Velvet Glove Care Limited

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Inspection report

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Date of inspection visit:
25 February 2016
03 March 2016

Date of publication:
16 May 2016

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

This domiciliary care inspection took place over two days on 25 February and 3 March 2016.

Velvet Glove is a domiciliary care agency that provides care and support to people that require this help to live at home including, for example, older people with dementia care needs. When we inspected the service provided care and support to around 40 people although the number of service users frequently rise and fall depending upon local demand. The service is predominantly provided to people living in the Rothwell, Desborough, Kettering, Corby and Rutland areas of Northamptonshire, although it is not restricted to these locations.

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social care Act 2008 and associated regulations about how the service is run.

People were supported in their own homes by trained care staff that were able to meet people's needs safely. There were sufficient numbers of care staff employed to meet people's assessed needs.

People were protected from the risks associated with the recruitment of care staff by robust recruitment systems and appropriate training. Risk assessments were in place to reduce and manage the risks to people's health and welfare.

People's care plans reflected their needs and choices about how they preferred their care and support to be provided. Care staff were caring, friendly, and responsive to people's changing needs. Care staff were able to demonstrate that they understood what was required of them to provide people with the care they needed at home.

People were treated with dignity and their right to make choices about how they preferred their care to be provided was respected. People had been kept informed in a timely way whenever care staff were unavoidably delayed, or when another member of care staff had to be substituted at short notice.

People's rights were protected. People knew how to raise concerns and complaints. Complaints were appropriately investigated and action was taken to make improvements to the service when this was found to be necessary.

There were systems in place in place to assess and monitor the quality of the service. People's views about the quality of their service were sought and acted upon.

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 received care and support in their own homes by suitable care staff that had been appropriately recruited.

People were protected from unsafe care. Risks had been assessed and appropriate precautionary measures were taken when necessary to protect people from harm.

People said they felt safe in the presence of the care staff that were sent by the agency.

Is the service effective?

Good

The service was effective.

People received care and support in their own homes from care staff that were supervised and knew their job. Communication between care staff and people regarding unavoidable delays or other changes to their service was timely and appropriate.

People received a reliable service. Contingency care staff arrangements were in place to ensure the continuity of the service when care staff were sick or on holiday.

People were actively involved in decisions about how they received their care. Staff demonstrated their understanding of the Mental Capacity Act, 2005 (MCA) and people's capacity to make decisions.

Is the service caring?

Good

The service was caring.

People received their service from empathetic care staff that engaged with them and treated them with kindness and compassion.

People benefitted from receiving support from care staff that sustained good relationships with them and respected their individuality.

People's dignity was assured when they received personal care and their privacy was respected.

Is the service responsive?

Good

The service was responsive.

People's care needs were assessed prior to an agreed service being provided. Their needs were regularly reviewed with them, or with their representatives, so that the agreed service met their needs and expectations.

People's care plans were individualised and where appropriate had been completed with the involvement of significant others.

Appropriate and timely action was taken to address people's complaints or dissatisfaction with the service provided.

Is the service well-led?

Good

The service was well-led.

People benefited from being supported by care staff that had the managerial support they needed to do their job.

People's quality of care was monitored by the systems in place and timely action was taken to make improvements when necessary.

People using the service, their relatives and care staff were confident in the manager. They were supported and encouraged to provide feedback about the quality of the service and any negative feedback was positively utilised to improve the service.

Velvet Glove Care Limited

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 announced inspection was carried out by an inspector and took place over two days on 25 February and 3 March 2016. With domiciliary care agencies we can give the provider up to '48 hours' notice of an inspection. We do this because in some community based domiciliary care agencies the registered manager is often out of the office supporting care staff or, in some smaller agencies, providing 'hands-on' care to people at home.

Before our inspection, we reviewed information we held about the provider including, for example, statutory notifications that they had sent us. A statutory notification is information about important events which the provider is required to send us by law.

During this inspection we visited the agency office. We met and spoke with four care staff and the registered manager individually in private. We looked at the care records of six people who used the service. We also looked at six records in relation to care staff recruitment and training, as well as records related to the quality monitoring of the service.

We took into account people's experience of receiving care by listening to what they had to say. We visited three people at home with their prior agreement and also spoke with two relatives that lived with the people that received a service. With each person's permission, we looked at the care records maintained by the care staff that were kept in their home. We also spoke with four people that had agreed to speak with us over the telephone to ask them about their experience of using the service.

