

# Victoria Community Care (Cornwall) Limited

## Victoria Community Care (Cornwall) Limited

### Inspection report

2A Trevarthian Road  
St Austell  
Cornwall  
PL25 4BH

Tel: 0172664364  
Website: [www.carecornwall.co.uk](http://www.carecornwall.co.uk)

Date of inspection visit:  
10 May 2018  
11 May 2018  
14 May 2018

Date of publication:  
06 June 2018

### 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 ●

# Summary of findings

## Overall summary

This announced inspection took place on the 10 and 11 May 2018. It was announced 48 business hours in advance in accordance with the Care Quality Commission's current procedures for inspecting domiciliary care services. Our last inspection of the service was carried out on 31 July 2015. At that inspection we rated the service as good. At this inspection we found the service remained good.

Victoria Community Care (CC) is a Domiciliary Care Agency that provides care and support to adults, in their own homes. The service provides help and support with people's personal care needs in St Austell, Par, Roche, Mevagissey, Gorran Haven and surrounding areas. The service mainly provides personal care for people in short visits at key times of the day to help people get up in the morning, go to bed at night and support with meals.

At the time of our inspection 64 people were receiving a personal care service. These services were funded either privately or through Cornwall Council or NHS funding. There were 44 staff employed some of those were office based to coordinate and manage the service.

There was a registered manager in place at the time of our inspection. 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 were extremely satisfied with the quality of the service they received and the caring approach from staff. People told us; "They are amazing," "They are my lifeline" and "We are very blessed, they are marvellous, very professional."

People told us they had not experienced a missed care visit. The service had robust and effective procedures in place to ensure that all planned care visits were provided. The service's visit schedules were well organised and there were a sufficient number of staff available to provide people's care visits in accordance with their preferences.

People told us that their visits were on time but there were 'rare occasions' when care staff could be late for their planned visits. However people, and relatives, did not have a concern regarding this as they understood that any lateness was due to care staff needing to provide extra support to a person in an emergency or due to travel issues, especially in holiday seasons. People told us that Victoria office staff would phone them if a care worker was going to be late which gave them reassurance that their visit would still continue. Victoria operated an on call system outside of office hours. Care staff told us managers would respond promptly to any queries they might have.

People received care and support from a consistent team of staff with whom they were familiar. Staff arrived on time and stayed for the full time allocated. People spoke positively about the staff that supported them

and told us they were always treated with care, respect and kindness. Staff were respectful of people's privacy and maintained their dignity. Staff had developed good relationships with people and were familiar with their needs, routines and preferences.

Staff were respectful of the fact they were working in people's homes. The service offered flexible support to people and were able to adapt in order to meet people's needs and support them as they wanted.

There were processes in place to protect people and the security of their home when they received personal care, including staff wearing uniforms and carrying identification. People received information about who they should expect to be delivering their care so they were aware of who was due to call upon them.

Safeguarding procedures were in place and staff understood their responsibilities to safeguard people from abuse. Potential risks to people's safety and wellbeing had been assessed and managed.

Risk assessments had been developed to minimise the potential risk of harm to people during the delivery of their care. These had been kept under review and were relevant to the care provided. Accidents and incidents were reported and reviewed to reduce the risk of an incident occurring again.

Medicine procedures were safe. The service supported people with their medicines by prompting them. Records showed when prompts had been made in the daily records at people's homes.

Staff were recruited in a safe way and available in sufficient numbers to meet people's needs. Staff were supported by a system of induction, training, one-to-one supervision and appraisals to ensure they were effective in their role.

Staff knew how to ensure each person was supported as an individual in a way that did not discriminate against them in any way. People's legal rights were understood and upheld. Everyone told us staff ensured their dignity and privacy was promoted.

People told us staff had sought their consent for their care. 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. Staff had received relevant training and understood the principles of the Act.

