

Village Care Limited

Village Care Limited - 3c

Wesley Place

### Inspection report

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19 January 2017

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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

This inspection took place on 17 and 19 January 2017 and was announced. We gave the registered provider 24 hours' notice to ensure someone would be available at the office.

Village Care Limited - 3c Wesley Place provides care to people living in their own homes. On the day of our inspection there were 84 people using the service.

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

We last inspected the service in December 2014 and rated the service as 'Good.' At this inspection we found the service remained 'Good' and met all the fundamental standards we inspected against.

People felt safe using Village Care Limited - 3c Wesley Place.

The registered provider had an effective recruitment and selection procedure in place. Any staff absences were covered by the registered provider's own permanent staff. People who used the service and their family members said staff usually arrived on time and stayed for the agreed length of time.

Accidents and incidents had been appropriately recorded and risk assessments were in place for people who used the service and staff.

The registered manager understood their responsibilities with regard to safeguarding and staff had received training in the protection of vulnerable adults.

There was a safe system in place for the management of medicines and medicines administration records were completed accurately.

Staff were suitably trained and training was arranged for any due refresher training. Staff received regular supervisions and appraisals.

The registered provider was working within the principles of the Mental Capacity Act 2005 (MCA).

People were protected from the risk of poor nutrition and staff were aware of people's nutritional needs. Care records contained evidence of visits to and from external health care specialists.

People who used the service and family members were complimentary about the standard of care provided by the staff at Village Care Limited - 3c Wesley Place and staff treated people with dignity and respect.

Care records showed that people's needs were assessed before they started using the service and care plans were written in a person centred way.

Staff supported people who used the service with their social needs.

People who used the service and family members were aware of how to make a complaint.

Staff felt supported by the registered manager and were comfortable raising any concerns. People who used the service, family members and staff were regularly consulted about the quality of the service. People and family members told us the management and office staff were approachable.

## 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 remains Good.

### Is the service effective?

Good ●

The service remains Good.

### Is the service caring?

Good ●

The service remains Good.

### Is the service responsive?

Good ●

The service remains Good.

### Is the service well-led?

Good ●

The service remains Good.

# Village Care Limited - 3c Wesley Place

## **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 registered 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 inspection took place on 17 and 19 January 2017 and was announced. We gave the registered provider 24 hours' notice to ensure someone would be available at the office. One Adult Social Care inspector carried out this inspection.

Before we visited the service we checked the information we held about this location and the service provider, for example, inspection history, safeguarding notifications and complaints. A notification is information about important events which the service is required to send to the Commission by law. We also contacted professionals involved in caring for people who used the service, including commissioners and safeguarding staff. We also contacted Healthwatch. Healthwatch is the local consumer champion for health and social care services. They give consumers a voice by collecting their views, concerns and compliments through their engagement work. Information provided by these professionals was used to inform the inspection.

Before the inspection, the registered provider completed a Provider Information Return (PIR). This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. We used this information to inform our inspection.

We sent questionnaires to people who used the service, family members, staff and community professionals. We received 22 questionnaires back from people who used the service, four from family members and one from a community professional.

During our inspection we spoke with five people who used the service and four family members. We also spoke with the registered manager and three care staff.

We looked at the personal care or treatment records of seven people who used the service and observed how people were being cared for. We also looked at the personnel files for four members of staff and records relating to the management of the service, such as quality audits, policies and procedures. We also carried out observations of staff and their interactions with people who used the service.

## Is the service safe?

### Our findings

People we spoke with told us they felt safe using Village Care Limited - 3c Wesley Place. They told us, "Safe? Yes I feel safe" and "Yes, I would say I was safe". In the questionnaires we sent out, people who used the service told us they felt safe from abuse or harm.

The registered provider had an effective recruitment and selection procedure in place and carried out relevant security and identification checks when they employed staff to ensure staff were suitable to work with vulnerable people.

Staff rotas were prepared one week in advance and staff were split into small geographical teams. The registered manager told us that all absences were covered by their own staff and they did not employ bank or agency staff. The service employed two co-ordinators. The co-ordinator's role was to conduct quality assurance checks on the staff and also cover shifts if there were any gaps in the rota. The registered provider operated an on call service, which provided people who used the service and staff with support outside of normal office hours. People who used the service and family members told us staff usually arrived on time and stayed for the agreed length of time.