Good

Is the service safe?

Our findings

When we inspected the home on 26 February 2015 we found that the detail in people's risk assessments to show how risks would be managed could be improved. Although we did not judge this to be a breach of regulations the registered manager took timely action to improve this area of care. People were protected from unsafe care. Individualised care plans and risk assessments were in place that ensured people were safely supported according to their needs. Care plans contained an assessment of the person's needs, including details of any associated risks to their safety that their assessment had highlighted and the appropriate action to be taken by care staff to minimise assessed risks. A range of risks were assessed to minimise the likelihood of people receiving unsafe care. Care plans had recently been reviewed to ensure that pertinent risk assessments were updated regularly or as changes occurred. Care plans provided care staff with the guidance and current information they needed to provide people with safe care.

People were protected from harm arising from poor practice or ill treatment. Care staff understood the roles of other appropriate authorities that also had a duty to respond to allegations of abuse and protect people. They understood the risk factors and what they needed to do to raise their concerns with the right person if they suspected or witnessed ill treatment or poor practice. There were clear safeguarding procedures in place for care staff to follow in practice if they were concerned about people's safety.

People had care plans kept in their homes with their agreement, with an up-to-date copy held at the agency office. People's care plans accurately provided care staff with up-to-date information about people's healthcare needs and other factors that had to be taken into consideration, such as the person's ability to communicate their needs, so that safe care was provided.

People were kept advised of care staff changes or delays in care staff arriving to care for them due to unexpected circumstances, such as heavy traffic. One person said, "They always let me know if there is a snag and they are a bit behind so I don't need to fret that I've been 'missed'. Getting a call gives me peace of mind. "

Care staffing levels were maintained at a level that safely met people's needs because day-to-day scheduling took into account vacancies for care staff as well as unexpected absences due to sickness and holiday leave.

People were safeguarded against the risk of being cared for by unsuitable persons because care staff were appropriately recruited. All care staff were checked for criminal convictions; references from previous employers were taken up. Recruitment procedures were satisfactorily completed before care staff received induction training prior to taking up their care duties. Newly recruited care staff 'shadowed' an experienced care staff before they were scheduled to work alone with people receiving a service. Care staff confirmed their induction provided them with the essential knowledge and practical guidance they needed before they took up their care duties. One care staff member said, "I never felt pushed to do anything before they [the registered manager] felt I was ready to do the job safely."

Good

Is the service effective?

Our findings

When we inspected the home on 26 February 2015 we found that the procedures for obtaining people's consent for their care required improvement. Although we did not judge this to be a breach of regulations the registered manager took timely action to improve this area of care. 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 decisions made on their behalf must be in their best interests and as least restrictive as possible. The registered manager and care staff were aware of their responsibilities under the MCA. People's care plans contained assessments of their capacity to make decisions for themselves and consent to their care. Care staff had received the training and guidance they needed in caring for people that may lack capacity to make some decisions for themselves. Where people lacked capacity to consent to their care because of their condition we saw that there was an assessment in their care records that included details of the representative, such as a spouse or other relative that took decisions in their best interest.

People received a service from care staff that had been provided with the appropriate guidance and information they needed to do their job. Care staff had a good understanding of people's needs and the individual care and support that had been agreed. Timely action had been taken if there were concerns about people's health or general wellbeing, raising these concerns directly with family members where appropriate or, again with people's consent, with external healthcare professionals.

People received care and support from care staff that had acquired the experiential skills as well training they needed to care for people living in their own homes.

People's needs were met by care staff that were effectively supervised. Care staff had their work performance regularly appraised at regular intervals throughout the year by the registered manager. Care staff participated in 'supervision' meetings and they confirmed that the registered manager was readily approachable for advice and guidance. There were regular unannounced 'spot checks' to observe and assess if care staff were doing their job effectively; for example observing how care staff interacted with people and their practical skills when carrying out their duties.

Good

Is the service caring?

Our findings

People's dignity and right to privacy was protected by care staff. People's personal care support was discreetly managed by care staff so that people were treated sensitively. One person said, "They [care staff] never just barge in to my home even though they have access to my key 'box' [code protected external box that gives permitted access to a door key]. They [care staff] always knock and there's a cheery greeting when I shout out for them to 'come through' [enter]. It's my home after all and they treat it so."

