

Velvet Glove Care Limited

Velvet Glove Care Limited

Inspection report

4 Tunwell Lane
Corby
Northamptonshire
NN17 1AR

Tel: 01536201100

Date of inspection visit:
17 March 2022
18 March 2022

Date of publication:
03 August 2022

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Velvet Glove Care Limited is a domiciliary care agency, providing personal care to people in their own homes. At the time of inspection, 48 people were using the service. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

People's experience of using this service and what we found

Regulatory requirements were not always met. The provider did not have a registered manager in place. The provider did not always notify the Care Quality Commission of certain events, as they were legally required to do.

People received safe care and were protected against avoidable harm, abuse, neglect and discrimination. There were systems and processes in place to safeguard people from potential harm. Staff completed training about safeguarding people from harm and knew how to report abuse

There were sufficient numbers of staff to meet people's needs safely. People were supported by staff who knew them and their needs well. The provider had followed their recruitment practices to ensure people employed were suitable to work at the service and support people.

Medicines were administered safely by trained staff.

Where the provider took on the responsibility, people were supported and encouraged to maintain good nutrition and hydration.

Staff received appropriate induction and ongoing training for their roles

The provider understood their responsibilities and worked in an open and transparent way.

The provider conducted regular checks to ensure any issues were found and resolved.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Why we inspected

The inspection was prompted in part due to concerns received about staff training, staffing levels and

management oversight of the service. A decision was made for us to inspect and examine those risks. As a result, we undertook a focused inspection to review the key questions of Safe, Effective, and Well Led only.

We have found evidence that the provider needs to make improvements. Please see the Well Led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

The overall rating for the service has changed from Good to Requires Improvement based on the findings of this inspection.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Velvet Glove Care Limited on our website at www.cqc.org.uk.

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to failing to notify CQC of relevant events at this inspection. Please see the action we have told the provider to take at the end of this report.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.
Details are in our safe findings below

Is the service effective?

Good ●

The service was effective.
Details are in our effective findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.
Details are in our well-Led findings below.

Velvet Glove Care Limited

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

This inspection was carried out by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service did not have 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. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 17 March 2022 and ended on 18 March 2022. We visited the location's office/service on 17 March 2022 and made phone calls to people and staff on 18 March 2022.

What we did before the inspection

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

We used information gathered as part of monitoring activity that took place on 11 February 2022 to help

plan the inspection and inform our judgements.

We sought feedback from the local authority and professionals who work with the service. We used all this information to plan our inspection.

During the inspection-

During the inspection we spoke with four people who used the service about their experience of the care provided, and six relatives. We also spoke with four care staff members, the care co-ordinator and the director. We reviewed a range of records. This included five care records. We looked at three staff files in relation to recruitment. A variety of records relating to the management of the service, including audits and training records.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question Good. The rating for this key question has remained Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse by trained staff. People and relatives, we spoke with all confirmed they felt safe when in the care of staff. One person said, "I feel safe. I am very pleased with them [staff]. They are friends more than carers, and I look forward to them coming."
- Staff demonstrated they understood how to safeguard people. They were confident the management would take action if they had any concerns about people's safety.
- The management team were aware of how to report any safeguarding concerns to the local authority safeguarding team

Assessing risk, safety monitoring and management

- People had risk assessments in place, to ensure all their needs were met as safely as possible. This included when required, assessments of skin care, mobility, environment and behavioural support.
- Staff we spoke with told us they had enough time to read risk assessments, and the care coordinator updated all care planning and risk assessments as required.

Staffing and recruitment

- People told us that staff were consistent, and mostly arrived on time. One person said, "Yes they are usually on time, and they will phone ahead if they are going to be late for whatever reason." We saw call logs which showed that staff timings were monitored by the management team, and action taken when required.
- Appropriate pre employment checks were carried out before staff started work within the service. This included Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- People received medicines from staff who were trained. Staff we spoke with told us they only supported people in this area once they had received training.
- Medicine administration records (MAR) we looked at showed that information was correctly recorded, and checked by management staff to ensure any errors were identified and acted upon.

