Village Care Limited

Village Care Limited - 3c Wesley Place

Inspection report

3c Wesley Place
Coxhoe
DH64LG
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Date of inspection visit: 19/12/2014 and 23/12/2014
Date of publication: 26/02/2015

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 19 and 23 December 2014 and was unannounced. This meant the staff and provider did not know we would be visiting.

Village Care Limited – 3c Wesley Place provides personal care to people in the community. On the day of our inspection there were 77 people using the service.

Village Care Limitied had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

Village Care Limited was last inspected by CQC on 27 June 2013 and was compliant.

Summary of findings

There were sufficient numbers of staff on duty in order to meet the needs of people using the service. The provider had an effective recruitment and selection procedure in place and carried out relevant checks when they employed staff.

Thorough investigations had been carried out in response to safeguarding incidents or allegations.

Medication care plans, medication records and risk assessments were completed and up to date.

Training records were up to date and staff received regular supervisions and appraisals, which meant that staff were properly supported to provide care to people who used the service.

Consent was obtained for care and treatment and the registered manager was aware of the service's responsibilities with regard to the mental capacity act.

People who used the service told us they were well looked after by Village Care Limited – 3c Wesley Place. They told us, "They go above and beyond" and "she [care worker] is a lovely person and she's very helpful."

Staff treated people with dignity and respect and people were encouraged to care for themselves where possible.

Care records showed people's needs were assessed before they started using the service and we saw care plans were written in a person centred way.

We saw a copy of the provider's complaints policy and procedure and saw that complaints were fully investigated.

The provider had a robust quality assurance system in place and gathered information about the quality of their service from a variety of sources.

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.

There were sufficient numbers of staff on duty in order to meet the needs of people who used the service and the provider had an effective recruitment and selection procedure in place.

Thorough investigations had been carried out in response to safeguarding incidents or allegations.

Medication care plans, medication records and risk assessments were completed and up to date.

Good

Is the service effective?
The service was effective.

Staff training was up to date and staff received regular supervisions and appraisals.

Consent was obtained for care and treatment and the registered manager was aware of the service's responsibilities with regard to the mental capacity act.

Good

Is the service caring?
The service was caring.

Staff treated people with dignity and respect.

People were encouraged to be independent and care for themselves where possible.

People had been involved in writing their care plans and their wishes were taken into consideration.

Good

Is the service responsive?
The service was responsive.

People's needs were assessed before they started using the service.

Risk assessments were regularly reviewed and were up to date.

The provider had a complaints policy and we saw that complaints were fully investigated.

Good

Is the service well-led?
The service was well led.

The provider had a robust quality assurance system in place and gathered information about the quality of their service from a variety of sources.

People who used the service were positive about the management of Village Care Limited – 3c Wesley Place

Staff we spoke with told us the registered manager was approachable and they felt supported in their role.

Good

Village Care Limited - 3c Wesley Place

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 19 and 23 December 2014 and was unannounced. This meant the staff and provider did not know we would be visiting. One Adult Social Care inspector took part in this inspection.

Before we visited Village Care Limited – 3c Wesley Place we checked the information we held about this location and the service provider, for example, inspection history, safeguarding notifications and complaints. No concerns had been raised. We also contacted professionals involved in caring for people who used the service, including commissioners and safeguarding staff and nurses. No concerns were raised by any of these professionals.

For this inspection, the provider was not asked to complete 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.

During our inspection we spoke with five people who used the service and two family members. We also spoke with the registered manager and three care workers.

We looked at the personal care or treatment records of three people who used the service and observed how people were being cared for. We also looked at the personnel files for three members of staff.

Good

Is the service safe?

Our findings

People who used Village Care Limited – 3c Wesley Place told us they felt safe. They told us, "Yes, definitely" and "they are here in case I fall in the shower". A member of staff told us, "I feel quite safe because I know she [registered manager] is on the ball."

We saw a copy of the provider's selection and recruitment of staff policy and looked at recruitment records. We saw that appropriate checks had been undertaken before staff began working at the home. We saw that Disclosure and Barring Service (DBS) checks were carried out and at least two written references were obtained, including one from the staff member's previous employer. Proof of identity was obtained from each member of staff, including copies of passports, driving licences and birth certificates. We also saw copies of application forms and these were checked to ensure that personal details were correct and there were no gaps in employment history. This meant that the provider had an effective recruitment and selection procedure in place and carried out relevant checks when they employed staff.

