with told us they received the support they needed when they wanted it. People told us that they received care that met their personalised needs and that staff never missed calls. One person said, “They have never missed a call for me and if the [staff member] was late I have a number to ring to find out what has happened.” A relative said, “The carers are never late. If anything they come a little earlier and we have never had a missed call.” A professional said, “If a carer was going to be late for any reason they would ring the client and let them know. I only know of one late call.”

People were supported to follow their interests and take part in social activities. A person said, “I am supported with any social activities I want to do.” A professional said, “All of the [people who use the service] are supported to go out in the community if that’s what they want – maybe the cinema or just shopping, whatever they want to do.”

A professional said, “The staff VP employ are really experienced and [people who use the service] are given a choice of male or female carer.” Another professional said, “The carers will support the clients with whatever they want to do including any religious needs.” Care records contained information regarding people’s diverse needs and provided support for how staff on how they could meet those needs.

Records showed that a senior member of staff always visited people to assess their needs before the service began. This helped staff to deliver appropriate and safe care, based on individual needs and preferences. Records showed that, staff arrived at the time they were supposed to and each person received care from a regular small

group of staff to ensure that staff met their personalised needs. The manager told us that people who used the service always met a staff member before they provided support to them for the first time.

The staff we spoke with told us they were provided with sufficient information about people’s needs before visiting them for the first time. Staff also told us that they felt the manager or other senior staff listened to their feedback if they felt a person’s care needs had changed.

People’s care plans were reviewed on a regular basis with the involvement of people and their relatives if they wished to be involved. People told us their care plans were reviewed regularly and were accurate. One person said, “I have monthly reviews with one of the managers and we discuss my care plan. I feel fully involved.” A relative said, “We’ve been with them for six weeks and everything has been great. A manager comes out every month and reviews the care plan and we get asked what we think then.”

The registered provider told us that they had reduced the costs of their service so that they could continue providing support for a person whose financial resources had changed. They said, “It’s not all about the money, we cut costs so the person could receive continuity of care.”

People told us they would know how to make a complaint. A person said, “I have never had to make a complaint of any kind but I’m sure if I did they would deal with it immediately.” Another person said, “I am more than happy with the support I get and if I wanted to change anything, there wouldn’t be a problem. I know they would do it.”

Staff received complaints handling training and knew how to respond to complaints. The complaints policy was in guide for people who used the service and the staff handbook. Complaints were responded to appropriately.

Is the service well-led?

Our findings

People were involved in developing the service. People told us that they were regularly asked their views on the service that they were receiving. A person said, “I get regular phone calls and I have completed two surveys this year asking me if I am happy with the service.” Another person said, “I have had phone calls asking me if everything is OK.” A relative said, “VP were recommended to us but it’s early days – they do check to see if we have any problems so I feel that’s a way of trying to improve the service they provide.” A professional said, “We get staff review forms sent out regularly which we fill in and we always get feedback on our comments, which is good I think.”

Surveys were completed by people who used the service and their families. The feedback from surveys was largely positive regarding the quality of care provided by staff. However, we saw that improvements were made if concerns were identified in the surveys. Feedback questionnaires were also completed by professionals who worked with the service. Again feedback was mostly positive.

People benefitted from an open and honest culture within the service and they were encouraged to speak up. The people we spoke with told us they felt able to approach staff if they wished to discuss anything. The relative we spoke with also felt able to raise any issues they had.

There were clear systems in place for people to contact the office and issues were dealt with promptly. Office-based staff maintained regular contact with each person or their relative to check they remained satisfied with the service. This meant that communication remained on-going and any issues that were raised were acted upon.

The staff we spoke with told us there was an open and honest culture in the service and said they would feel

comfortable suggesting improvements. A staff member said, “It’s a friendly place to work. Staff are very professional.” They said, “I receive well-structured feedback and it’s fair.” The service had achieved accreditation with Investors in People for better people management.

A whistleblowing policy was in place and contained appropriate details. The policy was also in the staff handbook. Staff told us they would be comfortable raising issues. The guide for people who used the service described the values of the service and staff were able to explain how they worked in line with those values. A staff member said, “We stand for person-centred care. It’s all about the [people who use the service].”

The service had a manager and they understood their responsibilities. People were aware who the manager was and said that they were approachable. A person said, “I know all the managers so if I had a problem I would give one of them a ring and I am sure they would deal with it.” A relative said, “I know the managers and if I had a problem I would be happy to give any one of them a ring.” A professional said, “I know the managers by name and they have a refreshing approach – each time you ring the office you get to speak to one of them.” We saw that all conditions of registration with the CQC were being met.

We saw that regular staff meetings took place and the manager had clearly set out their expectations of staff. The manager felt well supported by the registered provider and felt that they had sufficient resources to provide support to people who used the service. Staff felt well supported by the manager and other senior staff. A staff member said, “[The manager] listens to you and acts on what you say.”

The agency had systems in place to ensure that visits to people were carried out. Regular spot checks of staff took place so that the registered provider and manager could monitor the quality of care being provided.