

Vicarage Homecare Ltd

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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 ●

Summary of findings

Overall summary

The inspection was announced and took place on 4 and 5 April 2017. Vicarage Homecare provides personal care to people living in their own homes. At the time of our inspection the service was supporting 35 people. This was the services first inspection since they registered with us.

There was a registered manager in post at the time of the 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 felt safe with the staff who were supporting them. People were supported by sufficient numbers of staff who had been recruited safely. Staff understood how to keep people safe from harm and understood how to manage people's individual risks. There were systems in place to promptly identify and manage late calls. People who were supported by staff to take medicines received them as prescribed by staff that had been trained and assessed as competent.

People were supported by staff that had the skills, knowledge and support to provide personal care. People's rights were protected as the provider was appropriately applying the principles of the Mental Capacity Act and people were asked for their consent to care and support. People who were supported by staff to prepare and cook meals were provided with choices, and staff were aware of people's specific dietary requirements. People were supported to maintain good health.

People told us staff were kind and caring and felt they were treated with respect. People were encouraged and supported to make day to day decisions about their care and support. Staff promoted people's privacy and dignity and encouraged their independence.

People were supported by consistent staff who understood their needs and preferences. People and their relatives were involved in the planning and review of their care. Care records were updated regularly to reflect people's changing needs. Staff were informed of any changes to people's needs to ensure they provided effective care. People knew how to raise a concern or complaint and there was a system in place to ensure complaints were appropriately managed.

Most people we spoke with felt the service was well managed and told us they would recommend the service. The provider had systems and processes in place to monitor the quality and consistency of the service which were effective at identifying required improvements. There were processes in place to enable people, relatives and staff to provide feedback on the service and this information was being used to make improvements. Staff had a good understanding of their roles and felt supported by the registered manager. The provider was appropriately notifying us of events they were required to do so by law.

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 was safe.

People said they felt safe. People were supported by sufficient numbers of staff who had been recruited safely. Staff knew how to recognise signs of harm or abuse and understood how to report concerns about people's safety. People were supported by staff who understood their risks and how to manage them. People were supported to receive their medicines as prescribed.

Is the service effective?

Good ●

The service was effective.

People were supported by trained staff who were supported to carry out their role. People's rights were protected as staff asked for their consent before providing care and the principles of the Mental Capacity Act were followed. People were provided with choices about food and drink and were supported to maintain their health.

Is the service caring?

Good ●

The service was caring.

People were supported by staff who were kind and caring. People were supported to make choices about their care and support. People were supported by a staff team who understood the importance of treating people with dignity and respect and promoting people's independence.

Is the service responsive?

Good ●

The service was responsive.

People were supported by consistent staff who understood their needs and preferences. People and their relatives were encouraged to take part in care reviews and care records were regularly updated. The provider had a complaints policy to ensure complaints were appropriately managed.

Is the service well-led?

Good ●

The service was well led.

Most people told us they felt the service was well managed. Systems to manage the quality and consistency of the service were effective at identifying the necessary improvements required. People, relatives and staff were provided with opportunities to give feedback on the service.

Vicarage Homecare Ltd

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 was the services first ratings inspection since they registered with us.

This inspection took place on 4 and 5 April 2017 and was announced. The provider was given 48 hours' notice because the location provides domiciliary care services; we needed to be sure that someone would be in. The inspection was undertaken by one inspector.

Before our inspection, we reviewed the information we held about the service. The provider completed a Provider Information Return (PIR). This is a document that CQC asks providers to complete to give some key information about the service. The PIR tells us how they are meeting the standards and about any improvements they plan to make. We reviewed statutory notifications we had received from the provider, which are notifications the provider must send us to inform us of certain events such as allegations of abuse or serious injuries. We also contacted the local authority service commissioners and the safeguarding team for information they held about the service. We used this information to help us to plan the inspection.

During the inspection we spoke with eight people who use the service and nine relatives. We also spoke with six members of staff, a care coordinator, the registered manager and a healthcare professional. We reviewed a range of records about how people received their care and how the service was managed. These included four people's care records, Medicines administration records (MARS), three staff files and records relating to the management of the service. For example, quality checks and complaints.