We discussed staffing levels with the registered manager, who told us the service employed three co-ordinators. The co-ordinator's role was to conduct quality assurance checks on the staff and also cover shifts if there were any gaps in the rota. We saw that staff rotas were prepared one week in advance and were split into small teams, depending on client group. The registered manager told us that all absences were covered by their own staff and they did not employ bank or agency staff.

People who used the service, and their family members, told us that staff arrived on time and they usually saw the same members of staff. One person told us, "They always let me know if they are going to be late." Another person told us, "They always come at the right time. Never early, never late."

We saw a copy of the provider's safeguarding of vulnerable adults policy, which defined what abuse is, what a vulnerable adult is, categories of abuse, indicators of abuse and action to be taken. We looked at the safeguarding file and saw records of safeguarding incidents, including those reported to the police. We saw records of strategy meetings with the local authority safeguarding team, records of action taken by the registered manager, copies of interview statements and letters sent to staff members. We also saw copies of notifications submitted to CQC. This meant that thorough investigations had been carried out in response to safeguarding incidents or allegations.

We looked at the care records for three people who used the service and saw risk assessments were in place for people and staff. We saw a moving and handling risk assessment for a person who used the service, which identified potential hazards and control measures to help keep the person safe. For example, the person was at risk of falls so staff were advised to "Support and supervise [name] when he is mobilising" and "ensure floors are free from hazards".

We saw risk assessments were in place for staff when visiting people's homes. These included working environment, access to the property, moving and handling, fire lighting, housework and laundry. All identified potential hazards and action to be taken by staff to keep them and the people they cared for safe.

We saw medication record sheets in each of the care records. These recorded the person's name, address, GP contact details and details of the medication to be taken. For example, dose, time and weekday. There was a record for each day and staff recorded whether the medicine was prompted, assisted, administered, refused, supervised or left out. Staff were also advised to record any changes to medication on a separate sheet and notify the office immediately.

We saw risk assessments for medication in each of the care records. The aim of one of the risk assessments was "To promote independence with medicines wherever possible." The risk assessment included a number of questions such as, whether the person could provide a list of their medicines, whether the medicines were appropriately stored, whether the person knew and understood what medicines they should be taking, whether the person always wanted to take their medicines and whether the person remembered to take them. This last question was answered 'no', so staff were advised to prompt the person to take their medicines and to assist to remove the lids from containers is required. A family member told us, "They prompt him and dad will take his own tablets. They are spot on."

We looked at staff training records and saw that staff had completed a safe handling of medicines course, which

Good

Is the service safe?

included understanding medication and prescriptions, the supply, storage and disposal of medication, the safe administration of medication and record keeping and audit process.

Good

Is the service effective?

Our findings

People who used Village Care Limited – 3c Wesley Place received effective care and support from well trained and well supported staff. Family members told us, "The two [members of staff] that come in the morning are fantastic", "they've bent over backwards" and "they are spot on".

We looked in the staff files to see whether regular supervisions and appraisals had taken place. A supervision is a one to one meeting between a member of staff and their supervisor and can include a review of performance and observation in the workplace. We checked three members of staff's records and saw supervisions had been carried out regularly. We also saw evidence that spot checks had taken place of staff when they were visiting people who used the service. These involved checking punctuality, appearance, compliance with uniform and personal protective equipment (PPE) policy, standard of care, documentation and whether the member of staff stayed for the correct length of time.

We saw copies of appraisals for those members of staff who had been working for the service for at least one year. We saw that appraisals included the opportunity for staff to discuss with the manager any concerns they had, their satisfaction with the role and training requirements. Appraisals were signed and dated by the manager and the member of staff. This meant that staff were properly supported to provide care to people who used the service.

We saw a copy of the provider's staff training policy, which included details of induction training, role specific training and refresher training. We discussed staff training with the registered manager, who told us that mandatory training included moving and handling, first aid, health and safety, food hygiene, infection control, safe handling of medication, safeguarding vulnerable adults, dementia and the mental capacity act. We saw a copy of the provider's training plan, which included a rolling programme of refresher training that staff were expected to complete.

We looked at the training records for three members of staff to see whether mandatory training had taken place. Two members of staff had completed, and were up to date with, their mandatory training. The third member of staff was new to the company and had completed some of the mandatory training. The registered manager told us the rest of this staff member's mandatory training was planned.

One person who used the service required oxygen via a concentrator and nasal cannule. We saw that relevant staff had been trained in the use of oxygen as part of their health and safety training.

All staff received an induction to the service, which involved shadowing experienced members of staff and completing mandatory training. Staff we spoke with told us they received enough training for the role. This meant that staff were appropriately trained to carry out their role.