People's care plans were detailed, personalised and provided staff with sufficient information to enable them to meet people's care needs. The care plans included objectives for the planned care that had been agreed between the service and the individual. All of the care plans we reviewed were up to date and accurately reflected each person's individual needs and wishes. The service's risk assessment procedures were designed to enable people to take risks while providing appropriate protection.

Staff supported people to have a nutritious dietary and fluid intake, assisting them to prepare and eat food and drinks as they needed.

The registered provider and management team provided clear leadership to the staff team and were valued by people, staff and relatives. There was a whole team culture, the focus of which was how they could do things better for people.

People and relatives all described the management of the service as open and approachable. People and their families were given information about how to complain. There were effective quality assurance systems in place to make sure that any areas for improvement were identified and addressed.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service remains Good.

### Is the service effective?

Good ●

The service remains Good.

### Is the service caring?

Good ●

the service remains Good.

### Is the service responsive?

Good ●

the service remains Good.

### Is the service well-led?

Good ●

The service remains Good.

# Victoria Community Care (Cornwall) 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 checked 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 the 10 and 11 May 2018 and was announced. The provider was given 48 office hours' notice because the location provides a personal care service to people who lived in the community. We needed to be sure that we could access the office premises, and meet relevant management personnel. The inspection was undertaken by two inspectors. During the visit we spoke with six staff members and visited four people in their own homes and met with three relatives. Following the visit we contacted five people who either used the service or was a relative to gain their views of the service they received.

We reviewed a range of records about people's care and the way the service was managed. These included the care records for five people, medicine administration records, staff training records, three staff recruitment files, staff supervision and appraisal records, minutes from meetings, quality assurance audits, incident and accident reports, complaints and compliments records and records relating to the management of the service. We also looked at the results from the most recent customer satisfaction survey completed by people using the service.

In preparation for our visit, we checked the information we held about the service and the provider. This included statutory notifications sent to us by the registered provider about incidents and events that had occurred at the service. A notification is information about important events, which the service is required to send us by law. We also reviewed the Provider Information Record (PIR). The PIR provides key information about the service, what the service does well and the improvements the provider plan to make.

# Is the service safe?

## Our findings

People told us there were sufficient staff to provide safe care and support for people. All people spoken with told us they felt safe receiving care from staff at the agency. They said, "I feel every safe, staff treat me and my home respectfully" and "They (care staff) look after me very well." People's relatives echoed this.

Staff fully understood their role in protecting people from avoidable harm. All staff had received training on the safeguarding of adults and children and were able to explain how they would respond to any incident of suspected abuse. Staff said they would immediately report any concern to their manager who, they were confident, would take appropriate actions to protect the person. The registered manager had a sound knowledge of safeguarding and had raised issues with the local authority when concerns had been identified. We reviewed the services safeguarding policy and found it to be satisfactory.

The service had a whistle-blowing policy so if staff had concerns they could report these and be confident of their concerns being listened to. Where concerns had been expressed about the service, if complaints had been made, or there had been safeguarding concerns, the registered manager had investigated fully to try to resolve the issue.

There were systems in place to enable staff to collect items of shopping for the people they supported. We discussed with the registered manager the need for this process to be more clearly evidenced. During the inspection the registered manager reviewed and implemented a more accountable process so that the system for supporting people with their monies was more robust.

The service supported some people with their medicines. People told us that staff were aware of their medicine requirements and supported them appropriately. Records were kept of any accidents or incidents. The provider checked all accident and incident records to make sure any action was effective, to identify any patterns or trends and to see if any changes could be made to prevent incidents happening again.

Recruitment systems were robust and new employees underwent the relevant pre-employment checks before starting work. This included Disclosure and Barring System (DBS) checks and the provision of two references. This helped to protect people from being cared for by unsuitable staff.

People told us they were satisfied with staff who supported them. Duty rotas were prepared in advance and care packages were not accepted unless there were sufficient staff available. Staff told us they had adequate time to travel between visits without rushing. All staff spoken with told us they had the time to stay with people for the contracted length of time and that where there were any issues they did not feel pressured. Comments included, "We [staff] come to the office each week to collect the rotas. If there's any problems or we need to change the rota, it gets sorted out straight away."