Is the service safe?

Our findings

People we spoke with told us they felt safe with the staff that provided their care and support to them. One person said, "I feel safe with the staff". A relative told us, "[Person] is definitely safe with the carers; I can sleep well at night knowing they are being looked after". Another relative said, "[Person] is safe when the carers are here. I can go out or have a rest and I know [person] is being well looked after".. Staff told us they had received training in keeping people safe and knew how to recognise and report potential harm or abuse. Records we looked at confirmed this. Staff we spoke with were able to describe the different types of abuse and told us how they would report any concerns. One staff member said, "There are different types of abuse like financial, sexual and physical. If I was concerned about a person I would report it to the manager and document my concerns. I am confident that concerns are escalated but if I felt they had not been I would use the whistleblowing policy and report the concerns to the local authority myself". Records we reviewed showed that concerns about people's safety had been appropriately escalated to the local authority safeguarding team. This meant there were systems in place to safeguard people from harm and abuse.

People were supported by sufficient numbers of staff who had been recruited safely. Staffing levels were determined according to people's level of need. People we spoke with confirmed that if they required two staff to support them this was provided at all times. One relative said, "[Person] is hoisted, we always get two carers". Staff members also confirmed this. One staff member said, "There is enough staff, the care plan tells you how many staff are required for each person, there is always two staff if required". There were appropriate systems in place to manager staff absence. Staff told us they were not able to work with people on their own until the provider had received suitable pre-employment checks, such as references and DBS checks. DBS checks help the provider reduce the risk of employing unsuitable staff to work with vulnerable people. Records we looked at confirmed this.

We received mixed views regarding call times. Most people we spoke with told us they received their care calls on time and they had not experienced any missed calls. However, some people and their relatives told us they had occasionally experienced late calls, however they told us that this had not impacted on their care and that arrangements had been made for the call to be covered. One person said, "Sometimes the lunch call is late, I called the office once and they sorted it out". Another person said, "They are not always on time but they do come, it doesn't worry me, I have no complaints about it". Staff we spoke with told us they could sometimes be late to a call if they had to deal with an emergency or traffic was heavy. The provider had introduced a system which enabled them to track calls and promptly identify if a call was late. This meant that the provider could promptly identify if a call was late and ensure appropriate arrangements were in place to ensure the call was covered.

People told us staff supported them safely.. One person told us, "Staff make sure my frame is in reach when they are not here and will put the commode in the bedroom for me at night". One relative told us, "The staff will stand behind [person] to ensure [person] is steady. They are there just in case, to ensure her safety when [person] is mobilising". Another relative told us about a piece of equipment that was used to help their family member to mobilise in a safe way. They said, "They use it safely". Staff we spoke with told us about

people's risks and they worked in ways to reduce risks. For example, they told us about people who were at risk of falls and the equipment they had to support them to mobilise safely. They also told us about people who were at risk of developing pressure injuries and the actions they were required to take to reduce the risk of skin damage. We found people's risks were reviewed and staff told us were alerted when there was a change in a person's risk which meant they had up to date information about how to work in ways to keep people safe. People's care plans identified their individual risks and how to work in ways to mitigate risks. This meant people were supported to manage risks to their safety.

Staff reported and recorded accidents and incidents and we saw this information was analysed and used to prevent re-occurrence. For example, we saw that one person had been referred to the falls team following two falls. However, during the inspection we were alerted to one incident which had resulted in a minor injury. We found this had not been documented. We discussed this with the registered manager and they told us they would take the necessary appropriate action.

People who received support from staff to take their medicines told us they received their medicines as prescribed. One person told us, "My medication is always given on time". Another person said, "They make sure I take the night time medication". We found staff had been appropriately trained and had their competence assessed. We looked at MAR's records and saw that people received their medicines as prescribed. Systems and processes were in place to check people were receiving their medicines safely. This meant there were systems in place to ensure people received their medicines as prescribed.