We looked at the care records for three people who used the service and saw that 'meal provision' care plans were in place. These provided specific information about people's food and drink preferences and provided detailed instructions to staff. For example, one person's care plan for breakfast said, "Carers to provide cereal, toast with a topping and teacake or scone with butter. Please vary each day. [name] likes tea on a morning (no sugar) in either his Cyprus or Ibiza mug" and "food needs to be cut up". This showed the agency met people's nutritional requirements when this had been identified as a need.

We saw agreement forms were included in each care record and were given to people who used the service after every review. These explained that a visit had taken place and a risk assessment had been carried out in the person's home. Consent was requested for staff to discuss any issues that may arise with a member of the person's family or named person and the person was asked to confirm they had been given necessary information regarding help with medication and agreed with the support being offered. We saw that two of the three records had been signed by the person who used the service or their family member. The third form stated the person was unable to sign. We discussed this person with the registered manager, who told us the service had worked with social services in providing an advocacy service. An advocate is someone who represents a person who lacks capacity to make an important decision.

We asked people and family members whether they had been asked to provide consent to care and treatment. They told us, "Yes, I signed a contract", "yes, I signed some forms" and "I signed them".

We saw that mental capacity assessments had been carried out for people who may lack capacity to make a specific decision. For example, an assessment was carried out for one person who used the service following suspected

Good

Is the service effective?

financial abuse. We saw that the person was deemed to have capacity. We discussed mental capacity with the manager, who was aware of her requirements under the mental capacity act in making sure that the rights of people who may lack capacity to take particular decisions are protected. Staff we spoke with told us they had received training in mental capacity and had been advised that if they had any concerns, they were to contact the registered manager immediately.

We saw copies of service user contact/communication sheets, which included details of contact and discussions with other healthcare professionals. These contained evidence that staff had contacted healthcare professionals on behalf of the person who used the service if they had any concerns. For example, one member of staff had requested a nurse visit a person who used the service because of a rash and sore skin in the groin area. We also saw referral letters to other healthcare professionals such as GPs and chiropodists.

Good

Is the service caring?

Our findings

People who used the service told us they were well looked after at Village Care Limited – 3c Wesley Place. They told us, "They go above and beyond" and "she [care worker] is a lovely person and she's very helpful". Family members were complimentary about the standard of care. One family member told us, "My dad fell out of bed. The girls stayed with him until the ambulance arrived. They were absolutely amazing". A member of staff told us, "Because it's a small company, everybody knows everybody. The management know all the clients so it makes it more personal."

We looked at the care records of three people who used the service. We saw that care plans were in place and included mobility, personal care, medication, meal provision, domestic tasks and escort. Each care plan contained evidence that people had been involved in writing the plan and their wishes were taken into consideration. They included the likes and dislikes of the person who used the service and the actions staff were required to carry out on each visit. For example, a care plan for personal care described, "Carers are to assist [name] with a shower every morning", "carers to ensure that [name] is completely dry and talc is to be applied to avoid breakages in skin" and "[name] likes her hair washed and blow dried three times per week". We saw another person's care plan described, "[name] is able to wash hands, face and brush his teeth himself. Assist to dress and transfer to armchair in living room."

Staff told us that people were encouraged to be independent. They told us, "We don't do everything for them if we think they can help. For example, one man helps me with the dusting", "we are there to promote independence. We help the clients to do as much as they can" and "we try and get them to do as much as they can and be as independent as possible and give them the confidence they need". This meant that staff supported people to be independent and people were encouraged to care for themselves where possible.

We asked people and family members whether staff respected the dignity and privacy of people who used the service. They told us, "Yes, they will close the door", "they are very respectful" and "they ask is it ok if we go into this cupboard."

Staff told us they respected people's dignity and privacy, particularly when carrying out personal care. They told us, "A lot of our ladies won't have the younger ones in so we put someone in who they feel comfortable with. We take into account people's wishes", "we don't expose them when carrying out personal care, doors are closed to keep their modesty. What you would do in your own home" and "It's my top priority. With one lady, when she's in the shower I make sure the doors are shut so no-one else can see. I treat them with respect". This meant that staff respected people's dignity and privacy.

Good

Is the service responsive?

Our findings

The service was responsive. We looked at the care records of three people who used the service and saw that a comprehensive client information record was completed prior to the person's care package commencing.

