

Violet Care Agency Ltd

# Violet Care Agency Ltd

## 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:

Violet Care Agency Limited is a domiciliary care agency providing personal care to people in their own homes. Some people received long term care whilst some people were provided with short term care packages aimed at supporting them to regain independence. At the time of inspection there were 44 people using the service.

### People's experience of using this service:

The service benefited from a dedicated management team who were committed to providing a good service. Lessons were learned when things went wrong to continuously drive improvements.

There were sufficient numbers of staff who had been safely recruited to meet people's needs. However, some people expressed dissatisfaction with the timing of their care calls and experienced late visits which were not always well communicated.

Risks to people had been assessed and staff knew what to do to keep people safe from avoidable harm. People were supported to take their medicines in a safe way by staff who had been trained and assessed as competent.

Care and support was planned and delivered to promote people's safety and welfare. Staff had access to up to date information on how to support people safely and effectively in the way that they preferred.

Training, supervision and observations of staff competence was undertaken to support staff and check they had the skills and knowledge to be competent in their job role and support people effectively. However, these systems and processes required formalising to ensure consistency.

We made a recommendation about the supervision and appraisal process.

Staff were kind and caring and often went the extra mile to meet people's needs. Staff were polite and respectful and treated people with dignity.

There were systems in place to respond to complaints and concerns which were managed appropriately and in a timely manner.

People's opinion of the service was regularly sought and used to drive improvements and promote people's satisfaction with the service they received.

### Rating at last inspection:

Service inspected July 2018 but not rated due to insufficient evidence to make a judgement.

Why we inspected:

This was a planned inspection to provide the service with a rating. The rating now given is Good.

Follow up:

We will continue to monitor the service through the information we receive.

## 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 the responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well led findings below.

Good ●

# Violet Care Agency Ltd

## **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:

One inspector completed the inspection.

#### Service and service type:

Violet Care Agency Limited is a domiciliary care agency which provides personal care to people in their own homes.

The service had a manager registered with the Care Quality Commission. This means that 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 48 hours' notice of the inspection visit because it is small and the registered manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

Inspection site visit activity started on 4 January 2019 and ended on 7 January 2019. This included visiting the office location to speak with the management team, interview staff and review care records and policies and procedures. Following on from this we made phone calls to people who used the service to obtain their views.

#### What we did:

Prior to the inspection we reviewed information we held about the service including statutory notifications which include information the provider is required to send us by law. We also looked at the Provider Information Return (PIR). The PIR gives us information about what the service does well and any planned improvements.

During the inspection we spoke with the trainee manager, the administrator and two care staff. We spoke with 5 people and 2 relatives of people who used the service. We looked at three people's care records including their medication records and daily notes. We looked at two staff member's recruitment records. We reviewed training and supervision records and documents relating to the management of the service including complaints and compliments, satisfaction surveys, minutes of meetings and quality audits.

# Is the service safe?

## Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

### Systems and processes

- There were systems and processes in place to protect people from the risk of harm and abuse. Staff had received training in how to safeguard people from abuse and understood their responsibilities. We saw examples where staff had recognised potential safeguarding issues and these had been raised and investigated appropriately in partnership with the local authority.
- Recruitment processes were robust which ensured staff had been safely recruited.
- Accidents and incidents were recorded and reported by care staff to the office. These were discussed during the weekly management meeting to identify any actions required to ensure the safety of people and staff.
- An electronic care recording system had been implemented accessed through a password protected 'App' on staff mobile phones. This provided a means for management to monitor care visits, medicine administration and share information with staff.

### Assessing risk, safety monitoring and management

- Risks to people had been assessed and management plans were in place which described the actions staff should take to support people's safety and independence.
- If people's needs changed, this information was shared using the mobile phone App. This flagged up important details staff needed to know to ensure their knowledge of risks to people and how to manage those risks was current.

### Staffing levels

- Sufficient staff were employed to safely meet people's needs. Staff told us there were enough staff and they had enough time to spend with people and were not rushed.
- Staff were required to log in and out of care visits using their mobile phone. This meant that the management team could monitor care visits in 'live time' to check that people received their allocated care and support. Where the system identified late calls or the potential of missed visits, this would be followed up and, if necessary, cover was provided by a member of the management team who would go out and provide care.
- Some people we spoke with expressed dissatisfaction with the timings of their care calls as the provider's policy was to give a two hour window within which people could expect their call.