Is the service effective?

Our findings

People and relatives we spoke with felt staff were suitably trained to carry out their role. One person said, "Staff know what they are doing, they seem to have had the right training". Staff we spoke with demonstrated how they implemented their training into their practice. For example, one staff member told us about the medicines training they had received and how useful this had been in teaching them how to document medicines administration. Staff told us they received an induction to the role which they found useful. They told us the induction process consisted of training, shadowing more experienced staff and competency checks. One staff member said, "The induction gives you the opportunity to understand how to work with people in practice". Staff completed the care certificate as part of their induction. The care certificate is a set of national minimum standards that new care staff must cover as part of their induction process. They also said they received ongoing training which included specialist training to ensure they were skilled at working with people with specific needs. For example, dementia awareness, mental health training and learning disability training. Staff told us they were subject to regular spot checks. We saw records which supported what we were told. Staff told us they received one to one supervision sessions and appraisals with their line manager to discuss their practice and training needs. This meant staff were trained and supported to meet people's needs.

People's consent was sought by staff before they offered support. One person told us, "Staff always ask if it's ok for them to support you". They went on to say, "They respect if you don't want to do something, like having a wash, they just say 'ok it's your choice'". One relative said, "Staff always ask if it's ok to support [person] if they refuse they will encourage but they do not force [person] to do anything they do not want to do". Staff understood the importance of asking people for their consent to care and support and shared with us examples of how they did this.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack 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 may lack capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We looked to see if the provider was applying the principles of the MCA and found that they were. Where people lacked capacity to make decisions for themselves, a decision specific assessment of the person's capacity had been completed and we found decisions were being made in their best interests. Best interests decisions were documented and we saw relevant people, such as relatives and healthcare professionals were involved. The provider was verifying that relatives who were making decisions on behalf of people had the legal right to do so. This meant the provider was working to ensure people's rights were protected.

People who were supported by staff to prepare meals told us they were provided with choices about what they ate and drank. One relative said, "the staff give [person] a choice of breakfast and they know they [person] prefers a sandwich at lunchtime". Another relative said, "The staff always ask what [person] wants to eat and drink". Staff shared with us examples of how they provided people with choices about what they ate and drank. Staff were able to tell us how they supported people to make choices about their food and drink where they were unable to communicate this verbally. One staff member said, "I will take [person]

things to choose from and they will nod or point at which one they want". Staff were aware of people's specific dietary needs. One relative said, "[Person] is diabetic and has a low sugar diet, the carers know what they can and can't eat". This meant people had the appropriate support to eat and drink and were supported to make choices.

People mostly managed their healthcare appointments themselves or were supported by relatives. People and their relatives told us staff were observant and promptly reported any changes in people's health to the appropriate people. For example, one relative said, "Staff notice things, little things like a change in physical health. They always let me know and then I can call the doctor". Another relative told us how their family member's physical mobility had improved following a fracture. They said, "We think it is down to the care. The staff do regular exercises with [person] to get the leg moving. They have a gentle approach". This showed staff understood how to monitor people's health and take appropriate action when required. People and their relatives also told us that staff worked to accommodate for people's healthcare appointments. One relative said, "If [person] has a hospital appointment they will accommodate this. For example they will turn up a bit earlier to ensure that [person] is ready to attend the appointment". This demonstrated that the service was flexible to ensure people's healthcare appointments could be attended in order for them to maintain good health. People were supported to maintain and improve their health.

Is the service caring?

Our findings

People we spoke to told us staff treated them with kindness and were respectful of them and the choices they made. One person said, "The staff are caring, they seem more like friends". Another person said, "The staff respect me and I respect them, they are respectful of my wishes, I get on with them well". A third person said, "The staff will ask how I am feeling". A relative we spoke with told us, "The staff are caring and polite". Another relative said, "The staff are kind and friendly". Most relatives we spoke with told us that staff 'went the extra mile'. For example. One relative said, "[Staff] brought the washing in a folded it up for me, he gets the bins in and does and the recycling, I don't have to ask he just does it". People and their relatives told us staff developed positive relationships with them. A person we spoke with told us, "The staff will sit and chat to me for ages". Another person said, "They are patient and don't rush me, they take their time and they will sit and chat with me". One relative said, "[Person] likes the carers, they have a good laugh together, sometimes you can hear them howling with laughter". Another relative told us, "There is a good relationship between [person] and the staff, there is trust". They went on to say, "The staff listen to [person] and provide care in the way they want it to be carried out, they are good like that".

