

VJ Carers Limited

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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

We undertook an announced inspection of V J Carers on 20 April 2017. V J Carers provides personal care services to people in their own homes. At the time of our inspection 28 people were receiving personal care from the service.

At the previous inspection in April 2016 we found the provider had not acted in accordance with the principles of the Mental Capacity Act 2005 and associated code of practice. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014.

At this inspection we found that the service had made improvements to address the areas of concern and bring the service up to the required standards. The registered manager and staff understood the Mental Capacity Act (MCA) 2005 and applied its principles in their work. The MCA protects the rights of people who may not be able to make particular decisions themselves.

The service had a registered manager. 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 told us they were safe. Staff understood their responsibilities to identify and report all concerns in relation to safeguarding people from abuse. Staff had completed safeguarding training. The service had robust recruitment procedures and conducted background checks to ensure staff were suitable for their role.

Where risks to people had been identified risk assessments were in place and action had been taken to manage the risks. Staff were aware of people's needs and followed guidance to keep them safe. People received their medicines as prescribed. Records confirmed where people needed support with their medicines, they were supported by staff that had been appropriately trained.

People were supported by staff who had the skills and training to carry out their roles and responsibilities. People benefitted from caring relationships with the staff who had a caring approach to their work.

Staff spoke positively about the support they received from the registered manager. Staff had access to effective supervision.

The service sought people's views and opinions and acted upon them. People and their relatives told us they were confident they would be listened to and action would be taken if they raised a concern.

Staff and the registered manager shared the visions and values of the service. The service had systems to assess the quality of the service provided. Learning from audits took place which promoted people's safety

and quality of life.

People were supported to maintain good health. Various health professionals were involved in assessing, planning and evaluating people's care and treatment.

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 told us they felt safe.

Staff understood their responsibilities to identify and report all concerns in relation to safeguarding people from abuse.

People received their medicines as prescribed.

Is the service effective?

Good ●

The service was effective.

People were supported by staff who had been trained in the MCA and applied it's principles in their work.

Staff had the training, skills and support to meet people's needs.

The service worked with other health professionals to ensure people's physical health needs were met.

Is the service caring?

Good ●

The service was caring.

Staff were kind and respectful and treated people with dignity and respect.

People benefited from caring relationships.

The staff were friendly, polite and compassionate about providing support to people.

Is the service responsive?

Good ●

The service was responsive.

People's needs were assessed to ensure they received personalised care.

Staff understood people's needs and preferences.

Staff were knowledgeable about the support people needed.

Is the service well-led?

The service was well led.

The manager conducted regular audits to monitor the quality of service. Learning from these audits was used to make improvements.

There was a whistle blowing policy in place that was available to staff. Staff knew how to raise concerns.

The service had a culture of openness and honesty.

Good 

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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 was 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 20 April 2017 was an announced inspection. We told the provider two days before our visit that we would be coming. We did this because the manager is sometimes out of the office supporting staff or visiting people who use the service. We needed to be sure that someone would be in. This inspection was conducted by two inspectors.

Before the inspection, the provider completed 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. We looked at previous inspection reports and notifications received from the provider. A notification is information about important events which the provider is required to tell us about by law. This ensured we were addressing any areas of concern. Prior to the inspection we spoke with commissioners of the service to get their views on how the service is run.

We spoke with five people, four relatives, five care staff, and the registered manager. We looked at seven people's care records, six staff files and medicine administration records. We also looked at a range of records relating to the management of the service.

Is the service safe?

Our findings

People told us they were safe. One person told us, "Yes I am very safe". Another person told us, "I'm ok with the carers". Relatives told us "Yes, he is very safe and happy", "Oh yes very safe" and "He is completely safe with them (staff)".

Staff were aware of types and signs of possible abuse. Staff had completed safeguarding training and understood their responsibilities to identify and report all concerns in relation to safeguarding people from abuse. Staff we spoke with told us that if they had any concerns then they would report them to the registered manager. Staff comments included; "I would raise any concerns with my manager", "[Registered manager] would be my first point of call" and "I would report it to my seniors and social services". Staff were also aware they could report externally if needed. One staff member told us, "I would contact yourselves (The Care Quality Commission)". Another staff member said, "I would contact the local authority".

Where people were identified as being at risk, assessments were in place and action had been taken to manage the risks. For example, one person was assessed as being at risk of falls during transfers to and from a hoist. This person's care record gave guidance for staff to mitigate the risk to the person by ensuring that the appropriate equipment and manual handling techniques were used.

