

Villa Care Homes Limited

Villa Care Agency

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?	Requires Improvement ●

Summary of findings

Overall summary

The inspection was announced and took place on 06 October 2016. We previously inspected the service on 10 December 2013 and the service was compliant in the areas we inspected.

There was a registered manager in post at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Villa Care Agency provides personal care to people who live in accommodation owned and managed by Villa Care Homes Ltd. Villa Care Homes Ltd provides supported living accommodation. At the time of our inspection, four people received personal care from Villa Care Agency.

People were supported by staff who knew how to keep people safe from potential harm or abuse.. There were sufficient numbers of trained staff that had the appropriate recruitment checks to ensure people received safe care. People's medicines were managed safely.

People said staff had the skills to meet their individual needs. Staff felt supported in their role by the registered manager. People's rights were protected as staff sought their consent before providing care. People had choices of what they ate and drank and were involved in the preparation of their meals. People were assisted where required to access healthcare professionals.

People thought staff were kind, caring and showed them respect. People said their dignity and privacy was respected. Staff understood people's choices and supported their independence. People were involved in their care and were supported to maintain their interests and hobbies. People said they knew how to raise concerns and were confident issues would be addressed.

People felt the service was well managed. Staff understood their roles and responsibilities. The provider had audit systems in place however these were not always effective. The provider had not submitted notifications to CQC as they are required to 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 felt safe with the staff who supported them. People said there were sufficient staff numbers to ensure they received support when they needed it. Staff were aware of people's individual risks and how to minimise these. People's medicines were managed safely.

Is the service effective?

Good ●

The service was effective.

People were confident staff had the skills to meet their care needs. Staff received support to perform their role from the registered manager. People's rights were protected and staff obtained consent before providing care. People had a choice of food and drink and had access to health care professionals.

Is the service caring?

Good ●

The service was caring.

People said staff were kind and their dignity and privacy was respected. They said they were able to make choices about their care and were supported to maintain their independence.

Is the service responsive?

Good ●

The service was responsive.

People were involved in planning their care and felt their needs were being met. People took part in activities which they enjoyed. People were aware how to complain and said they were confident any complaints would be investigated and resolved.

Is the service well-led?

Requires Improvement ●

The service was not consistently well-led.

Notifications about events were not always made to CQC as required by law. Audit systems were not always effective. People were happy with the service they received and staff understood

their roles and responsibilities.

Villa Care Agency

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 06 October 2016 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.

Prior to the inspection we reviewed the information we held about the service. This included any statutory notifications we had received, which are notifications the provider must send us to inform us of certain events such as serious injuries. We also contacted the local authority commissioners for information they held about the service.

During the inspection we spoke with one person who used the service and one relative. We spoke with four members of staff and the registered manager. We also spoke to a healthcare professional. We reviewed a range of records about how people received their care and how the service was managed. These included four care records of people who used the service, two staff records and records relating to the management of the service such as audit checks.

Is the service safe?

Our findings

The person we spoke with said they felt safe with the staff that supported them. They told us, "Yes I feel safe [with staff]." A relative said, "[Person's name] is safe, if [they] need anything staff are there to help or are a phone call away." People were protected from harm by staff who knew how to recognise signs of harm or abuse. Staff we spoke with understood their responsibilities in reporting suspected harm or abuse and knew how to raise concerns with the registered manager and other external agencies if necessary. One member of staff said, "I would immediately ensure the person was safe and not at further risk and contact the registered manager or safeguarding authority." Another member of staff said, "I would speak with the registered manager or inform the local authority and if required the police to ensure [person's] safety." We saw actions had been taken by staff to keep people safe such as contacting healthcare professionals for advice. We looked at the providers records and found two incidents where people were at risk of potential harm or abuse. We discussed this with the registered manager and saw although appropriate action had been taken to keep people safe for example, seeking medical advice or contacting a person's social worker they had not followed the local authority reporting procedure for allegations of abuse or harm nor had they notified CQC.

