Villcare Limited

Villcare Limited - Stanley Road

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

Villcare Limited- Stanley Road is registered to provide accommodation and personal care for up to four people who are living with a learning disability or who have an autistic spectrum disorder. There were 3 people living at the service on the day of our inspection. There was a registered manager 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 and associated Regulations about how the service is run.

When we last inspected the service on 7 October 2013 we found them to be meeting the required standards. At this inspection we found that they had continued to meet the standards.

Summary of findings

People told us that they felt confident that people were safe and secure when receiving care. Staff were knowledgeable in recognising signs of potential abuse and understood how to report concerns both within the organisation and to outside agencies. Assessments were undertaken to assess any risks to people who received a service and to the staff who supported them. There were sufficient numbers of staff available to meet people's individual support and care needs at all times, including during the night and at weekends. People received appropriate support from staff to enable them to take their medicines.People received care and support that was based on their individual needs and preferences and people's care and support plans were amended as necessary and in consultation with their relatives or their representatives to meet their changing needs. Relatives of people who used the service felt confident raise any concerns and were in no doubt that they would be managed appropriately. People received their care and support from a staff team that fully understood people's care needs and the skills and knowledge to meet them. People who used the service were treated with kindness and respect, and their privacy and dignity was maintained.

The three people who lived at the home were unable to communicate verbally but we observed staff supported people with a range of communication aids, which included signing and interpreting people's body language with regards to meeting their needs and wishes.

Staff were supported by the registered manager and received the training and supervision necessary to support them to provide safe and effective support for people. People's views about the service were generally gathered informally through daily contact with the people and observing their body language and the choices made. This ensured that the provider and registered manager could assure themselves that the service they provided was safe and was meeting people's needs.

The Mental Capacity Act (2005) provides a legal framework for making particular decisions on behalf of people who may lack 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. Where 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working in line with the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. We found that the service was working in accordance with MCA and had submitted DoLS applications which were pending an outcome.

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?
The service was safe.

People's care was provided by staff who had been safely recruited.

Staff had been provided with training to meet the needs of the people who used the service.

Staff knew how to recognise and report abuse.

People's medicines were managed safely.

Good

Is the service effective?
The service was effective.

People received care and support from staff who were appropriately trained and supported to perform their roles.

People were provided with support to eat where needed.

People were supported to access health care professionals as necessary.

Good

Is the service caring?
The service was caring.

People were treated with kindness, dignity and respect.

Staff demonstrated a good understanding of people's needs and wishes and responded accordingly.

People's dignity and privacy was promoted.

Good

Is the service responsive?
The service was responsive.

People's care was planned and kept under regular review to help ensure their needs were consistently met.

People were supported to engage in a range of activities.

People's concerns were taken seriously and their relatives and representative felt listened to.

Good

Is the service well-led?
The service was well led.

People had confidence in staff and the management team.

The provider had arrangements in place to monitor, identify and manage the quality of the service.

The atmosphere at the service was open, respectful and inclusive.

Good

Villcare Limited - Stanley Road

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 unannounced inspection took place on 22 October 2015. It was undertaken by one inspector.

Before our inspection we looked at all the information we held about the home. This included information from notifications. Notifications are events which the provider is required to send us. We also made contact with the local authority contract monitoring officer to obtain feedback.

During the inspection we spoke with three people who lived in the home. We observed how staff supported people and spoke with three care staff and the manager. We also spoke with a relative to obtain their feedback on how people were supported to live their lives. We received feedback from representatives of the local authority commissioning team.

We looked at three people's care records, staff training and recruitment records, and records that related to the management of the service which included audits and policies.

Good

Is the service safe?

Our findings

One family member told us that "My [Relative] is always happy to see me but also always happy to go back which is a testament to the happy, safe and caring atmosphere at the Stanley Road". Staff were knowledgeable in recognising signs of potential abuse and understood the relevant reporting procedures. One staff member said, "I would report any concerns immediately to my manager or the most senior person on duty at the time." Staff were required to complete safeguarding training as part of their induction and undertook regular refresher training to help ensure their knowledge remained current. No safeguarding concerns had been raised by the home in the past twelve months. The registered manager told us that they would escalate any concerns to the local authority safeguarding team when necessary.

Assessments were undertaken to identify any risks to people and to the staff who supported them. These included environmental risks and risks that related to the health and support needs of the person. Risk assessments included information about action to be taken to minimise the possibility of harm occurring. For example, one person had been assessed as being at risk of harm from removing the wires from electrical appliances. We saw that the assessment clearly outlined the control measures in place to reduce the risk of harm to this person. This included insulating all electrical cables, electrical sockets to be fitted with protective covers and the television to be encased in a cabinet to reduce the risk of harm to this person.