Where people had been assessed as being at high risk of falls their risk assessments gave guidance for staff to mitigate the risks by ensuring that people's walking aids were always within reach. People we spoke with told us staff followed this guidance.

Another person was at risk of demonstrating behaviour that may challenge whilst being supported during personal care. This person's care record gave guidance for staff on how to mitigate this risk. This included guidance on recognising signs that the person was becoming agitated and de-escalation techniques for staff. Staff we spoke with understood and followed this guidance.

Staffing rotas confirmed, there were enough staff to meet people's needs. People told us there were enough staff to meet their needs. Comments included; "Oh yes they are punctual", "Always on time, never missed a visit" and "They are on time and will call if delayed". A relative we spoke with told us, "Sometimes a little late if they are held up but usually really good". Another relative said "They are very good, always on time. I've no problems with their time keeping". One staff member we spoke with told us, "I think our staffing levels are really good".

People received their medicine as prescribed. Where people needed support with taking their medicines we saw that medicine records were accurately maintained and up to date. Records confirmed staff who assisted people with their medicines had been appropriately trained and their competency had been regularly checked.

Records relating to the recruitment of new staff showed relevant checks had been completed before staff worked unsupervised in people's homes. These included employment references and Disclosure and

Barring Service checks. These checks identify if prospective staff were of good character and were suitable for their role.

Is the service effective?

Our findings

The Care Quality Commission (CQC) is required by law to monitor the application of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and to report our findings. The 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.

At the previous inspection in April 2016 we found the provider had not acted in accordance with the principles of the MCA and associated code of practice. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014.

At this inspection we found that the service had made improvements. The registered manager was knowledgeable about how to ensure the rights of people who lacked capacity were protected. They told us "The act is there to keep people safe", "Just because we may think a choice is wrong, doesn't mean it is wrong" and "Any decisions that are made need to be in the person's best interest and the least restrictive option available". People were supported by staff who had been trained in the MCA and applied it's principles in their work. All staff we spoke with had a good understanding of the Act. Comments included "The act is there to protect people's rights", "It keeps people safe", "We must assume capacity until proven otherwise" and "It's there to keep peoples liberty and freedom intact. Decisions made must be in a person's best interests".

People we spoke with told us staff were knowledgeable about their needs and supported them in line with their support plans. Comments included; "Yes, I believe they know me reasonably well", "Oh they very quickly learnt what I like and dislike" and "The staff are well trained and knowledgeable". Relatives told us "They know him really well and what jokes he likes", "The carers know my husband's ways, they are very good" and "Yes they are good with her, they know her well".

Newly appointed care staff went through an induction period. This included training for their role, shadowing an experienced member of staff and having their competencies assessed prior to working independently with people. The induction program for new staff was matched to a national certificate in care. One staff member told us "The induction was really good".

People were supported by staff who had the skills and knowledge to carry out their roles and responsibilities. Staff completed training which included moving and handling, safeguarding, MCA, fire safety, infection control, first aid, and equality and diversity. Staff told us that the training supported them in their roles. Comments included; "I think the training is really, really good", "I have had quite a lot of training and it has all been good" and "I have just done some moving and handling training with Reading borough council. It was really good".

Staff told us and records confirmed that staff had access to further training and development opportunities.

For example, staff had access to national qualifications in care. One staff member we spoke with told us "I am currently being supported to do my NVQ level 2".

Staff told us, and records confirmed they had effective support. Staff received regular supervisions. A supervision is a one to one meeting with their line manager. Supervisions were scheduled throughout the year. Staff were able to raise issues and make suggestions at supervision meetings. For example, one staff member we spoke with told us, "We discuss the service, the clients and any additional training I may need".

Staff were also supported through spot checks to check their work practice. The registered manager and senior staff observed staff whilst they were supporting people. Observations were recorded and feedback to staff to allow them to learn and improve their practice. Observations were also discussed at staff supervisions. One staff member told us "I have had quite a lot of spot checks. We always discuss the feedback as it helps us to improve".

Most people did not need support with eating and drinking. However, some people needed support with preparing meals and these needs were met. People either bought their own food or families or staff went shopping for them. People had stipulated what nutritional support they needed. For example, one person had requested support with cutting up their food. Staff we spoke with told us they followed this guidance. One person we spoke with told us, "They prepare my meals and they are really good with my meals". A relative told us "I make my husband's meals though they do sometimes give him breakfast when he asks".