Staff in the office and those working in people's homes had contact numbers to be used in emergencies. For

example, emergency service numbers including social service and health departments.

The service had a contingency plan in place to manage any emergencies. Risks to people in the event there was an interruption to their service delivery due to an emergency had been assessed and rated, in order to identify who would be at the highest risk. This demonstrated the provider had prioritised people's care provision during such an event. People told us that when it recently snowed, staff either continued with their visits or phoned them to make sure they had appropriate support. People were complimentary about the support they received during this particular time.

Risks to people's safety and wellbeing were assessed and managed. Each person's care record included risk assessments considering risks associated with the person's environment, their care and treatment, medicines and any other factors. The risk assessments were detailed and included actions for staff to take to keep people safe and reduce the risks of harm. The assessments had recently been updated to make sure the information was accurate.

People received a timesheet for the week that identified which care worker would be supporting them, and at what time. People told us they were never supported by someone they did not know. All staff were provided with photographic identification badges to enable people to confirm the identity of carers. However, people said new carers were introduced by a member of staff who they already knew.

An on call rota was in place so that staff knew who to contact outside of office hours. This allowed the manager on call to access details of the rota, telephone numbers of people using the service and staff. This meant they could answer any queries if people phoned to check details of their visits or if duties needed to be re-arranged due to staff sickness. The service provided people with information packs containing details of their agreed care and telephone numbers for the service so they could ring at any time should they have a query.

The service held training for all levels of staff on equality and diversity so that they were aware of the current legislation and how this reflected on the delivery of care and support. This helped ensure that staff were aware of how to protect people from any type of discrimination. Staff were able to tell us how they helped people they supported at home to ensure they were not disadvantaged in any way due to their beliefs, abilities, wishes or choices. For example, if people were poorly sighted staff would read things out to them and where people communication was limited staff told us they knew it was important to take time to listen carefully. Some people had adaptations which supported them in communication and mobilisation so they were not disadvantaged.

Staff received additional training on how to keep people safe, which included moving and handling, infection control and first aid. The service had appropriate infection control procedures in place and personal protective equipment was available to staff from the services office. The registered manager understood who they needed to contact if they need advice or assistance with infection control issues. Staff received suitable training about infection control, and records showed all staff had received this.

## Is the service effective?

### Our findings

People consistently told us that care staff met their care needs in a competent manner. Comments received included; "They are amazing." Relatives also echoed this view, commenting "I'd be lost without them."

Before, or as soon as possible after, people started using the service a manager visited them to assess their needs and discuss how the service could meet their wishes and expectations. From these assessments care plans were written with the person, to agree how they would like their care and support to be provided. A relative told us "I was involved with (person's name) in drawing up the care plan. They (staff) wanted to know what help we needed and how they could support us. They listened to us."

Care records recorded the times and duration of people's visits. People and their relatives told us they had agreed to the times of their visits. They also told us staff always stayed the full time of their agreed calls. People told us that care staff stay their allocated time, and on occasions will stay a little longer: One said "They (staff) always check with me to make sure I have everything I need before they leave. They don't rush. They stay until they feel the job is done."

People using the service told us that in general the same staff made the visits which meant people were familiar with them. People using the service told us they were confident in the staff and how they delivered their care. One person said, "(staff names) are more like family now. They know us so well and support us brilliantly."

New staff completed an induction when they commenced employment which is in line with the Care Certificate. New employees were required to go through an induction which included training identified as necessary for the service and familiarisation with the service and the organisation's policies and procedures. There was also a period of working alongside more experienced staff until such a time as the worker felt confident to work alone. Staff told us they had 'shadowed' existing staff until they felt ready to work on their own.

People received effective care because they were supported by a staff team who received regular training and had a good understanding of people's needs. Staff told us they had a range of training opportunities available to them and they were encouraged through management support to develop their knowledge and skills. Staff were provided with relevant training which gave them the skills and knowledge to support people effectively. The service had its own dedicated trainer and there were training room facilities supporting staff in practical areas. For example, by using equipment to support people in their own home. There was a training programme in place to help ensure staff received relevant training and refresher training was kept up to date.

