

VictoriaDomCare Ltd

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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 ●

Summary of findings

Overall summary

About the service

VictoriaDomCare Limited (also known as VDC Services) is a domiciliary care agency which is registered to provide personal care and support to people in their own homes. The service is registered to provide support to younger adults, older people, people living with dementia, people living with physical disabilities and people living with sensory disabilities. At the time of our inspection the service was supporting three people. Two of whom were receiving personal care. 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

People's needs were assessed before they started using the service. People were involved in this initial assessment and this formed their plan of care.

Risks were identified and basic risk management was included in people's plans of care. People received care and support from the two directors of the business who undertook the care calls. The two directors knew people well and how to keep them safe from harm or the risks of abuse.

People felt safe during their care calls and gave us positive feedback about the service. People told us both the Nominated Individual and Quality Manager were very kind and caring toward them.

Both the Nominated Individual and Quality Manager had completed training themselves and understood the importance of training staff when they recruited them in the future as their business grew.

Quality checks took place on records and no shortfalls were identified. There had been no missed care calls. People had no complaints about the service.

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.

Rating at last inspection

This service was registered with us on 15 June 2021 and this is the first inspection.

Why we inspected

This was a planned inspection of this newly registered service.

Follow up

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?

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 our responsive findings below.

Good ●

Is the service well-led?

The service was well led.

Details are in our well led findings below.

Good ●

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Detailed findings

Background to this inspection

The inspection

We carried out this performance review and assessment under Section 46 of the Health and Social Care Act 2008 (the Act). We checked whether the provider was meeting the legal requirements of the regulations associated with the Act and looked at the quality of the service to provide a rating.

Unlike our standard approach to assessing performance, we did not physically visit the office of the location. This is a new approach we have introduced to reviewing and assessing performance of some care at home providers. Instead of visiting the office location we use technology such as electronic file sharing and video or telephone calls to engage with people using the service and staff.

Inspection team

The performance review and assessment was completed by one inspector.

Service and service type

This is a domiciliary care agency. It provides personal care to people living in their own houses. This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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. At the time of our performance review and assessment there was a registered manager in post.

Notice of inspection

This inspection was announced.

We gave the service short notice. This was because we needed to be sure that the provider or registered manager would be available to attend video meetings with us to support the performance review and assessment. Inspection activity started on 19 April 2022 and ended on 27 April 2022.

What we did before the inspection

We reviewed the information we had received about the service since registration. 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 contacted the Local Authority to ask them to share feedback with us.

During the inspection

This performance review and assessment was carried out without a visit to the location's office. We used technology such as video calls and telephone calls to enable us to engage with people using the service and staff. We used electronic file sharing to enable us to review documentation.

During this time, we spoke with both providers, that is the two directors of the company. One director is the Nominated Individual and also the registered manager. The other director is the Quality Manager. Both undertake all the care calls to people. The nominated individual is responsible for supervising the management of the service on behalf of the provider. Throughout this report we will refer to the Nominated Individual and Quality Manager because they are the only staff at this time.

We also spoke with two people who gave feedback on the service.

We reviewed a range of records. This included two care plans and one medication record, policies and procedures and quality monitoring records the directors used to assure themselves people received a safe service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. This is the first inspection of this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People felt safe and protected from the risks of abuse when their care calls took place. One person told us, "I know who is coming, it is reassuring."
- Both the Nominated Individual and Quality Manager, who undertook all the care calls to people, were able to tell us what constituted abuse and the actions they would take if they suspected abuse had, or was, taking place.
- The provider had a safeguarding people from abuse policy which informed what actions they should take if abuse was suspected.

Assessing risk, safety monitoring and management

- Risks had been assessed and care plans contained basic risk management to state how people be kept safe. At the time of this inspection, all care calls were consistently undertaken by the Nominated Individual and Quality Manager who knew people very well and how to keep them safe from any potential risks, such as falls.
- Where a person used a hoist to be transferred, their care plan contained information about how the sling should be used to maintain their safety.
- One person was assessed as being at high risk from their skin becoming damaged because they were immobile. This person's care plan directed staff to 'monitor and report any pressure sores.' However, there was no information about what to look for, such as skin redness or any immediate actions that should be taken if this was observed. The Nominated Individual and Quality Manager both demonstrated an understanding of removing pressure immediately from a red or sore area of skin and to contact the district nurse. However, they agreed to add extra information into the care plan so as if the care call was covered by agency staff, they would have information to refer to.