People were supported to maintain good health. Various professionals were involved in assessing, planning and evaluating people's care and treatment. These included people's GPs, occupational therapists and district nurses. Details of referrals to healthcare professionals and any advice or guidance they provided was recorded in people's care plans.

Is the service caring?

Our findings

People told us they benefitted from caring relationships with staff. Comments included; "Very dedicated and caring", "Oh yes they are very caring" and "The personnel they send out are brilliant". Relatives we spoke with told us, "The staff are very caring", "They (staff) are lovely, excellent carers. I could not wish for better" and "Very caring, very good towards [person]".

People told us staff were friendly, polite and respectful when providing support. One person told us "They are very polite with me" A relative told us "Carers are very good, I can't complain about any of them. They are so polite". Another relative said "You know they are pretty good. They are friendly and professional".

Staff were enthusiastic about supporting people. Staff comments included; "I do this job because I like to help people and support them to stay in their own homes", "The job has a real community feel to it", "I love my job. Making people happy and putting a smile on their faces, makes me happy" and "I could not imagine doing any other job, I love it".

People told us they were treated with dignity and respect. One person told us "Absolutely treated in a dignified and respectful way". Another person said "No issues at all". Two relatives we spoke with told us, "Yes they are respectful and "Very respectful carers".

We asked staff how they promoted people's dignity and respect. Staff comments included; "We use a towel to cover people during personal care", "We make sure that people have privacy" and "We always close doors and windows". The registered manager told us, "Delivering care is about being humanistic and the first rule of humanity is about having respect for each other".

Staff we spoke with told us the importance of informing people of what was going to happen during care. One staff member said, "If you don't let people know what you are doing then they can become scared and we don't want that". Another staff member told us, "If you don't inform people about what's happening then you could shock them. People need to know what's happening so they can prepare themselves physically and mentally".

People told us they felt involved in their care. One person said "Yes I am involved, my care plan is right here". Another person said "I am definitely involved". Relatives told us they felt involved in people's care. Comments included; "I am involved, they include us in everything", "[Person] feels part of things and he will tell them what is what" and "Oh yes I am involved, I'm contacted if there is a problem. I was involved in the care plan as well".

Staff we spoke with told us how they supported people to do as much as they could for themselves and recognised the importance of promoting people's independence. Comments included; "Independence is everything. It means so much to people", "Supporting independence is important, if someone took away my independence then I would be left feeling awful" and "By not promoting independence you are taking away people's freedom". People's care plans guided staff on promoting independence. For example, one person's

care plan gave guidance for staff on supporting them to be independent during a personal care task. Staff were aware of this guidance and told us they followed it.

The service ensured people's care plans and other personal information was kept confidential. People's information was stored securely at the office and we were told copies of care plans were held in people's homes in a location of their choice.

Is the service responsive?

Our findings

People's needs were assessed prior to accessing the service to ensure their needs could be met. People had been involved in their assessment. We noted that the registered manager carried out the initial assessments of people's needs. We spoke with the registered manager about this and they told us "I do the assessments, I need to know the client and if we can meet their needs". Care plans contained details of people's preferences, likes and dislikes. For example, care plans captured person specific information that included people's personal care preferences, employment history's, favourite pastimes and people who were important to them.

Staff we spoke with were knowledgeable about the person centred information within people's care records. For example, one member of staff we spoke with told us about how a person disliked certain styles of communication. The information shared with us by the staff member matched the information within the person's care records.

People's care records contained detailed information about their health and social care needs. They reflected how each person wished to receive their care and gave guidance to staff on how best to support people. For example, one person required the use of a hoist. Guidance within this person's care record highlighted where the person liked to sit following different care routines. We spoke with this person and they confirmed that staff followed this guidance.

Care records contained details of people's medical histories, allergies and on-going conditions. Care plans had been developed from the information people provided during the assessment process. Care plans were updated regularly to ensure the information was accurate. People we spoke with told us their care was regularly reviewed by the service. One person we spoke with told us, "The manager is very good. She comes to see me once a month. I've never had that before".

People told us the service was responsive to their changing needs. One person told us, "The staff are very good at picking up on little changes". A relative we spoke with said, "They will contact the doctor if [person] needs change. The staff then carry out the changes, no problem". Another relative said, "I've no worries about when things change". We saw evidence of how the service had responded to a person's needs in relation to their mobility. The service worked closely with the person's occupational therapist to ensure that the person had the appropriate equipment in place to support them. The impact of this was that the person quality of life improved because they had access to appropriate equipment that matched their changing care needs.