Training records showed staff had received training in a variety of topics including, manual handling, safeguarding adults and children, medicines, epilepsy and their health conditions. Staff told us; "The training is very good." Staff explained they were able to request additional training in specific areas that they found particularly interesting, for example with particular health conditions. When staff required specialised

training this was externally sourced.

Staff told us they received regular one to one supervision which enhanced their skills and learning. Supervision included observations of their practice and an annual review of their performance. Supervision meetings provided an important opportunity for staff at all levels to discuss their progress and any learning and development needs they might have. Staff told us they were supported by the management team.

People were supported to maintain a healthy lifestyle where this was part of their support plan. Staff supported some people with their food shopping and assisted them with the preparation and cooking of their meals. People's choices of the foods they wished to purchase were respected. People told us staff prepared foods of their choosing. Some people said they were left with snacks to eat and also drink within easy reach between visits. Staff had completed the necessary food and hygiene courses so that they were aware of how to prepare and provide food safely.

Staff supported some people to access healthcare appointments if needed and liaised with health and social care professionals involved in their care if their health or support needs changed. This included GPs, occupational therapists and district nurses to provide additional support when required. Care records showed staff shared information effectively with professionals and involved them appropriately.

The Mental Capacity Act (MCA) provides a legal framework for acting and making decisions on behalf of individuals who lack the mental capacity to make specific decisions for themselves. Managers and staff understood the requirements of the legislation and what this meant on a day to day basis when seeking people's consent to their care. The managers and staff had received training on the MCA. Staff we spoke with were knowledgeable about how the Act applied to their role.

We found that care plans had been developed with the person or their family which demonstrated that they were in agreement with how care staff would provide their support. People told us they were able to control how their care was provided and that staff always asked for permission before providing care or support. People's comments in relation to consent included; "They always ask what I want doing and check if I need anything else before they leave." A relative echoed these comments. This showed that people made their own decisions about how they wanted to live their life and spend their time.

## Is the service caring?

### Our findings

People told us the staff always treated them with care, consideration, respect and kindness. They said the registered manager and staff were always available and were very kind and caring. People said, "Sometimes they are the only people I see, they make my day worthwhile", "They (staff) always come in with a smile and make my day" and "We are very blessed, they are marvellous and very professional." Relatives were equally complimentary about the staff, one said "They go above and beyond. (staff names) can pick up when I am low even when I haven't said anything. (Staff name) has come back later in their own time to check that I am ok. They only pop in for 5 minutes but it is just so nice to know they care about me as well as my husband."

Staff understood their role in providing people with person centred care and support. They were aware of the importance of maintaining and building people's independence as part of their role. People told us staff worked with them to promote their confidence and their independence. One person said, "I like to do things for myself. I like to be as independent for as long as I can. Staff always check with me if I need their help so I can decide how much help from them I need." People's care records gave guidance for the care staff about asking people what support they wanted and how care and support should be delivered. People told us they felt involved in their care and were involved in any decisions about any changes.

People received care, as much as possible, from the same care worker or team of care workers. People told us this helped them as staff got to know them well and understood their likes and preferences in how they wished to be supported. Staff told us that due to their regular work patterns this meant they knew the people they looked after well and could build lasting relationships.

Staff were motivated and clearly passionate about making a difference to people's lives. Staff demonstrated a commitment to their work and worked together as a team. Comments from staff included, "I love the job" and "I'm pleased we can support people to remain living in their own homes."

Staff had a good understanding of protecting and respecting people's human rights. They were able to describe the importance of respecting each person as an individual and spoke well and knowledgeably about people's privacy and dignity as well as how to maintain confidentiality. These areas were covered in the employee handbook given to all staff. People's religious and cultural needs were respected and supported. There was information about this in people's care records.