Staffing and recruitment

- We reviewed the Quality Manager's DBS (criminal record check) as they undertook care calls to people. In becoming registered with us, the Nominated Individual had checks completed on them by CQC.
- At the time of this performance review and assessment, the provider was not employing any care staff. Therefore, staffing and recruitment is not reported on during this inspection. However, the Nominated Individual assured us that recruitment checks would be undertaken before staff commenced employment with them in the future.

Using medicines safely

- The Nominated Individual and Quality Manager had completed training in the safe handling of medicines before they supported people to take their prescribed medicines.

- Where people were supported to take their medicines, medicine administration records (MAR) were kept. We reviewed one person's MARs, and these demonstrated they had received the support they required.

Preventing and controlling infection

- The Nominated Individual and Quality Manager had engaged with Warwickshire County Council during the COVID-19 pandemic to ensure they complied with government guidance and used protective equipment (PPE) effectively.
- The Nominated Individual told us they continued to have adequate stocks of PPE always wore face masks as part of their PPE during care calls. One person told us, "I am very impressed with them always wearing the face masks on visits during this pandemic."

Learning lessons when things go wrong

- The Nominated Individual and Quality Manager nothing that has gone wrong to date, but if it did lessons would be learned.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance, assessing people's needs and choices; delivering care in line with standards, guidance and the law

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 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. 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 from the Court of Protection.

- People were supported in their own homes and they were not restricted by the Nominated Individual or Quality Manager in how they lived their lives.
- Both the Nominated Individual and Quality Manager understood the importance of gaining people's consent on a day to day basis when supporting them with personal care.
- One person had a RESPECT form which included information about DNACPR: Do Not Attempt Cardio-Pulmonary Resuscitation. The RESPECT form was dated 18.06.2021 and stated the person lacked capacity to have been involved in any decision making and the decision had been during a hospital stay. However, the person concerned now had full mental capacity. The Nominated Individual and Quality Manager had not ensured a timely review of the RESPECT form had taken place. Following a discussion about this, immediate action was taken to ensure a review took place and the person was fully involved in decision making. A RESPECT form is a summary plan for emergency care and treatment.

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

- The Nominated Individual shared details with us about one person who was also supported by the community district nurse. They said, "Before a district nurse visit, I support this person with their prescribed additional pain relief medication as the procedure the nurse undertakes is painful to the person." The person confirmed to us that this was their wish, so pain was minimised.

Staff support: induction, training, skills and experience

- There were no care staff employed by the Nominated Individual, who themselves undertook the care calls with the Quality Manager. Therefore, care staff support, induction and training are not reported on during

this inspection.

- The Nominated Individual and Quality Manager, understood the importance of staff support, induction, training, skills and experience. They told us they hoped to expand their business in the future, and this would involve recruiting care staff and ensuring they were suitably trained.
- Both people told us they felt the Nominated Individual and Quality Manager had the skills and experience needed to effectively support and care for them. The Nominated Individual and Quality Manager had completed training in moving and handling, food hygiene and other key training for the role.
- The Nominated Individual told us, "I have started my Health and Social Care Diploma Level 5 and also complete refresher training in moving and handling and first aid and other important topics". And, the Quality Manager told us they were also at university studying for a social worker diploma.