People were treated as individuals that have feelings, especially with regard to having anxieties about needing help in their own home just to manage their daily lives. People said that the care staff were familiar with their routines and preferences for the way they liked to have their care provided. People received support from care staff that were mindful of the sensitive nature of their work and they respected confidentiality. One person said, "I never wanted things to come to this. Who wants a stranger to come in and dress you? They [care staff] are all 'lovely' though and they help me get by. That's good enough for me."

People received their care and support from care staff that were compassionate, kind and respectful. One relative commented, "They are all hard working but even so they make sure they cheer [relative] up when they arrive." Another person said, "I can't complain at all about their attitude. They always treat me well."

People were encouraged to manage as much as they could for themselves. One person said, "If I didn't try to do things I'd 'seize up'. They [care staff] are there to help and that's what they [care staff] do. They don't just take over or hurry me along."

People received a package of information about their service and what to expect from their care staff. This information was provided verbally and in writing. It included appropriate office contact numbers for people to telephone if they had any queries.

Good

Is the service responsive?

Our findings

When we inspected the home on 26 February 2015 we found that care planning still required some improvement as care plans lacked some specific details to ensure care was personalised and met people's needs. Although we did not judge this to be a breach of regulations the registered manager took timely action to improve this area of care. Where, for example, care staff were sharing responsibility with relatives for some aspect of the agreed care they provided this was clearly stated in the care plan whereas hitherto it was an agreed 'understanding' that had not always been documented.

People were encouraged to make choices about how they preferred to receive their care. Choices were promoted because care staff engaged with the people they supported at home. They asked people how they liked things done. One person said, "They [care staff] know I'm a bit 'fussy' about how I want things done. They [care staff] go along with that." There was information in people's care plans about what they liked to do for themselves and the support they needed to be able to put this into practice. People's care plans contained information about their likes and dislikes as well as their personal care needs. They contained information about how people communicated as well as their ability to make decisions about their care and support. If people's ability to communicate verbally had been compromised then significant others were consulted so that care plans reflected people's preferences as much as possible. One relative said, "[Relative] can't really say so they [care staff] check with me. It works well. After all these years I know what [relative] does and doesn't like."

People received the flexible care and support they needed in accordance with their care assessments, whether on a day-to-day basis or over a longer period when the passage of time introduced additional care needs. Where practicable scheduled support visits were organised to fit in with people's daily routines. Where it was not feasible to accommodate people's time related preferences they were offered alternative timings when their needs were assessed. One person said, "They try to be as flexible as they can be. I don't see how you can ask much more."

People knew how to complain and who they could contact if they were unhappy with their service. There was a complaints procedure in place. There were timescales in place for complaints to be dealt. The service had not received any complaints from people.

Good

Is the service well-led?

Our findings

When we inspected the home on 26 February 2015 we required the provider to take proper steps to ensure that records related to protecting people against the risks associated with unsafe or unsuitable care were suitably maintained. This was a breach of Regulation 20(1) (2) (a) (b). This corresponds to regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider took timely action to improve this area of care. Records relating to risk assessments have been reviewed and were up-to-date and accurate. Records also clearly set out what measures care staff needed to take to minimise the risk of unsafe care. People's care records were fit for purpose and had been regularly reviewed to include pertinent details related to changing needs. Care records accurately reflected the daily care people received. Records relating to care staff recruitment and training were also fit for purpose. They reflected the training and supervision care staff had received. Records were securely stored in the agency office to ensure confidentiality of information. Policies and procedures to guide care staff were in place and had been regularly reviewed and updated when required.

People were assured of receiving a domiciliary service that was competently managed on a daily as well as long-term basis. A registered manager was in post when we inspected that had the knowledge and experience to motivate care staff to do a good job.

People benefitted from receiving care from a team of care staff that were encouraged to reflect on the way the service was provided so that good practice was sustained. The registered manager used supervision and appraisal meetings with care staff constructively so that any ideas for improving people's service were encouraged. Care staff confirmed that the registered manager was always available if they needed guidance or support. Care staff said the registered manager was very approachable and they felt confident that if they witnessed poor practice they could go directly to them [registered manager] and that timely action would be taken. They had also been provided with the information they needed about the 'whistleblowing' procedure if they needed to raise concerns with appropriate outside regulatory agencies, such as the Care Quality Commission (CQC).

People were assured that the quality of the service provided was appropriately monitored and improvements made when required. People's entitlement to a quality service was monitored by the audits regularly carried out by the registered manager. These audits included analysing satisfaction surveys and collating feedback from individuals to use as guidelines for improving the service where necessary.