Risks to people had been assessed. A relative we spoke with commented, "[Staff] know [person's name] risks and they use [equipment] to keep them safe." One member of staff said, "I am aware of what people can do and what risks there might be." Records we looked at showed people's individual risks had been assessed this included environmental risks and risks associated to their health and support needs. For example, where one person was identified as at risk of falls when mobilising for long periods of time, we saw a wheelchair was used. Staff we spoke with demonstrated a good awareness of the risks of the people they supported and were able to describe how they might minimise these. For example, cutting food into smaller pieces for people at risk of choking. This showed staff were aware of risks to people and how to support them safely.

People receiving personal care from the service lived in supported living accommodation. People told us they felt there were enough staff to meet their needs and said they received care from a regular group of staff. One person said, "Staff are here." They confirmed staff were available to provide support when they needed it and said they did not have to wait for their needs to be met. A relative said, "I think enough staff are available, there has never been a problem with staffing." A member of staff told us, "There are enough staff to assist people. [Staff] cover each other shifts when staff are on leave or off sick. It works, people are well supported." Records we looked at showed people were supported by a regular group of staff and staff were available throughout the day to meet people's needs. This meant people received the care and support they required and there were adequate numbers of staff available to meet people's care needs.

The provider's recruitment processes ensured prospective staff were suitable for their roles and responsibilities. One member of staff told us, "I completed an application form, attended an interview and had checks completed such as Disclosure and Barring Service (DBS) checks before I started in my role." DBS checks help employers reduce the risk of employing unsuitable staff. We saw from two staff files we sampled that the provider had undertaken appropriate checks, before staff started working at the service.

People were supported to receive their medicines safely. Staff we spoke with said they had the skills and had completed training to support people to manage their medicines. We looked at the systems used to manage medicines and saw the registered manager completed audit checks to ensure people received their medicines as prescribed. Records we sampled gave details of people's individual medicines and we saw information about medicines was available for staff to refer to. This helped to reduce the risk of staff administering medicines incorrectly. This meant people were supported to take their medicines safely by staff that were competent to support them with this aspect of their care.

Is the service effective?

Our findings

The person we spoke with told us staff had the right skills to meet their needs. They said, "Staff help me and know me." A relative commented, "[Staff] know [person's name] needs very well. I think they are well trained. I have no concerns." Staff told us they received training and shadowed experienced members of staff before they supported people on their own. Staff who were new to working in care had the opportunity to work through the Care Certificate. The Care Certificate sets minimum standards that should be covered as part of induction training of new care workers. We spoke with one member of staff who said, "I completed a twelve week induction along with the care certificate. I also shadowed shifts. I am learning all the time but I feel well supported [in the role]." We looked at training records and found some staff's training was not up to date. For example, staff had not had training in protecting people from harm and abuse. The registered manager said they would arrange training straight away for all the staff and familiarise themselves with the local authority safeguarding reporting procedures. Following the inspection the registered manager contacted us and confirmed they had arranged training for all staff employed at the service.

All the staff we spoke with confirmed they received one to one meetings and had regular contact with the registered manager. They said during their individual or team meetings they felt they could discuss their own personal development along with any care or support issues they thought were relevant to the role. Staff said they were able to obtain immediate advice or support if needed from the registered manager if they had any concerns about the people they cared for. They said there were clear communication systems in place to share information This ensured people's needs were met appropriately.

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. One person told us staff sought their consent before providing care. Staff we spoke with understood what their responsibilities were in respect of the MCA and were able to tell us how they sought people's consent before providing any care. One member of staff said, "Ask permission of the [person] and make sure they are happy for you to [provide care]. If they are not, I would try to encourage and record in the daily notes."

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. Any applications must be made to the Court of Protection. We checked whether the service was working within the principles of the MCA and found that it was. The registered manager demonstrated to us that they understood their responsibilities in relation to the MCA and had knowledge in respect of people's ability to make their own decisions. They informed us they had not needed to make any applications to the Court of Protection at the time of our inspection.