We shared these concerns with the manager who told us that where people had specific health needs then set times were given. In other instances, the service was flexible and tried to accommodate people's

preferences, for example, scheduling early risers first on the rota. We saw examples of flexible practice by staff and this flexibility was confirmed by feedback we received. A relative told us, "If we have hospital appointments, and need an early call they are good, and will make sure they amend the visit times."

#### Using medicines safely

- Only staff who had received training and had been assessed as competent managed medicines.
- A new electronic system of recording medicine administration had been introduced which provided a safe and effective means of monitoring that people were receiving their medicines safely and as prescribed.

#### Preventing and controlling infection

- All staff received training in infection control and were provided with appropriate protective clothing to prevent the spread of infection.

#### Learning lessons when things go wrong

- The service demonstrated a commitment to learning from mistakes to improve the safety and quality of the service, for example, the introduction of electronic recording of administration of medicines. This had led to a significant reduction in medicine administration errors and a means of being able to quickly identify and investigate any discrepancies.
- In response to people's concerns regarding lack of communication around late visits the service had added people's contact information to the mobile App and staff were instructed to ring people directly to update them if they were going to be late.
- The provider recognised that staff did not always have time to read through the paper care plan held in people's homes. In response they had added a 'pen portrait' to people's care records held on the mobile phone App. This meant that staff could easily access the most important and up to date information about a person before providing care and support.

# 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

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 holistically assessed in accordance with best practice guidance. The assessments were completed face to face prior to referrals being accepted.
- Support plans contained information about people's diverse needs including their preferences in relation to culture, religion, diet and preference of gender of care worker.
- How people expressed their sexuality was explored and documented. For example, one person's care plan stated; " I like to dress nicely and like my hair to be neat. I do love my nails to be done and I love brightly coloured nail polish."

Staff skills, knowledge and experience

- New staff received a three day classroom based induction which delivered a range of mandatory training to equip them with the necessary skills and knowledge to be competent in their job role. Staff then spent time working alongside a member of the management team who introduced them to the people they would be supporting. Guidance and support was provided to help staff get to know people and understand their needs and preferences before working unsupervised.
- Staff were provided with an ongoing programme of training delivered face to face to support their knowledge and skills. Specialist training was provided to individual members of staff who supported people with specific needs, for example, catheter care and PEG feeding.
- Staff told us they felt extremely well supported by the management team and received supervision and observations of their practice, however this was often ad hoc and was not always formally recorded. A staff member told us, "I feel very supported, once I rang [named manager] as had a problem with a hoist, [named manager] came straight out; they are always available to provide support and guidance and work alongside us.

We recommend that the provider review their current practice to ensure robust systems and processes are in place to provide staff with regular formal supervision and appraisals in accordance with best practice guidelines.

Supporting people to eat and drink enough with choice in a balanced diet

- Where identified as part of an assessed need, people received support with eating and drinking that met their health needs, independence level and personal preference.

Staff providing consistent, effective, timely care within and across organisations

- The service worked in partnership with health and social care professionals such as district nurses and social workers to achieve good outcomes for people.

Supporting people to live healthier lives, access healthcare services and support

- Where people required support to manage their health; the information was recorded in their care plan. This helped staff understand what they needed to do to help people maintain their health and wellbeing.
- People told us staff were good at spotting a change in a person's health or demeanour and that the service provided flexible support to help people manage their health. For example, by organising earlier calls by care staff to help get people ready for hospital appointments.
- Assessments of people's oral health care had been completed and the service supported people to take care of their teeth and gums and access dental treatment if required.

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

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We checked whether the service was working within the principles of the MCA.
- People's care records demonstrated consideration of their mental capacity and provided advice and guidance to staff on how to support people to make decisions.
- Staff had received training in the MCA and were able to provide examples how they applied their knowledge in practice to support people to make their own decisions. People confirmed that staff supported them to make their own choices.

# Is the service caring?

## Our findings

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

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported

- People told us staff were kind and caring. A person told us, "None of them have ever been unkind to me, I'd say I'm very lucky."
- Staff spent time chatting with people to build positive and caring relationships. A relative told us, 'I think they treat [named person] very well, they seem quite caring towards them, and will sit down and have a chat with them if they've got time.'
- The service provided people with a service-user handbook which signposted people to other services that might be beneficial such as advocacy services.