Staff were knowledgeable in recognising signs of potential abuse and understood the relevant reporting procedures. One staff member said, "I would always report even the slightest concern to the senior on duty and of course the manager and if I was the most senior person on duty I would contact social services." Staff were required to complete safeguarding training as part of their induction and undertook regular refresher training to help ensure their knowledge remained current. No safeguarding concerns had been raised by the service in the past twelve months however the registered manager confirmed that they would escalate any concerns to the local authority safeguarding of adults team when necessary.

Safe and effective recruitment practices were followed which ensured that staff were of good character, physically and mentally fit for the role and sufficiently experienced, skilled and qualified to meet the needs of people who used the service. One [Relative] told us "that the staff are always approachable and happy to help with any questions I may have." Another person said, "It puts my mind at rest to know that my [Relative] is safe and well cared for."

There were sufficient numbers of staff available to meet people's individual support and care needs at all times, which included at night time and at weekends. Both staff members we spoke with said they worked as a team and always knew who would be working alongside them. One staff member told us that "I have worked here for a long time and I think that is important to the people who live at Stanley Road. "One person's relative said that "There is always a member of staff around to talk to."

We looked at the medication records for 3 people and saw that there was appropriate guidance for staff to administer medication and that staff had signed the Medication Administration Record charts (MAR) appropriately. We noted that a record of the quantity of medicines received had been checked regularly against the MAR charts which ensured the correct balance had been kept. We observed one member of staff administering medicines and saw that they did so safely and ensured each person received the correct medicines. We found that medicine audits were completed on a daily basis. We also saw that the medication procedure included two staff to provide people with their medicines. One person to administer the medication and one person to witness this process. This meant that there was a robust system in place to help eradicate any medicine errors and safeguard people from harm.

We saw that plans and guidance had been put in place to help staff deal with unforeseen events and emergencies which included relevant training, for example in fire safety. Personal evacuation plans, tailored to people's individual health needs, had been drawn up for each person who lived at the home. Regular checks were carried out to ensure that both the environment and equipment used, which included safety equipment, were well maintained and kept people safe.

Good

Is the service effective?

Our findings

Although people who used the service were not verbally able to tell us about the care and support they received, we were able to observe positive interactions between staff and people who used the service throughout the evening. We saw that staff met people's needs in a skilled and competent manner which demonstrated that they knew the people well. For example one person had become agitated when we arrived to carry out our visit. We saw that a staff member intervened and reassured the person in a calm and gentle manner and refocused them towards an activity that they knew they enjoyed and hence avoided the person becoming unnecessarily anxious and upset.

Training records confirmed that staff received a varied training programme and that the training was updated appropriately. Specific training had been provided which ensured that staff had the skills and knowledge to support people for example with behaviour that challenges and how to support a person when they became distressed or anxious.

All new care staff completed an induction programme at the start of their employment that followed nationally recognised standards. The induction process included shadowing established staff before working with people independently. Training was provided during induction and then on an ongoing basis.

We saw evidence that staff received regular support and supervision from their manager. An annual appraisal system was in place and both staff on duty told us that they felt they received the support and guidance they needed from their managers and the provider.

The Mental Capacity Act (2005) provides a legal framework for making particular decisions on behalf of people who may lack 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. Where 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 in line with the principles of the MCA and found that. The home had made Deprivation of Liberty safeguards [DoLS] applications to the local authority which related to keeping people safe within the home

We noted that people's consent was asked for before care and treatment was provided and the management and care staff demonstrated an understanding of the Mental Capacity Act (MCA) 2005. For example consent had been obtained for the person being weighed, to have their photograph taken and consent to take their medication.

We observed staff supported and encouraged people to make their own choices with regard to the food and drinks they preferred and with the assistance of a pictorial menu guide. The service encouraged healthy eating and supported people to choose and eat a healthy and varied diet. People's food preferences were recorded in their care plan and staff demonstrated a good knowledge of people's likes and dislikes. People's weights were monitored and action was taken promptly if someone gained or lost a significant amount of weight. We saw evidence that each person had been reviewed by the community dietician with regard to the management of their dietary needs.

People were supported with their healthcare needs and staff worked in partnership with other healthcare professionals to meet people's need promptly. We saw that people were supported to attend dentist and optician appointments regularly with the support of the staff. Information about people's health conditions and any medicines they took was in their care plans for staff to access.