Preventing and controlling infection

- People and relatives told us staff always wore personal protective equipment (PPE) during the COVID-19 pandemic.

- Staff described relevant infection control measures in place to protect people.
- Staff had received training in infection control. They told us there was always enough PPE available to ensure people were protected from infection.

Learning lessons when things go wrong

- Processes were in place for the reporting and follow up of any accidents or incidents.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question Good. The rating for this key question has remained Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- People told us the staff were well trained and knew how to provide their support. One person said, "They all seem very good, no complaints." Staff we spoke with confirmed they received an induction training package as well as ongoing training to refresh their knowledge.
- We saw records that showed staff had completed training courses. Some staff members had been trained up to train other staff members in certain areas. All the staff we spoke with said they were not asked to undertake any tasks they were not trained for.
- It was not always clear how staff competency was checked after they had undergone training sessions, to ensure they had fully understood the content of the training. The management team said they would be improving and formalising their competency checking and supervision records to reflect this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were appropriately assessed. There was a care coordinator in place whose role was to complete care plans and update them as required. We saw that a detailed pre-assessment of needs was carried out when people first started using the service, which involved the person themselves as well as family when required. Care plans were then added to, as staff got to know people and their likes and dislikes.
- People and relatives said that there had been no problems in the care provided by staff. They were satisfied care plans included all necessary information to provide effective care.

Supporting people to eat and drink enough to maintain a balanced diet

- Most people received minimal support in this area. Some people told us staff helped them with basic meal preparation and were happy with this.
- Care plans and risk assessments documented any required detail in people's needs, likes and dislikes within this area.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People received the support they required with any healthcare needs. One person told us, "They [staff] had the district nurse out. The carers then followed the instructions and made it better. I was really pleased with them."
- Most people had family help them out with healthcare needs, but care plans contained a full assessment of people's needs so that staff could support 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 particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Mental capacity assessments had been completed. People were able to decide their day-to-day choices.
- People and relatives confirmed staff always asked for consent before providing care.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question Good. At this inspection the rating has changed to Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The service had not had a registered manager in place for over a year. Registered managers, as well as providers, are legally responsible for how the service is run and for the quality and safety of the care provided. Satisfactory steps have not been taken to recruit a registered manager within a reasonable timescale.
- The management team were open and honest throughout our inspection. The director told us that following our inspection, there were imminent plans to register someone as a manager with CQC.
- Regulatory requirements were not always met. Appropriate action was taken in contacting the safeguarding team within the local authority when concerns or allegations of abuse took place, however, the provider did not also notify CQC of these events as they were required to.

Continuous learning and improving care

- There was an 'on call' system in place for staff to contact someone outside of office hours if required. Not all staff were satisfied with the effectiveness of the system, as the phone was not always answered when the on-call staff member themselves were on a care visit. We raised this with the management team who understood these concerns and said improvements to this system would be implemented.
- Audits and checks were in place and were effective. For example, records coming into the office were checked by a staff member and any errors were flagged and actions taken. A system was in place to monitor staff training records, and care planning records, to update as required.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Staff feedback was also sought via questionnaires. We saw a mixture of feedback from staff. There were some comments relating to poor communication, and the changes in management. The management team acknowledged these issues and were working on improvements with the on-call system and registered managers position.
- Feedback was sought from people and relatives as questionnaires had been prepared. This gave people and their representatives the opportunity to suggest any changes or improvements.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The staff we spoke with were positive about their roles and told us they got the support they required. One

staff member said, "They (management) explain to us what's going on. It's a family business, and I feel part of the family, they look after you well." Another staff member said, "I couldn't hope for better people to work with."

- People and relatives we spoke with were aware of several changes in management over recent times, but felt that overall the service was well run. Everyone we spoke with said they were comfortable in speaking with the management and office team if required.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The management team were aware of and had systems in place to ensure compliance with duty of candour responsibilities. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment.

Working in partnership with others

- We spoke with social care professionals who had been in communication with the provider about a care package, they confirmed information had been shared appropriately, and were in regular contact with the provider.
- The management team were receptive to feedback when we discussed the inspection findings.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents Failure to notify CQC of safeguarding events.