The home sought people's views and opinions through telephone calls and through staff spot checks. The registered manager told "The spot checks are also part of our quality assurance system, in that we also get time to discuss with the clients any improvements they would like to make or if there are any concerns. We also discuss time slots and if staff are staying for the length of the visit". Records confirmed that when spot checks had been carried out the service also used the opportunity to get people's feedback on the service. People we spoke with told us they felt confident in giving feedback on the service and that they would feel

listened to. One person told us "They do listen to me when I've something to say but it's all fine at the moment". A relative we spoke with said, "They listen to us, it's all good"

People knew how to raise concerns and were confident action would be taken. The service's complaints policy was available to all people, and a copy was kept within people's care records. Records showed there had been three complaints since our last inspection. These had been dealt with in line with the provider's complaint procedure. One person we spoke with told us, "I know how to complain, it is in my book". Another person said, "I would email them and I know they would take action". Relatives we spoke with told us they felt confident that action would be taken if they made a complaint. Comments included; "I'd phone the manager with any problems, I think she would deal with it quickly", "I have the phone numbers and I'd call. I know they would fix things" and "I would go to the manager because she would do something about it".

Is the service well-led?

Our findings

People and their relatives spoke positively about the registered manager and the service. Comments included; "I know the manager, I've met her a couple of times. She is polite, sympathetic and she deals with things", "Good communication, brilliant", "Phones in the office are answered promptly", "She seems very nice, she listens well", "She is very open and forthright, she makes you feel good", "[Registered manager] is lovely" and "Communications are good. I am listened too".

Staff spoke positively about the registered manager. Comments included; "She is really good. If you have a problem then she is always there to support you", "If she says she will get back to you about something then she does", "[Registered manager] always has time for you", "She is excellent. She is the best manager I have ever had. She is a great listener", "The support I have had from [registered manager] has been immense", "When you have a bad day then she is always there for you" and "She treats us with respect. You don't just feel like a worker. You feel like an important part of the service".

The registered manager told us their visions and values for the home were, "We need to make sure we continuously promote peoples dignity. We need to make sure we put ourselves in our client's shoes and think of how we would like to be treated", "I believe that honesty is important in running the service. I feel that if you are honest with the clients and staff then you won't go far wrong" and "To put a smile on someone else face is the biggest job of all that we have. This for me is the main value we have". The staff we spoke with shared these visions and values.

Regular audits were conducted to monitor the quality of service. These were carried out by the registered manager. Audits covered all aspects of care including, care plans, risk assessments medication and the day to day running of the service. Information was analysed and action plans created to allow the registered manager to improve the service. For example, following a recent audit the registered manager identified that the dates and times in which people had been allocated for assessments and care reviews did not align to what was recorded within the services schedule. The registered manager took immediate action to address this and discussed their findings with staff. The registered manager told us "I carry out audits every six months. I need to be reassured that the system works and supports us in making improvements".

Staff commented positively on communication within the team. Team meetings were regularly held where staff could raise concerns and discuss issues. The meetings were recorded and made available to all staff. One member of staff told us, "We use the team meetings to discuss clients, changes in care needs and feedback on the service".

We saw evidence of how the registered manager had initially identified a shortfall in the number of staff that could attend the meetings. As a result the registered manager analysed the care visit times and staff rotas. This supported the registered manager in identifying a time and day in which they could maximise staff attendance to the meetings. This demonstrated that the registered manager was continually looking to improve. We spoke with the registered manager about this and they told us, "Our staff meetings are important. Staff get to talk and see each other. We discuss improvements and changes", "I need to know

that staff are happy. If staff are unhappy, then they can't make the clients happy" and "I believe that the more staff that get involved in the running of the service then the more passionate they feel about what we deliver". One member of staff told us, "She worked so hard to try and find a way to get as many people there as possible. She did it and now the attendance is brilliant. This way everyone knows what's going on".

Staff understood the whistleblowing policy and procedures. Staff told us they felt confident speaking with management about poor practice. Whistleblowing is a term used when staff alert the service or outside agencies when they are concerned about other staff's care practice. One staff member told us, "I would be confident with raising any issues or concerns".

Services that provide health and social care to people are required to inform CQC of important events that happen in the service. The registered manager of the home had informed the CQC of reportable events.

The service worked in partnership with visiting agencies and had links with G.P's, district nurses and local authority commissioners of the service. We spoke with a commissioner of the service and they told us "The service are always trying their best. They are open to feedback and are always looking to improve".