Good

Is the service caring?

Our findings

People we spoke with appeared happy with the way staff provided care and support. Staff demonstrated that they knew people very well and we saw that they anticipated what might cause people concern so that they could put strategies in place to help keep them calm.

Although not everyone who lived at the home was able to verbally communicate their views about the staff with us, we observed relationships and interactions between people and staff were positive. We saw staff were kind and empathetic towards people and understood how to relate to each individual.

For example we saw that staff welcomed one person home from their daily activity in a friendly manner and invited them to sit and have a cup of tea whilst they asked them how their day had been and to plan the evening's activities.

People and their relatives had been invited to take part and contributed to regular reviews of their care. There was good use of photographs and also a profile of people that stated what people liked, what was important to them and how they wished to be supported. People received care that met their needs and took into account their individual choices and preferences. Staff knew the people they were supported and caring for, well. One relative told us that "I always feel well informed and can see my [Relatives] care plan whenever I visit but usually I don't need to as I am always informed by the manager if anything changes."

Information was shared with people who used the service in a way they understood. We saw that care plans had been drawn up with the people they concerned and shared appropriately with their relatives and representatives.

Information about people's needs and their likes and dislikes were captured in different ways. For example some information, such as the service user handbook, contained pictures and signs and also people's activity plans were presented in a pictorial format.

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There were also several other examples where the home had produced documentation in a format that each person could understand. This included pictorial menus, a pictorial complaints procedure, and a pictorial version of safeguarding information was displayed within the main hallway of the home.

Both care plans seen reflected the involvement of families and social care professionals who had been involved in developing the plan of support provided. Confidentiality was well maintained at the service which meant that information held about people's health, support needs and medical histories was kept secure.

Some people could not easily express their wishes and did not have family to support them to make decisions about their care. The manager said local advocacy services were available to support these people if they required assistance.

Good

Is the service responsive?

Our findings

One person we spoke with was able to communicate through their body language and through signing that they were happy by pointing to a staff member and saying " Nice" and gesturing to this person with a smile. Another person was able to show a member of staff what they wanted help with by taking their hand and leading them to the television.

We saw from both the information provided during our visit that all staff had undertaken training which ensured that people were given the support they needed in a way that was sensitive to their age, disability, gender, race, religion, belief or sexual orientation. We saw that the policy for equal opportunities was produced in a pictorial format which ensured it could be fully understood by everyone at the home.

We saw that staff supported people to play an active part in their community and to follow their own interests and hobbies. Records showed that people attended a variety of social events as well as accessing local services such as shops, using public transport, visiting local pubs and cafes. We saw that each person had an individual pictorial activity plan in place which helped people make informed and personal choices about how they spent their leisure time. We saw that people had enjoyed a trip to the seaside during the summer.

The service had a complaints policy in place. This had been produced in both a written and pictorial format which helped ensure people who were unable to fully understand the written word could gain a full understanding of how to make a complaint. There were no formal complaints made to the service in the last year.

Good

Is the service well-led?

Our findings

One member of staff told us "If I have a problem I can always freely discuss my concerns with the manager and they are always available to speak to. They are very 'hands on' type of manager." Both staff we spoke with told us that they were able to make suggestions informally as well as in supervision and in staff meetings, which were held regularly.

We saw from a recent staff meeting held regularly with topics such as the new inspection process had been discussed as well as discussions that related to safeguarding, whistle blowing, and best working practice.

The culture of the home was based on a set of values which related to promoting people's independence, celebrating their individuality and providing the care and support they needed in a way that maintained their dignity.

There was a clear management structure in place. The manager had the day to day responsibility of running the home with their line manager visiting the service to provide support and guidance to both the manager and staff. The manager said there was good communication with themselves and their manager and felt well supported by them. Although the service had not needed to submit any 'significant' notifications since the last inspection took place, the manager was able to provide a good understanding of their responsibilities and when statutory notifications were required to be submitted to us for any incidents or changes that affected the service.

We saw evidence that the last satisfaction survey was carried out in March 2015 with a variety of positive comments from families and outside professionals. This included a comment from a relative who stated that "I always leave feeling that my [Relative] is well looked after."

There were systems in place to monitor the quality of the service. For example medication audits, financial audits, health and safety audits, infection control audits and cleaning audits. There was an overview of training undertaken and the manager identifies which staff needed to have their training refreshed within the required timescales. We saw that all staff training was up to date. Records seen for the people who lived in the home and staff were well organised and clear.