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

- Where people were supported with their food and drink preparation, choices about what they would like were offered. One person told us, "I manage my own 'ready meal' ordering and can tell [Name] what I would like. When [Name] makes my sandwiches, they know what I enjoy. They prepare the sandwiches exactly how I like them, with the crusts cut off."
- The Quality Manager was able to tell us about this person's food and drink preferences, and added they ensured this person was always left with snacks and drinks as they were unable to access these for themselves.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity; Supporting people to express their views and be involved in making decisions about their care

- Both people receiving a service spoke highly of the Nominated Individual and Quality Manager who undertook care calls to them. One person told us, "They are the best, I've had other care agencies in the past, so I can compare, and without a doubt, these are the best. They are kind and caring and respect me as a person."
- Another person told us, "[Name] treats me well, and always shows a caring approach."

Respecting and promoting people's privacy, dignity and independence

- People's independence was promoted. The Nominated Individual and Quality Manager told us they believed it very important to give people time to do what they could for themselves rather than to just take over and do things for people.
- One person told us, "[Name] supports me to have a shower. They give me privacy to do what I can, then come and support me when needed."
- The Nominated Individual told us, "When supporting people with personal care, I use two towels and cover the person over to maintain their dignity."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Prior to care calls commencing, an initial assessment of needs was completed by the Nominated Individual or Quality Manager to ensure a person's needs could be met in a way they wanted. At this time, people's preferences were also recorded, such as what they preferred to be called and any protected characteristics under the Equality Act 2010.
- People were involved in the care planning process. People's care and support was tailored to meet their individual needs and preferences.
- People's care and support needs were reviewed with them to ensure care calls continued to meet their needs.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs had been assessed and were documented in their plans of care.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The service offered social visits or household domestic support calls to people as well as care and support. People, or their relatives, could purchase these from the provider if they wished to.
- People's plans of care gave details about their hobbies and interests. One person told us about their love of knitting, and they had knitted for charitable donations, they were also able to tell us about the television programmes they enjoyed watching. Both the Nominated Individual and Quality Manager knew how people enjoyed spending their time.

Improving care quality in response to complaints or concerns

- People had no complaints or concerns about the services they received. They were complimentary about both the Nominated Individual and Quality Manager who undertook care calls to them.
- As the Nominated Individual and Quality Manager were also the providers (directors) of the business, people felt this was beneficial to them as they could raise any issues, should they need to, directly to them.
- There was a complaints policy available to people. The Quality Manager informed us no complaints had been received.

End of life care and support

- The provider was not currently supporting anyone with end of life care at the time of our inspection. Therefore, end of life care and support is not reported on during this inspection.
- The Nominated Individual and Quality Manager told us they would work with other healthcare professionals in meeting people's needs.

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.

This is the first inspection of this newly registered service. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Feedback to us about the Nominated Individual and Quality Manager from people was consistently positive.
- The Nominated Individual and Quality Manager recognised the potential risks of being a small provider and in the event of themselves being unable to work, care calls would need to be covered as well as office management cover. The Nominated Individual and Quality Manager had a contingency plan for such a situation. This involved them having links to a separate care agency that would provide staff in an emergency situation.
- There had been no missed or late care calls to people. The Nominated Individual and Quality Manager recognised the importance of care call monitoring and told us they would utilise this within the 'Care App' as their business developed and grew.
- Quality checks on records took place by the Nominated Individual and Quality Manager. No shortfalls in recording had been identified by them or us. Going forward, as the business grew, the Nominated Individual and Quality Manager understood the importance of increased effective governance systems when more people used the service.

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 Nominated Individual was aware of their legal responsibilities under the duty of candour.
- The Nominated Individual understood their responsibilities to notify external agencies including the Local Authority and Care Quality Commission (CQC) of certain events and their legal obligation of being open and honest with people who used the service.

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

- People who used the service told us they were verbally asked for feedback and shared only positive feedback with us about the service they received.
- One person told us, "I buy my own care and wouldn't make any changes at all, I am totally happy with this service."
- The Nominated Individual and Quality Manager sought feedback from people. During February 2022, feedback survey results reflected people were very happy with the service.

Continuous learning and improving care; Working in partnership with others

- The Nominated Individual and Quality Manager undertook care calls themselves and knew people and their relatives well. They had ongoing communication with all those using the service because, at this time, the service was very small.
- The Nominated Individual had basic systems of audit in place and these were carried out to identify whether any improvement was needed.