Victoria Community Care (Cornwall) 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

Overall summary

Victoria Community Care (Cornwall) Limited is a community service that provides care and support to adults of all ages, in their own homes. The service provides help with people's personal care needs in St Blazey, Mevagissey, St Austell and surrounding areas. This includes people with physical disabilities and dementia care needs. The service mainly provides personal care for people in short visits at key times of the day to help people get up in the morning, go to bed at night and give support with meals.

At the time of our inspection 46 people were receiving a personal care service. These services were funded either privately, through Cornwall Council or NHS funding.

Summary of findings

There was a registered manager in post who was responsible for the day-to-day running of the service. However, the registered manager had resigned from their post with effect from 31 July 2015 and a new manager had been appointed. 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 and associated Regulations about how the service is run.

We carried out this announced inspection on 13, 14 and 16 July 2015. We told the provider three days before that we would be coming. This was to ensure the registered manager and key staff were available when we visited the agency's office. It also meant we could arrange to visit some people in their own homes to hear about their experiences of the service. The service was last inspected in March 2013 and was found to be meeting the regulations.

People we spoke with told us they felt safe using the service and told us, "Victoria Community Care have looked after me very well", "Happy with the service" and "No complaints whatsoever".

Staff had received training in how to recognise and report abuse. All were clear about how to report any concerns and were confident that any allegations made would be fully investigated to help ensure people were protected. There were sufficient numbers of suitably qualified staff to meet the needs of people who used the service. The service was flexible and responded to people's changing needs.

People told us they had a team of regular staff and their visits were mostly at the agreed times. One relative told us, "They [staff] are rarely late but if they are I ring the office to check if staff are coming". Another relative said, "Timekeeping has been an issue but this has been better in the last 2 months". Five of the eight people we spoke with told us there had been one or two occasions during a two week period in June 2015 when their visits had been missed. The service had investigated the reasons for these omissions and action had been taken to prevent a re-occurrence. People and their relatives told us they had not experienced any missed calls since that time and they felt the problems with the service delivery at that time had been resolved.

People received care from staff who knew them well, and had the knowledge and skills to meet their needs. People and their relatives spoke well of staff, comments included, "I get on with all the staff", "We are happy with all the staff", "They [staff] treat me very well" and "They [staff] are very caring".

Staff were knowledgeable about the people they cared for and knew how to recognise if people's needs changed. Staff were aware of people's preferences and interests, as well as their health and support needs, which enabled them to provide a personalised service. Staff were kind and compassionate and treated people with dignity and respect.

The management had a clear understanding of the Mental Capacity Act 2005 and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected.

Staff told us there was good communication with the management of the service. Staff said of management, "They always take the time to talk to you", "They [management] are very good" and "We [staff] are supported".

There were effective quality assurance systems in place to make sure that any areas for improvement were identified and addressed. Where the provider had identified areas that required improvement, actions had been promptly taken to improve the quality of the service provided.

Summary of findings

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 using the service.

Staff knew how to recognise and report the signs of abuse. They knew the correct procedures to follow if they thought someone was being abused.

There were sufficient numbers of suitably qualified staff to meet the needs of people who used the service.

Is the service effective?

Good

The service was effective. People received care from staff who knew people well, and had the knowledge and skills to meet their needs.

Staff supported people to attend healthcare appointments and liaised with other healthcare professionals as required if they had concerns about a person's health.

The management had a clear understanding of the Mental Capacity Act 2005 and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected.

Is the service caring?

Good

The service was caring. People who used the service, relatives and healthcare professionals were positive about the service and the way staff treated the people they supported.

Staff were kind and compassionate and treated people with dignity and respect. Staff respected people's wishes and provided care and support in line with those wishes.

Is the service responsive?

Good

The service was responsive. People received personalised care and support which was responsive to their changing needs.

People were able to make choices and have control over the care and support they received.

People knew how to make a complaint and were confident if they raised any concerns these would be listened to. People were consulted and involved in the running of the service, their views were sought and acted upon.

Is the service well-led?

Good

The service was well-led. There were effective quality assurance systems in place to make sure that any areas for improvement were identified and addressed.

Where the provider had identified areas that required improvement, actions had been taken to improve the quality of the service provided.

People were asked for their views on the service. Staff were supported by the management team.

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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 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.

The inspection of Victoria Community Care Limited took place on 13, 14 and 16 July 2015. We told the provider three days before that we would be coming. This was to ensure the registered manager and key staff were available when we visited the agency's office. It also meant we could arrange to visit some people in their own homes to hear about their experiences of the service.

