

Village Care Limited

Village Care Limited - 3c

Wesley Place

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

About the service

Village Care Limited - 3c Wesley Place is a domiciliary care service providing personal care to people in their own homes. At the time of the inspection the service was providing personal care to 50 older people.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

People's experience of using this service

People told us they received a good service and felt safe with the support they received from staff. Accidents and incidents were recorded and investigated, and risk assessments were in place. The registered manager and staff understood their responsibilities about safeguarding. Arrangements were in place to protect people from the risks associated with the management of medicines and the spread of infection.

Effective recruitment procedures were in place and there were enough staff on duty to meet people's needs. Staff received appropriate training and supervision to maintain and develop their skills and knowledge to care for people in a person-centred way.

People's care and support was based on detailed assessments and care plans which were regularly reviewed and updated. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice.

Staff had developed caring relationships with people they supported. People were supported to take part in decisions about their care and treatment and their views were listened to. Staff respected people's independence, privacy and dignity.

Effective management systems were in place to monitor the quality of the care provided and to promote people's safety and welfare. People were kept aware of the provider's complaints procedure.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 15 February 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Village Care Limited - 3c Wesley Place

Detailed findings

Background to this inspection

The 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.

Inspection team

The inspection was carried out by one inspector and one expert by experience. The expert by experience had personal experience of caring for someone who used this type of care service.

Service and service type

Village Care Limited - 3c Wesley Place is a domiciliary care service. It provides personal care to people living in their own homes.

The service had a manager registered with the Care Quality Commission (CQC). They and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 24 hours' notice of the inspection visit to ensure someone would be available to speak with us and show us records.

Inspection activity started on 29 August 2019 and ended on 6 September 2019. We visited the office location on 6 September 2019.

What we did before inspection

We checked the information we held about this location and the provider, for example, inspection history,

statutory notifications and complaints.

We used information the provider sent us in the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We contacted professionals involved in caring for people who used the service, including commissioners and social workers. We also contacted the local Healthwatch. No concerns had been raised with them about the service. Healthwatch is the local consumer champion for health and social care services. They give consumers a voice by collecting their views, concerns and compliments through their engagement work. Information provided by these professionals was used to inform the inspection.

During the inspection

We spoke with nine people who used the service and 10 relatives. We spoke with the registered manager, provider, two care staff and two health/social care professionals.

We reviewed a range of records. This included four people's care and medicine records. We looked at the personnel files for four staff and records related to the management of the service.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. The registered manager sent us various information requested in a timely manner.

Is the service safe?

Our findings

Safe – this means people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People consistently told us they felt safe in the presence of staff and their needs were met safely. Comments included, "I feel very safe with them [staff]. I trust them to do the job. They are brilliant. No problems" and "I feel extremely safe with the carers."
- The provider had effective safeguarding systems in place. Staff had a good understanding of what to do to make sure people were protected from harm or abuse.

Assessing risk, safety monitoring and management

- There were effective risk management systems in place. People's care plans included risk assessments about individual care needs. Control measures to minimise the risks identified were clearly set out for staff to refer to.
- Assessments of specific risks within people's homes had been completed and staff were provided with guidance on how to manage these risks.
- The provider had a business continuity plan in place to cover any emergency situations, so people would continue to receive safe and effective care.

Staffing and recruitment

- The provider had an effective recruitment and selection procedure in place. They carried out relevant security and identification checks when they employed new staff.
- There were enough staff employed. People and their relatives told us staff arrived on time and did not rush them. One relative said, "They [staff] are absolutely spot on. They do their allocated time and more than they should do."

Using medicines safely

- Medicines were managed safely. Audits were completed regularly.
- People were happy with the support they received to take their medicines.
- Staff were knowledgeable about people's medicines and were suitably trained.

Preventing and controlling infection

- Staff followed good infection control practices. Personal protective equipment (PPE) to help prevent the spread of healthcare related infections was in use.

Learning lessons when things go wrong

- Accidents and incidents were appropriately recorded and reviewed to identify any lessons that could be

learned.

Is the service effective?

Our findings

Effective – this means that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed before the service began to provide care and support.
- Individual care plans were developed with the person and the representative where appropriate. They were continually evaluated and reviewed to ensure people received the support that met their changing needs.
- Staff applied learning effectively in line with best practice. This led to good outcomes for people and supported a good quality of life.

Staff support: induction, training, skills and experience

- People and relatives were confident the staff had the right skills to provide the care and support they needed. People told us, "Staff are very experienced" and "They [staff] are very skilled. They know what they are doing. It's a weight off my mind."
- Staff practice was assessed through regular spot checks of the care they provided.
- Staff completed a comprehensive induction and training programme.
- Staff felt supported in their role and received regular supervision and appraisal.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to eat and drink, when needed. One person told us, "They [staff] cook me a meal at tea time and they make me a sandwich at lunch time." One relative said, "They [staff] make sure she has a meal and a cup of tea before they leave."
- Care plans included information about people's dietary requirements and preferences.