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

- People were involved in decisions around their care and support. During the initial assessment and at reviews of their care, people's views were sought and documented in their care records.
- People's communication needs were also recorded to help staff understand how to talk to people in ways they could understand.

Respecting and promoting people's privacy, dignity and independence

- Staff understood how to maintain people's privacy and dignity, for example, when providing personal care. A person told us, "They [staff] protect my privacy, and understand I can't stand strangers washing me, they do try to help me."
- People told us they were treated with dignity and respect and staff were polite. A relative said, "They [staff] talk to [named person] like a human being, not just an old person with dementia, that means a lot to me."
- People's personal information was held securely which meant confidentiality was protected.
- The service provided was aimed at respecting and encouraging people's independence in accordance with their wishes. Staff understood the importance of promoting people's independence. A staff member said, "We will always let people do what they can for themselves and only step in to help when necessary."

# Is the service responsive?

## Our findings

Responsive – this means that services met people's needs

People's needs were met through good organisation and delivery.

Personalised care

- Assessments of people's needs had captured key information about people including their strengths, abilities, needs and wishes. This helped staff provide care and support the way people preferred. People's care and support plans were written in person centred way including information about people such as their likes and dislikes, life history and preferred routines.
- Whilst the service policy of providing care within a two hour window, this did not represent a person centred approach as it did not always meet people's preferences in terms of their daily routines. In practice, we observed that staff worked flexibly to meet people's individual needs and preferences. One staff member told us how they used the thirty minutes allocated to a person to meet their needs flexibly by making two fifteen minute visits rather than one thirty minute call so that they could go back to check that the person had eaten their breakfast as the person was living with dementia and needed encouraging.
- As staff got to know people better, personalised information about the person was shared with the management team who added this onto the electronic care recording system. This meant the service built up a picture of people over time which could be accessed by all staff who worked with the person.
- People benefitted from having regular care staff to promote continuity of care.

Improving care quality in response to complaints or concerns

- There were systems in place to respond to complaints and concerns. However, at the time of inspection there had been no complaints.
- The service was committed to providing a good quality service where people were happy with the service they received.
- Feedback forms were left in people's homes to encourage people to share any concerns.
- People were provided with a service user guide which included information on how to make a complaint.

End of life care and support

- The service did not currently provide end of life care and support.
- In preparation for provision of end of life care in the future, training had been sourced for staff.
- People's preferences regarding end of life care arrangements such as funeral plans had been discussed and recorded in their care plans if this was their wish.

# 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

The service was consistently well managed and well-led. Leaders, and the culture they created, promoted high-quality, person-centred care.

Provider plans and promotes person-centred, high-quality care and support, and understands and acts on duty of candour responsibility when things go wrong

- Management and staff attitudes and values reflected the provider's commitment to providing good quality person-centred care.
- The provider was open and transparent and responded positively to concerns demonstrating understanding of their duty of candour and accountability when mistakes were made or improvements required.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements

- A management structure was in place with clear lines of accountability at all levels which meant all staff were aware of their roles and responsibilities.
- Weekly management meetings were held with a clear agenda. Action plans were generated and these were revisited each week to check the required actions had been completed.
- The management team completed regular audits of medicines, care records and daily note books to monitor the safety and quality of the service and identify where improvements were required.
- Effective communication systems were in place between staff and management.

Engaging and involving people using the service, the public and staff

- The service engaged with people to seek their views through care reviews, questionnaires and at 'spot checks' carried out to assess how staff were working with people.
- The management team were 'hands-on' supervising staff in the field and delivering care and support. This facilitated oversight of the service and staff and checking people's satisfaction levels. Concerns were managed as they arose which resulted in no formal complaints being received.

Continuous learning and improving care

- Information gathered from audits was used to develop the service and make improvements.
- Designated staff members were selected to attend specialist training and shared learning with the rest of the staff team.
- The provider signed up for training and workshops organised by the local authority to promote

continuous learning.

- The trainee manager was being supported to take advanced qualifications in health and social care to take over as registered manager of the service.
- Plans were in place to create a platform in collaboration with the local university and county council to share best practice across the county. This would be used to share examples of new and innovative ways of delivering care.

Working in partnership with others

- The service worked in partnership with health and social care professionals liaising with social workers, district nurses and occupational therapists to make appropriate referrals for treatment and advice and secure good outcomes for people.