People were involved in making day to day choices about their care and support. People we spoke with told us staff provided them with choices about their care and support. One person said, "They ask me what I want, for example what want to wear and what body products I would like to use for my personal care". Staff shared with us examples of ways in which they encouraged people to make a range of choices about their care, such as what they would like to eat and drink, what they wanted to wear and how they would like their personal care carried out. People told us staff were respectful of the choices they made. One person said, "They respect the choices and decisions I make". A relative told us, "The staff will ask if [person] wants a wash or a shower, they respect [person's] choice".

People told us staff maintained their privacy and dignity and promoted their independence. One person said, "The staff respect my privacy, I like my privacy. For example they will always ask if I am decent before they enter the room". They went on to tell us how staff would provide them with the equipment they required to wash themselves and how they would leave the room to give them privacy. They said, "They will do my breakfast while I wash myself". Another person said, "Some days I am able to walk myself and they will encourage me to". A third person said, "The staff will let me do what I can do for myself and will support me with the things that I cannot do". A relative we spoke with said, "The staff are respectful of [person's] privacy, they will close the doors when [person] is having a wash". Staff shared examples of how they worked in ways that maintained people's privacy and dignity such as shutting doors and curtains when supporting people with personal care and covering people with a towel. Staff were also able to share with us the ways in which they encouraged people to maintain their independence. One staff member told us, "We encourage people to do what they can for themselves. For example, to transfer themselves where they can. We give them time and space and provide support and encouragement".

Is the service responsive?

Our findings

People we spoke with told us they usually had a consistent team of staff attending their calls. One person told us, "It's good having consistency you get to know the staff. I feel comfortable with the carers now as I know them, I don't feel embarrassed when having personal care". Another person said, "More often than not I will have the same carers". A relative said, "We tend to have the same carers most of the time". Another relative said, "I am pleased that [person's] carer doesn't change often and [person] likes this, there is trust and understanding". Staff we spoke with confirmed that they usually attended the same people to provide their care and support. One staff member said, "We usually have the same people, they get to know you and you can build a rapport". This demonstrated that the provider worked to ensure people had consistent staff where possible. People felt confident in the staff providing their care as they knew them and their needs well.

People we spoke with told us they felt staff knew their needs and preferences well. One person said, "The staff know me well". Another person said, "I am surprised at how much staff remember about people". A relative said, "The carers know [person] well. They know exactly what he likes or dislikes". Another relative said, "The staff are really good at understanding [person], for example if [person] is in pain or need the toilet". Staff could tell us about people's individual needs and preferences and how to meet them. Records we looked at and discussions with people and their relatives confirmed that staff had a good understanding of people's needs. Care records included details about people's needs, likes and dislikes and personal histories and were regularly updated to ensure people's changing needs were met. Staff we spoke with told us they were made aware if a person's needs changed. One staff member said, "If something changes we are all made aware". This meant people were supported by staff that understood their needs and preferences and were kept up to date when people's needs changed.

People's preferences were acknowledged, respected and provided for. For example, One person said, "I was asked about what I wanted, they did a review and they accommodated an earlier call". Another person told us, "I told them I wanted consistency of carers and they have accommodated this". A relative said, "We were offered a choice of male or female carer, [person] preferred a male for personal care and this was provided". They went on to tell us, "[Person] used to attend church, they no longer go but the staff know this and have respect for [person's] religion". Another relative told us how their family member enjoyed football and how the staff would discuss football results with him. They said, "[Person] appreciates having a male carer, they talk about football".