Rotas and practical arrangements were organised in a way that gave staff time to listen to people, answer their questions and involve people in decisions. We were given examples of staff rearranging the timing of their normal visits so that they could support a person to be prepared to attend a medical appointment. A person told us that when they had medical appointments a staff member attended with them so that they could gain a greater understanding of their health condition.

People told us staff made sure they were safe and had everything they needed close by before they left a visit. One person told us, "They [staff] always make sure I have a drink, my reading things and remote control, are with me before they go. It means a lot to me so I don't have to worry about getting up on my own." This made sure staff were focused on the care and support people received.

Where people did not have any support from next of kin the service were aware of advocacy services and how to contact them. This ensured people's interests would be independently represented and they could access appropriate services outside of the service to act on their behalf if required.

As part of staff induction and on-going training they had received information about confidentiality and data protection to guide them on keeping people's personal information safe and meet data protection legislation. All care records were stored securely in the registered office in order to maintain people's confidentiality.

People were provided with a service user guide and information pack when they began receiving a service. The service user guide provided a detailed overview of the services provided by the agency, the aims and objectives and what people could expect from the service. People said the information was clear and easy to understand.

## Is the service responsive?

### Our findings

The service was responsive to people's needs because people had received assessments which identified what those individual's requirements were and then put a comprehensive person centred plan in place. People or those with authority to act on their behalf, had contributed to planning their care and support, and this had taken into account each person's strengths, levels of independence and quality of life. A person who used the service commented, "I am so pleased with how the staff supports me. They do everything I need and in a way that I like, " and "They (staff) have a cheerful attitude, get on with the job, do it well and get it done. Wonderful help."

People told us staff were always responsive to their needs and they were involved in decisions about their care. They said, "Before I came out of hospital (staff members name) came and saw me and made sure the timing of my visits were still ok, and increased the support I initially needed. They also made sure everything I needed was in place before I got home." Other people also told us that when their care needs had changed, their care package would be reviewed to see if additional or less support was needed. People felt fully involved in how care was being provided to them.

Care plans were personalised to the individual and recorded details about each person's specific needs and how they liked to be supported. For example, for people who had several visits in a day, a care plan was written for that time period. If support was provided for a longer period of time then guidance was provided for staff in what task or activities were to be completed or considered. This was of particular importance for people who may not have been able to explain their needs. For example, where people had memory difficulties or impairments of sight and/or hearing this was clearly set out in the care plan with guidance for staff about the most appropriate way to communicate with the person. Care plans were regularly reviewed and updated so staff were responding to a person's current needs. Any changes were quickly identified and recorded; with staff telling us updates were send directly to them promptly.

Daily care records, kept in the folders in people's homes, were completed by staff during and at the end of each care visit. These recorded details of the care provided, food and drinks the person had consumed as well as information about any observed changes to the persons care needs. The records also included details of any advice provided by professionals and information about any observed changes to people's care and support needs. Completed daily care records were returned to the service office each month and reviewed by managers as part of the service's quality assurance processes.

People were encouraged to maintain their independence. They were supported to address their own care needs where this was safe and appropriate. This meant people using the service were supported to keep control over their lives and retain their skills. For example one person told us their health had been improving and staff had supported them to do more for themselves. They said, "I like to be as independent as I can, staff respect that." The registered provider was aware that some people were unable to easily access written information due to their healthcare needs. They were currently looking at how to provide information in a more meaningful way to the people and staff they support.

Although Victoria Community Care is not a specialised end of life care provider the service is able to help people stay at home at the end of life if this is their wish. The service does work with the local hospice and palliative care nurses to enable people to remain at home for as long as possible or through to end of life.

The service had a complaints procedure. People and relatives said if they had any concerns or complaints, they felt they could discuss these with staff and managers and they would be responded to appropriately. They did not think they would be subject to discrimination, harassment or disadvantage if they made a complaint.