One inspector undertook the inspection. Prior to the visit we viewed the information we held about the service and notifications of incidents we had received. A notification is information about important events which the service is required to send us by law.

During the inspection we went to the provider's office and spoke with the registered manager, the owner, the administrator, a trainer and four care staff. We looked at four records relating to the care of individuals, three staff recruitment files, staff duty rosters, staff training records and records relating to the running of the service.

We visited three people in their own homes and met three relatives and a healthcare professional. After our visit to the provider's office we made phone calls to five other people who used the service and two care staff.

Good

Is the service safe?

Our findings

People told us they felt safe using the service. They said, "Victoria Community Care have looked after me very well", "Happy with the service" and "No complaints whatsoever".

Staff had received training in safeguarding adults and were aware of the service's safeguarding and whistleblowing policies. They were knowledgeable in recognising signs of potential abuse and the relevant reporting procedures. Staffwould have no hesitation in reporting any concerns to management as they wanted people who used the service to be safe and well cared for. Staff received safeguarding training as part of their initial induction and this was regularly updated.

Assessments were carried out to identify any risks to the person using the service and to the staff supporting them. This included environmental risks and any risks in relation to the health and support needs of the person. People's individual care records detailed the action staff should take to minimise the chance of harm occurring to people or staff. For example, staff were given guidance about using moving and handling equipment, directions of how to find people's homes and entry instructions. Staff were always informed of any potential risks prior to them going to someone's home for the first time.

The service provided many care packages at short notice. This meant that it was not always possible for a manager to visit the person's home and complete a risk assessment prior to care starting. In these situations a senior care worker was booked to carry out the first visit. This enabled them to complete a risk assessment and pass any relevant information to other staff before they visited the person's home.

Staff were aware of the reporting process for any accidents or incidents that occurred. Records showed that appropriate action had been taken and where necessary changes had been made to reduce the risk of a re-occurrence of the incident. We looked at the actions taken by the service in relation to an incident that had occurred recently where one person had fallen when using their commode independently in between care visits. We saw the manager had carried out an investigation into the reasons for the fall. Appropriate action had been taken to re-train staff about how to leave equipment for the person's use and complete a new manual handling assessment to help prevent a re-occurrence of the incident.

There were sufficient numbers of staff available to keep people safe. Staffing levels were determined by the number of people using the service and their needs. The service recruited staff to match the needs of people using the service and new care packages were only accepted if suitable staff were available. At the time of the inspection the service had staff vacancies which they were recruiting to. In the meantime some visits were covered by agency staff and we saw that wherever possible the same agency staff were used to help maintain a consistent service to people.

The service produced a staff roster each week to record details of the times people required their visits and what staff were allocated to go to each visit. The provider told us the rosters had been considerably changed in recent months to reduce staff travel time by booking several visits in one area. Staff told us they had regular runs of work in specific geographical areas and if travel time was needed this was allocated on their rota.

People told us they had a team of regular staff and their visits were mostly at the agreed times. One relative told us, "They [staff] are rarely late but if they are I ring the office to check if staff are coming". Another relative said, "Timekeeping has been an issue but this has been better in the last 2 months". Some people told us there had been one or two occasions during a two week period in June 2015 when their visits had been missed. In all of these cases relatives had been available to help and therefore the risk of harm to people had been minimised. We saw for each of these missed calls the service had investigated the reason for the omission. Investigations found that due to the changes in staff rotas there had been miss-communication with staff, who had not realised their rotas had been amended. Since these incidents each care worker's rota was checked with them when they came into the office each week. This was to help ensure that staff were aware of any changes from their normal work pattern. People and their relatives told us they had not experienced any missed calls since that period in June 2015 and they felt the problems with the service delivery at that time had been resolved.

Good

Is the service safe?

A member of the management team was on call outside of office hours and carried details of the roster, telephone numbers of people using the service and staff with them. This meant they could answer any queries if people phoned to check details of their visits or if duties need to be re-arranged due to staff sickness. People had telephone numbers for the service so they could ring at any time should they have a query. People told us phones were always answered, inside and outside of office hours.

Staff had completed a thorough recruitment process to ensure they had appropriate skills and knowledge required to provide care to meet people's needs. Staff recruitment files contained all the relevant recruitment checks to show staff were suitable and safe to work in a care environment, including Disclosure and Barring Service (DBS) checks.

Care records detailed whether people needed assistance with their medicines or the arrangements for them to take responsibility for any medicines they were prescribed. The service had a medicine policy which gave staff clear instructions about how to assist people who needed help with their medicines. Daily records completed by staff detailed exactly what assistance had been given with people's medicines. Staff were given additional training by community nurses to complete some tasks such as administering ear and eye drops in line with people's individual needs. All staff had received training in the administration of medicines.