People were encouraged to take part in the planning and review of their care. One person said, "I am involved in my care reviews, I can say what I want and they listen to me". Another person told us, "You can have a say in your care review, you tell them what you want and how you want things doing". A relative we spoke with told us, "We are involved in reviews; [person] is involved and also key family members". Another relative said, "The care plan looks representative of [person's] care needs, we discussed [person's] needs and preferences before the package started". A staff member told us, "We review care plans every six months or sooner if people's needs or risk change. We involve people and their family in the reviews". Records we looked at confirmed what we had been told.

People and their relatives knew how to make a complaint and had confidence their concern would be appropriately managed. One person said, "I raised a concern about a late call and this was sorted out". Another person told us, "I have no complaints but I would call the manager if I needed to". One relative told us how they had raised concerns in the past about not being informed if staff were running late. They told us they had raised this with the provider and had seen an improvement. Another relative said, "I have no complaints but I would know what to do if I needed to raise a concern or a complaint". A third relative said, "I have confidence that concerns or complaints would be dealt with". We looked at complaint records and found complaints had been investigated and appropriately responded to. For example, we saw one complaint about a staff member had been investigated and a new staff member had been allocated to the call. This meant the provider had a system to ensure complaints were appropriately managed.

Is the service well-led?

Our findings

Most people and relatives we spoke with felt the service was well managed and told us they would recommend them to others. One relative told us, "They are doing a great job, it is a hard job to do but they are doing a good job". Another relative said, "The service has been really good".

Most people and their relatives told us they knew who the registered manager was and felt they were approachable. One person told us, "I have spoken to the registered manager and I have met them, they appear approachable". One relative said, "I have seen the registered manager I know who they are and she is approachable". Another relative said, "I have spoken with the registered manager over the telephone".

The provider had systems and processes in place to monitor the quality and consistency of the service. For example, audits were carried out on care records, daily notes and medicines administration. We found these were effective at identifying any required improvements. For example, checks on daily notes had identified issues with record keeping. We saw the provider had taken appropriate action to address this issue to include further staff training, and discussions with staff. The provider was carrying out spot checks on staff. We saw where improvement to practice was identified the provider had taken appropriate action such as implementing an action plan for staff or providing them with further training or support. This showed the provider had systems to monitor the quality of the service and ensure improvements were made as a result.

People and their relatives were invited to give feedback on the service during care reviews and through the use of satisfaction surveys. One person said, "The care coordinator has asked me if I am happy with my care". Another person said, "I have been happy with my care and they have asked me if I am satisfied with the care I am getting". One relative said, "I have completed a satisfaction survey". Another relative told us, "The staff ask us informally if we are happy with the care during calls". A third relative said, "We have been asked about our satisfaction the manager came out to us to ask". We looked at some completed satisfaction surveys and found positive comments from people and their relatives. The provider was analysing this information and we could see that this information was being used to make improvements. For example, we saw feedback from people and their relatives requesting more consistent staff and an improvement in call times. In response to this feedback we saw the provider had introduced an IT system to more effectively monitor call times. They had also implemented a care team system which enabled them to provide consistent staff for people they were supporting.

Staff felt supported in their roles were provided with opportunities to provide feedback or raise concerns. One staff member said, "I have frequent one to one sessions with the manager, you can raise any issues or concerns. The manager is approachable and listens to you". Another staff member told us that managers would support them practically if required. They said, "Managers will work hands of if required". A third staff member told us about a suggestion they had to improve communication between staff. They told us the registered manager had implemented this idea and they had found an improvement in communication as a result. They said, "This system allows us to communicate better with one another, exchange information about people, and cover shifts". We saw records of team meeting which actively encouraged staff to raise concerns or make suggestions for improvement. This demonstrated that staff were supported in their roles and their ideas and suggestions were encouraged and listened to.

Staff and the registered manager demonstrated a good understanding of their roles and responsibilities. The registered manager told us how they kept up to date with legislation and best practice by attending training and conference events. They also told us they used the CQC website and received alerts from the local authority. We saw the provider had submitted notifications of certain events they are required to do so by law, such as allegations of abuse.