The service had a record of any complaints made, and a record of how these had been responded to. We reviewed the complaints received and saw that full investigations had been completed and appropriate liaison with health and social care professionals had occurred. The registered provider said when a complaint was made, the management team assessed the complaint and its findings and used the experience as an opportunity to learn from what had occurred for example through improving recordings of visits, managers checking that care procedures were carried out and regularly reviewed.

## Is the service well-led?

### Our findings

People and relatives gave us consistently positive feedback about the quality of care provided. People told us they were happy with the management of the service. They told us the registered manager and other service managers were actively involved in engaging with the people using the service and monitoring the care being provided. Comments from people were consistently positive and included, "They are amazing," "They are an excellent firm" and "There really is nothing for them to do to improve." People and relatives said if they had any queries they could phone the office and talk to the staff there. They also said it helped that they had met them, either from reviewing their care needs or from undertaking care shifts.

There was a positive culture within the staff team and staff spoke of the impact their work made to the lives of the people they supported. Staff spoke passionately about their work. Staff were proud of people's accomplishments and how people's lives had improved. For example people's health needs had improved which had a positive impact for the person and their family.

Staff were complimentary about the management team and how they were supported to carry out their work. Comments from staff included, "I love my job" and "It's the little touches that the managers do, like writing 'thank you for your support' on my wage slip. It's good to know they notice what we do and appreciate it." Staff felt that as the registered provider, manager and other senior staff actively still undertook some care shifts, that they had a sound understanding of the work that they do and also of the people they support. They felt this made the communication between them easier as "The managers understand what we do, who the people are that we visit and it makes communication so much easier."

The registered provider and manager placed a strong emphasis on continually striving to improve the service offered to people. The registered manager and management team recognised, promoted and regularly implementing systems in order to provide a high quality service. For example, providing a dedicated trainer and training room to support staff to develop their knowledge and skills. This demonstrated they used resources to drive improvement.

The registered provider, registered manager and senior staff had a strong and positive working relationship and recognised each other's strengths. The management structure in the service provided clear lines of responsibility and accountability. The registered provider and manager took an active role in the running of Victoria Community Care. They alongside senior staff co-ordinated the day to day running of the service. This included overseeing operational issues and speaking with people and staff.

There was an open culture where staff were encouraged to make suggestions about how improvements could be made to the quality of care and support offered to people. Staff told us they did this through informal conversations with the management team, regular staff meetings and supervisions. The staffing structure ensured that, at all times, support and advice was available to them.

The management team acknowledged that the staff team worked with vulnerable people and work could be challenging. They were mindful that care staff might feel isolated and wanted to support them as much

as possible. They had support groups that staff could contact if needed inside and outside of the work place.

The registered provider said their relationships with other agencies were positive. The service worked with health and social care professionals in line with people's specific needs, for example, towards improved mobility and diet. This ensured people's needs were met in line with best practice.

The service used a number of methods to monitor people's satisfaction with the quality of the service. This included visits to people's homes to review their care package and one to one meetings with staff to discuss any issues in relation to the people they supported. A staff member said, "These are really helpful, for example I got into a routine of preparing cornflakes every day, and was asked is that the person's choice. It made me remember I need to check and be more person centred. "

More formal surveys are taken to ask people to reflect on staff timekeeping, their knowledge and skills, performance and appearance. The service is in the process of conducting their annual survey. We saw the previous year's questionnaires and all were very positive. The results were calculated and any themes or trends could be identified. There were no specific trends which came out of the latest survey.

An annual quality assurance survey was used to monitor the standards of care provided and identify any areas in which the service could improve. We saw the findings of these surveys and noted that people were highly satisfied with the care provided by trained and competent staff.

The services records were well organised and when asked staff were able to locate all documentation required during the inspection. Policies and procedures had been regularly reviewed and updated to ensure they accurately reflected current practices. People's care records were kept securely and confidentially, in line with the legal requirements.

There were procedures in place for reporting any adverse events to the Care Quality Commission (CQC) and other organisations such as the local authority safeguarding teams. Our records showed that the provider had appropriately submitted notifications to CQC.