Good

Is the service effective?

Our findings

People received care from staff who knew them well, and had the knowledge and skills to meet their needs. People and their relatives spoke well of staff, comments included, "They [staff] do their job properly", "They [staff] do everything my wife and I need".

Staff completed an induction when they commenced employment. The service had introduced a new induction programme in line with the Care Certificate framework which replaced the Common Induction Standards with effect from 1 April 2015. New employees were required to go through an induction which included training identified as necessary for the service, familiarisation with the service and the organisation's policies and procedures. There was also a period of working alongside more experienced staff until such a time as the worker felt confident to work alone.

Staff told us there were good opportunities for on-going training and for obtaining additional qualifications. The service had arranged for all staff to complete the Care Certificate, rather than just newly employed staff. The provider told us this was an effective way of updating staff skills and competency. Most care staff had either attained or were working towards a Diploma in Health and Social Care.

There was a programme to make sure staff received relevant training and refresher training was kept up to date. The service employed two full-time trainers to develop and deliver in house training. There was a training room in the same premises as the office which had appropriate equipment to deliver training such as manual handling and first aid. This enabled the service to be responsive to staff needs and arrange training at short notice for individual staff. If more specialist training was needed this was sourced from appropriate healthcare professionals. Staff told us, "Training is very good" and "You can ask for more training". Staff received regular supervision and appraisal from managers. This gave staff an opportunity to discuss their performance and identify any further training they required.

Some people who used the service made their own healthcare appointments and their health needs were co-ordinated by themselves or their relatives. However, staff were available to support people to access healthcare appointments if needed and liaised with health and social care professionals involved in their care if their health or support needs changed. People told us about occasions when staff had taken them to hospital appointments or made phone calls to their doctor on their behalf.

Staff supported some people at mealtimes to have food and drink of their choice. Staff had received training in food safety and were aware of safe food handling practices. For most people food had been prepared in advance and staff re-heated meals and made simple snacks as requested.

Staff asked people for their consent before delivering care or treatment and they respected people's choice to refuse treatment. People we spoke with confirmed staff asked for their agreement before they provided any care or support and respected their wishes to sometimes decline certain care. Care records showed that people signed to give their consent to the care and support provided.

The management had a clear understanding of the Mental Capacity Act 2005 (MCA) and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected. The MCA provides a legal framework for acting, and making decisions, on behalf of individuals who lack mental capacity to make particular decisions for themselves. Care records showed the service recorded whether people had the capacity to make decisions about their care.

Good

Is the service caring?

Our findings

People received care, as much as possible, from the same care worker or team of care workers. People and their relatives told us they were happy with all of the staff and got on well with them. People told us, “I get on with all the staff”, “We are happy with all the staff”, “They [staff] treat me very well” and “They [staff] are very caring”. A healthcare professional told us, “Staff are sensitive in their approach with people”.

People told us staff always treated them respectfully and asked them how they wanted their care and support to be provided. Staff were kind and caring. Staff had a good knowledge and understanding of people. Staff had regular visits to the same people , which meant they knew people and their needs well. Staff spoke with passion and enthusiasm about their work. They told us, “I really enjoy the job”, “There is a lot of job satisfaction helping people” and “I have regular work so I know the people I go to well”.

Staff respected people’s wishes and provided care and support in line with those wishes. People told us staff always checked if they needed any other help before they left. For people who had limited ability to move around their home staff ensured they had everything they needed within reach before they left. For example, drinks and snacks, telephones and alarms to call for assistance in an emergency.

Some people who used the service lived with a relative who was their unpaid carer. We found staff were respectful of the relative’s role as the main carer. Relatives told us that staff always asked how they were coping and supported them with practical and emotional support where they could. The service recognised that supporting the unpaid carer was vital in helping people to continue to be cared for in their own home. One relative told us, “They [staff] look after me as well”. Another relative said, “They [staff] are very good at helping out”.

People knew about their care plans and a manager regularly asked about their care and support needs so their care plan could be updated as needs changed. One relative told us, “A manager came out to see us recently to talk about my wife’s care plan”. Care plans detailed how people wished to be addressed and people told us staff spoke to them by their preferred name. For example some people were happy for staff to call them by their first name and other people preferred to be addressed by their title and surname. People told us staff always called them by the name of their choice.

Good

Is the service responsive?

Our findings

Before, or as soon as possible after, people started using the service the manager visited them to assess their needs and discuss how the service could meet their wishes and expectations. From these assessments care plans were developed, with the person, who was asked for their agreement on how they would like their care and support to be provided.