The person we spoke with was happy with the support they received to eat and drink. They said, "Happy with the food." They also confirmed they enjoyed a variety of drinks during the day. One member of staff we spoke with explained how people were involved in meal planning and how they encouraged people to have a balanced diet. They said people who lived in the accommodation were involved in developing menu's

these incorporated people's different requirements such as catering for people who had diabetes or people who preferred a vegetarian diet. Another member of staff said, "People are fully involved in planning the menus we have a few options available for people to choose from, but if they want something different this can easily be catered for." We saw where people required support with food or drink information was detailed in their care plans and staff were aware of what support they needed to provide. This showed peoples meal choices were respected and people were supported to have enough to eat and drink to remain healthy.

One relative told us, "[Staff] will take [person's name] to hospital appointments if we are not able to. [Staff] keep us informed of anything we need to be aware of." People told us they were confident staff would contact the doctor if they were not able to do so themselves. A member of staff told us, "We will provide support where required with [medical] appointments. For example supporting people to make appointments and if needed we will go with them." Records we looked at showed advice was sought from external healthcare professionals where required, such as district nurses and mental health specialists to ensure staff were caring for people in the best way possible. A healthcare professional we spoke with said staff were responsive to people's needs and contacted them for advice when required. This showed staff supported people to meet their health needs.

Is the service caring?

Our findings

The person we spoke with said staff were kind and friendly. They confirmed they got on well with the staff that supported them. They said staff listened to them and supported them to make choices about how and when they received their care and support. For example, what time they got up in the morning or what support they required to undertake daily tasks such as personal care. A relative commented, "Staff are very caring they know [person name] well and are very good to [them]." Staff spoke warmly about the people they cared for and were able to tell us about what was important to them. They said they had got to know people well so they met people's needs in the way they wanted. A relative said, "Staff listen to [person name] they are very happy with the care." We looked at daily records from people's homes, these showed the tasks which had been carried out. We saw evidence of a caring relationship between staff and the people they supported. For example, staff offering people encouragement to complete daily tasks or supporting people with their health or social needs such as taking people to get their hair-cut. This demonstrated staff supported people in a caring way.

Staff understood the importance of promoting people's independence. A relative said, "Staff support [person's name] to be as independent as possible, they have a key to let themselves in and out and they help with the cooking." A member of staff said, "Let people do the tasks they can do on their own and offer support if needed." Another member of staff told us, "Everyone living here helps in preparing meals, it might be only something small they do like peeling potato's but people are supported to do as much for themselves as they can." A third member of staff said, "It is important to know what support or care people need and not take away their independence." Records we looked at showed staff encouraged people to be as independent as possible. For example, with their personal care or household tasks. This showed staff promoted people's independence.

The person we spoke with said their dignity and privacy was respected by staff. A relative said, "[Person's name] privacy is always respected by staff. They would let me know if it was not." Staff told us they treated people with respect and were able to give us examples of how they maintained people's dignity. For example, one member of staff said, "Always knock on people's doors and wait for people to answer." Another member of staff said, "People's privacy is important. People have their own key to their room so they can have their privacy." Staff also told us they would ensure people were covered when they received support with their personal care and that doors and curtains were closed. This showed people's dignity and privacy was respected by staff.

Is the service responsive?

Our findings

The person we spoke with told us they were involved in their care planning. They said staff involved them in all aspects of their care. Staff we spoke with knew people's needs well. They said they knew people well because they had supported them for a long period of time. They had a good understanding of people's individual preferences, routines and interests and spent time with people planning their care and activities. Staff were able to explain to us people's individual needs and how people preferred their care to be provided. Information about people's changing need or support was shared with staff at shift handover or impromptu conversations if required. A relative we spoke with said staff were responsive to their relative's needs. They said, "Staff sort things out quickly and the [registered manager] phones if there is any problem." This meant staff were meeting people's care needs appropriately and showed people were supported by staff that knew them well.