Staff working with other agencies to provide consistent, effective, timely care; supporting people to live healthier lives, access healthcare services and support

- People received ongoing health care support. Referrals were appropriately made to health care services when people's needs changed. People said care staff contacted health professionals with their permission when their health had declined.
- Records showed staff worked with a range of external professionals to maintain and promote people's health. One professional told us, "My experience of Village Care has always been good. They provide a very professional and helpful service responding appropriately when issues arise and working with us to ensure the best outcomes."

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of

people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- At the time of the inspection no one who used the service was subject to any restriction of their liberty under the Court of Protection, in line with MCA legislation.
- The registered manager and staff had a good understanding of the MCA.
- People confirmed staff sought their consent before providing personal care.

Is the service caring?

Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and relatives were complimentary about the care provided. Comments included, "I am extremely happy with the care I receive", "I have a conversation with them and we have a laugh together" and "She has a good relationship with them."
- Staff were caring and kind. People's comments included, "The staff are kind and caring," and "They are just like part of the family."
- Staff spent time to get to know people's preference and used this knowledge to care for them in the way they liked. One person told us, "They [staff] know where I like things putting and they make sure they put things back where they got them from".
- Where people were unable to express their needs and choices, staff understood their way of communicating. One relative said, "They [staff] are very good communicators."

Supporting people to express their views and be involved in making decisions about their care

- Staff supported people to make decisions about their care. One person told us, "They always listen to what I have to say and take into account my views."
- Staff directed people and their relatives to sources of advice, support or advocacy. They sought external professional help to support decision making for people, when needed.

Respecting and promoting people's privacy, dignity and independence

- People's right to privacy and confidentiality was respected. One relative told us, "They [staff] treat her with loads of respect" and "They [staff] close the curtains and shut the doors for privacy".
- Staff treated people with dignity and provided compassionate support in an individualised way. One person said, "They were very kind to me when my husband died."
- People were supported to maintain and develop relationships with those close to them, social networks and the community.
- Staff promoted people's independence.

Is the service responsive?

Our findings

Responsive – this means that services met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People were empowered to make choices and have as much control in the delivery of their care, as possible.
- People's care records were person-centred and regularly reviewed. Records included important information about the person, such as personal history, diagnosis and contact details for health and social care professionals involved in their care.
- Care plans described people's abilities, needs and preferences, and reflected their physical, emotional and social needs.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were protected from social isolation. Records described people's interests and the support they needed to access the community, maintain and develop relationships alongside participating in hobbies or activities of their choice.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Care plans contained information about people's communication requirements.
- Most people using the service were able communicate their needs to staff without support.
- Where people had difficulties with communication, information could be made available in different formats. One person told us, "I have three regular carers and I know what day they are coming because the company sends a rota out, which is good." A relative said, "She communicates with her hands and makes noises and they understand her needs."

Improving care quality in response to complaints or concerns

- People and relatives knew how to make a complaint should they need to. They were confident if they had any concerns they would be addressed promptly.
- The provider had a complaints policy in place to ensure complaints were acknowledged, investigated and responded to.

End of life care and support

- The registered manager explained how people would be supported to make decisions about their preferences for end of life care. Professionals would be involved, as appropriate, to ensure people were comfortable and pain free.
- There was no one receiving end of life care at the time of the inspection. Staff were aware of good practice and guidance in end of life care and knew to respect people's religious beliefs and preferences.

Is the service well-led?

Our findings

Well-Led – this means that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager and staff understood their roles and responsibilities.
- People and relatives were complimentary about the registered manager and staff. Comments included, "This company have been first class", "They are extremely approachable", "They are always very nice and very helpful" and "All the staff are extremely professional,"
- The registered manager worked to develop their team so that staff at all levels understood their roles and responsibilities.
- The registered manager completed a series of quality audits and safety checks. They undertook regular 'spot checks' to monitor the quality of the service delivered by staff.
- The service had submitted the required statutory notifications to CQC following significant events at the service. There were suitable policies and procedures in place. Records were stored securely.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; and how the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The service had a positive culture.
- The registered manager effectively supported the delivery of person-centred care. They were responsive to concerns identified and quick to put things right.
- Staff told us they worked well as a team to deliver high quality care.
- The provider met the regulatory requirements to be open and transparent with people using the service when things went wrong.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- The service involved people and their relatives in day to day discussions about their care.
- People and relatives knew how to provide feedback to the service.
- Staff told us they felt listened to and the registered manager was approachable and supportive. One staff member said, "Working for Village Care is enjoyable, I always feel appreciated. Morale amongst staff is good."
- The provider and registered manager positively encouraged feedback and acted on it to continuously improve the service. People and relatives' comments included, "It is a very pleasant service, very

professional", "They do everything well. They all have fantastic attitudes and are all professional in doing their job" and "I have recommended this service to loads of people."

- The registered manager was responsive to people's needs. They demonstrated a positive approach to learning and development and was proactive in cascading changes in practice to staff.

Working in partnership with others

- The service had good links with the local community and worked with other agencies and key organisations, reflecting the needs and preferences of people it supported.

- People achieved positive outcomes because the relationships between the organisations were strong and effective. One professional said, "I have faith in Village Care. They are always open and honest. They are extremely proactive. They always contact me with any changes or requests and always act on anything I ask of them. The care team are always approachable and helpful. They are always keen to attend service users reviews. I have only ever had positive feedback from people and their families."