Care plans were personalised to the individual and recorded details about each person's specific needs and how they liked to be supported. Care plans gave staff clear guidance and direction about how to provide care and support that met people's needs and wishes. Details of people's daily routines were recorded in relation to each individual visit they received. This meant staff could read the section of people's care plan that related to the visit they were completing. People's care plans also included information about their hobbies and interest and their life histories. This gave staff useful information about people backgrounds and interests to help them understand the individual's current care needs.

Staff told us care plans were kept up to date and contained all the information they needed to provide the right care and support for people. They were aware of people's preferences and interests, as well as their health and support needs, which enabled them to provide a personalised service.

The service was flexible and responded to people's needs. A relative told us they had used Victoria Community Care intermittently for over 10 years. As the person's needs, and the relative's needs who was the main carer, had changed the package had either stopped, re-started or the hours had changed. The relative told us the service had always been very responsive and re-started a package at short notice when the person's health had deteriorated quickly. The relative said, "They have often helped in an emergency". Another person told us the service had recently added another visit to their care package, at short notice, when they had become less mobile due to a fall.

People said they would not hesitate in speaking with staff if they had any concerns. Details of how to make a complaint were in the care file in people's homes. People knew how to make a formal complaint if they needed to but told us issues would usually be resolved informally. Where visits had been missed the service had recorded these as complaints, detailing the investigation that took place and what action had been taken to prevent a re-occurrence. A relative told us, "The owner listens to any concerns I raise and always resolves any problems".

People told us they were able to tell the service if they did not want a particular care worker. Managers respected these requests and arranged permanent replacements without the person feeling uncomfortable about making the request.

Good

Is the service well-led?

Our findings

There was a management structure in the service which provided clear lines of responsibility and accountability. The registered manager had overall responsibility for the day to day running of the service. The owner worked full-time in the service's office, working closely with the registered manager in the day to day managing of the service. An administrator and two trainers also worked in the office. Care staff were supported by newly appointed field based senior care workers.

The registered manager had resigned from their post with effect from 31 July 2015, although would continue to work for the service in an administrative role. The provider advised us that a new manager had been appointed and would start soon after the registered manager finished in their role. This new manager had started the process to apply to become the registered manager for the service.

Staff told us there was good communication with the management of the service. Staff said of management, "They always take the time to talk to you", "They [management] are very good" and "We [staff] are supported".

The service had effective systems to manage staff rosters, match staff skills with people's needs and identify what capacity they had to take on new care packages. This meant that the service only took on new work if they knew there were the right staff available to meet people's needs. At the time of the inspection the service had staff vacancies because 10 care staff had left the service since April 2015. There were a variety of reasons for staff leaving and the service had already recruited to some of the vacancies and this recruitment was on-going. As a result of this decrease in staff availability the registered manager had recognised the service would no longer be able to meet the care needs of everyone they supported. Appropriate notice had been given to one person and care commissioners when the service was no longer able to meet this individual's needs due to staffing levels.

The provider monitored the quality of the service provided by regularly speaking with people to ensure they were happy with the service they received. People and their families told us the management team were very approachable and they were included in decisions about the running of the service. People told us someone from the office rang and visited them regularly to ask about their views of the service and review the care and support provided. The two trainers carried out observations of staff working practices during a whole shift and completed spot checks at specific visits. The spot checks also included reviewing the care records kept at the person's home to ensure they were appropriately completed. The service had recently appointed senior carers whose role was to work alongside staff to monitor their practice as well as undertaking spot checks.

People were asked for their views on the service and the open culture of the management meant people were comfortable sharing their views. People and their families were asked for their views on the service whenever a senior or trainer carried out a spot check of staff working. We saw the forms used to record the spot checks had a section where feedback from people was recorded and what actions had been taken in response to the feedback. A relative told us, "I have confidence in the owner". A healthcare professional told us, "I have confidence in the service. They are reliable and sensitive in their approach".

The service also gave people and their families questionnaires to complete annually. We looked at the results of the recent surveys and saw that an analysis had been completed and given to people. The analysis detailed the actions the service had taken in response to comments made. These included; a review of the induction process, a matrix of care plan reviews, development of the training department and using the trainers to carry out assessments and reviews of people's needs.

Where the provider had identified areas that required improvement actions had been taken promptly to improve the quality of the service provided. For example the service had made changes to operational practices as a result of the investigation into the reasons for the series of missed visits during June 2015. These changes included introducing a system to check that staff had read their rotas carefully each week to ensure they visited the right people.