Care records we looked at detailed people's individual care needs, support required and how these should be met. We saw evidence people had been involved in the planning of their care and a relative commented, "[Person's name] is involved in any care they receive." However we found the information was inconsistent and did not always reflect people's current care needs. For example, we saw one person was at risk of falls and did not have a care plan in place. Although information was shared between staff at shift handover and staff used daily communication sheets in the absence of up to date care records there was a risk that people could receive inconsistent care. We spoke with the registered manager about this who accepted records were not up to date and information needed to be reviewed to ensure they were reflective of people's current care needs. Following the inspection the registered manager contacted CQC to advise they were reviewing people's care needs and updating records to reflect these.

The person we spoke with said staff supported them to engage in activities and hobbies they enjoyed. They said that they had recently visited Stratford-on-Avon with other people living at the supported living accommodation. They also commented, "I am going to college." Staff we spoke with said they supported people as much as possible to take part in different hobbies or interests. A relative said, "[Person's name] goes out a lot and [staff] support [person's name] to go to the hair dressers and things like that." This showed people were supported to maintain their interests.

The person we spoke with told us they had not had cause to make a complaint to the provider. A relative we spoke with said, "Have no issues, I would speak to the staff if I had any concerns." Staff we spoke to said they would support a person to make a complaint, if they needed to and they would contact the registered manager to let them know any concerns. One member of staff said, "I would see if I could sort out any issue but I would let [registered manager] know." Although no formal complaints had been received the registered manager said they addressed any minor issues as they arose. We saw there was a process in place to manage complaints if they occurred. The registered manager said any complaints received would be treated seriously and investigated in line with the provider's complaints policy. This showed people's concerns and complaints would be listened to and addressed by the provider.

Is the service well-led?

Our findings

Prior to the inspection we reviewed information we held about the service this included notifications of other incidents which the provider has to notify CQC by law. For example, any injury to a person which, in the reasonable opinion of a healthcare professional requires treatment and any abuse or allegation of abuse. We looked at the provider's records and saw one person had a fall which resulted in medical intervention being sought. We found another incident where a person was potentially at risk of harm or abuse. We saw the provider had taken action to address people's individual safety and contacted appropriate healthcare professionals. However, we found these incidents had not been reported to CQC by the provider. We discussed this with the registered manager during the inspection and informed them of their responsibilities to notify CQC of events which may impact upon people's care and welfare. They said they would take immediate action to address this. This meant that the provider was not fully aware of their responsibilities with regard to notifying CQC of specific events.

We looked at how the provider ensured the quality of the service was maintained. We found audit systems were in place however these were not always effective and had not picked up the issues we found during the inspection. For example, checks had not picked up care records were not up to date and were not reflective of people's current need and that training was required for some staff for example protecting people from harm. Staff were aware how to keep people safe and although there was a system in place to record and report potential harm or abuse the correct process had not always been followed. The registered manager acted straight away to address these concerns. We saw incidents and accidents were recorded, issues explored and where required the registered manager sought further advice. For example from healthcare professionals to ensure people's safety. People and staff views were sought by the provider and we saw positive comments had been made. The registered manager said feedback would be used to make changes if people thought this was needed. This showed although the provider monitored the quality of service there were areas where this could be improved.

The person we spoke with said they were happy with the care they received. A relative commented, "Known the manager for years, it seems a well-run service." Staff told us the registered manager was friendly and approachable. They said the registered manager visited the supported living homes frequently and had a good understanding of people's care and support needs. One member of staff said, "[Registered manager] very approachable we are a small team so we have regular contact with each other." Staff told us about the management structure of the service they said they were aware of their roles and responsibilities and received any support they needed from the registered manager to perform their roles. Staff said they felt confident to discuss any concerns with the registered manager or provider and said any issues they had raised had been resolved quickly. For example, re-arranging shifts across the service to ensure adequate numbers of staff. They also demonstrated an awareness of whistle-blowing should they wish to raise concerns where they thought people were at risk of receiving unsafe care. Whistle-blowing means raising a concern about a wrong doing within an organisation. This meant staff felt supported in their roles and were aware of their responsibilities.