Each person's care record included important information about the person who used the service such as the person's address, next of kin, GP and social worker. The care records included details of activities to be carried out by staff at each visit. For example, "One carer to assist with personal care, prepare breakfast and assist with medication." Another care plan instructed staff regarding a person with mobility issues. It said, "[name] has pressure relieving equipment in place and requires regular positional changes as he is unable to reposition himself and is at risk of pressure damage."

We saw that care records were regularly reviewed and evaluated and risk assessments were in place where required. For example, we saw in a person's care plan review for mobility that a ceiling track hoist was now fitted in the person's bedroom and carers were to use the hoist every morning. We saw the care plan and risk assessment had been updated to reflect this change and guidance was provided to staff. For example, "Ensure equipment is used with correct moving and handling techniques" and "ensure two carers assist with all transfers". We checked staff training records and found that all of the members of staff we looked at had received training in moving and handling.

We saw copies of care plan review forms and saw that risk assessments were reviewed at the same time. These were completed regularly and were up to date.

The registered manager told us that one person who used the service had returned from hospital with particularly challenging needs. The registered manager had discussed the person's care package with their social worker and it had been agreed to change the person's care provider so they could receive specialist assistance.

We saw the complaints file, which included a copy of the provider's 'management of complaints' policy. This provided information of the procedure to be followed when a complaint was received, for example, all complaints must be reported to the registered manager, a complaints form to be completed, every effort will be made to resolve a complaint within seven days, if unable to resolve a complaint within seven days, the complainant has the right to contact the contracting authority and complaints records to be reviewed on a regular basis to identify any trends.

We saw copies of complaints and evidence of how the complaints were dealt with in the compliments and complaints file. For example, a family member had complained to the service about different care staff used while the usual care staff were either on holiday or off work sick. We saw the response from the registered manager to the complaint, which included the offer of a review meeting to discuss, an agreement to speak with the care staff concerned and the removal of the care staff from the person's care. People, and their family members, we spoke with were aware of the complaints policy. This meant that comments and complaints were listened to and acted on effectively.

We also saw records of compliments in people's care records. One family member had contacted the service to compliment them for "Setting up an excellent care package" and "it's like a weight has been lifted off my shoulders".

Good

Is the service well-led?

Our findings

At the time of our inspection visit, Village Care Limited – 3c Wesley Place had a registered manager in place. A registered manager is a person who has registered with CQC to manage the service.

People who used the service, and their family members, told us Village Care Limited – 3c Wesley Place was well led. They told us, "It's a fantastic company, no problems at all", "I go up to pay my bill and she [registered manager] asks if I have any problems" and "no problems with the service". A member of the community nursing team told us, "They always address concerns."

We looked at what the provider did to check the quality of the service, and to seek people's views about it.

We saw a copy of the statement of purpose, which described the objectives, management and staffing of the organisation, the services provided, health and safety considerations and how continuous quality improvement was managed, for example, by feedback from people who used the service and complaints, concerns, comments and compliments.

We saw that care plans were regularly reviewed and the monthly review plan was on display on the wall of the office.

The registered manager showed us the accident book and we saw there had been only one recorded accident in the previous 12 months. This involved a care worker falling on the steps of a person's house, resulting in a bruised elbow.

We saw minutes of staff meetings, the most recent took place in September 2014. We saw topics covered at this meeting included appraisals and supervisions, safeguarding, teamwork, care plans, time sheets, training and an open forum for general discussion.

Staff we spoke with told us they were supported by the registered manager. They told us, "Oh yes, she's very thorough", "She has got a good hold of things" and "I'm loving it. She's an absolutely fantastic manager."

We saw copies of the annual quality questionnaire for 2014. This was in an easy to read format and asked people who used the service a number of questions about the quality of care provided by the service. This included questions about the staff, communication, quality and time of calls, overall satisfaction and any changes that people would like to see happen. People we spoke with told us they had received these questionnaires to complete. We also saw a copy of the analysis of the results of the 2013 survey. This showed an overall satisfaction rate with the service of 98.7% and included a letter sent to all the people who used the service, explaining the results and answering any issues that had arisen from the survey. For example, care workers not arriving on time or not staying as long as they should. The registered manager advised people to contact the office straight away if there were any issues regarding the timeliness of care workers.

We saw copies of client visit questionnaires in the care records. These were used to identify any problems the person who used the service may have regarding their care or a member of staff and were completed by a senior member of staff. It was recorded on the questionnaire who was present at the visit and was signed by the person who used the service or their family member.

This meant that the provider gathered information about the quality of their service from a variety of sources.

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.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.