Accidents and incidents had been appropriately recorded and risk assessments were in place for people who used the service and staff. These described the potential risks and the safeguards in place. Risk assessments were in place for staff going into people's homes, safe moving and handling and medication. Control measures described the level of risk and action to be taken to reduce the risk.

The registered manager understood their responsibilities with regard to safeguarding. Staff had received training in the protection of vulnerable adults. The service user guide included a section on safeguarding vulnerable adults and described the action to be taken in the event of alleged or suspected abuse.

There was a safe system in place for the management of medicines and medicines administration records (MAR) were completed accurately. A MAR is a document showing the medicines a person has been prescribed and records when they have been administered. Medication risk assessments were in place and described the risks associated with people administering their own medicines.

## Is the service effective?

### Our findings

People who used the service received effective care and support from well trained and well supported staff. People and family members told us, "They [staff] come across as being well trained", "I would recommend Village Care. They are the best we've had", "They are all very willing and helpful" and "I think they [staff] are very good". In the questionnaires we sent out, people who used the service told us they received care and support from familiar and consistent care and support workers, and they would recommend the service to others.

The training matrix included a list of training the registered provider deemed necessary for staff to support people safely. This included moving and handling, medication, safeguarding, infection control, food hygiene, first aid, mental capacity, dementia awareness, health and safety, equality and diversity and dignity in care. All staff completed the NVQ level two in health and social care and were given the option of completing the level three qualification. We saw staff training was up to date and where training was due, it had been booked.

New staff completed an induction to the service, which included shadowing an existing member of staff and the completion of mandatory training. All new staff were enrolled on the Care Certificate. The Care Certificate is a standardised approach to training for new staff working in health and social care.

Staff received regular supervisions and an annual appraisal. A supervision is a one to one meeting between a member of staff and their supervisor and can include a review of performance and supervision in the workplace.

People who used the service were supported by care staff at meal times. For some people this was preparing food and drinks based on people's preferences. However, we saw one person had specific dietary needs and had been referred to a dietitian and speech and language therapist (SALT) due to being at high risk of choking. Guidance was provided for staff on how to support the person with their dietary needs and staff were to ensure the person was never left unsupervised at meal times. The person also had a percutaneous endoscopic gastrostomy (PEG) fitted. A PEG is a tube passed into the stomach when oral intake is not adequate. We saw staff had been trained by a nurse in the use of a PEG.

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. Staff had received training in the MCA and the registered manager was aware of their responsibilities with regard to the MCA. We found the service was working within the principles of the MCA.

Care records contained evidence that consent had been obtained from the person who used the service or



their representative to say whether they agreed with the support being offered, that they had provided all the necessary information for support with medicines and whether they agreed for their personal information to be discussed with a member of their family or any named person. All the records we saw had been signed.

Some of the people who used the service had Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) forms in place, which means if a person's heart or breathing stops as expected due to their medical condition, no attempt should be made to perform cardiopulmonary resuscitation (CPR).

People who used the service had access to healthcare services and received ongoing healthcare support. Care records contained evidence of visits from and to external specialists including dietitians, hospitals and GPs.

## Is the service caring?

### Our findings

People who used the service and family members were complimentary about the standard of care provided by Village Care Limited - 3c Wesley Place. They told us, "They are very caring. They always ask if they can do anything else to help", "We have a laugh. They are alright like that", "They are nice with my [family member]" and "Very caring". In the questionnaires we sent out, people who used the service told us they were happy with the care and support they received from the service and that staff were caring and kind.

The registered manager told us that ensuring relationships between the person who used the service and care staff was important. The service carefully considered the person's preferences when allocating staff. This was followed up during the first few weeks of a new care package to ensure the person was happy with their care and allocated care staff. Regular reviews and dialogue with all the people who used the service continued throughout their service, ensuring people's preferences and needs were listened to when formulating their care plan and when carrying out reviews.

Care records showed how people had been involved in planning their care and people's preferences were clearly recorded. People were given the opportunity to make choices and this was recorded in the care records. For example, "[Name] likes their feet drying and slippers put on in the shower. This enables them to stand up better", "Explain to [Name] what you are doing i.e. 'Are we going to have a shave now?'" and "Would you like to take a drink of your coffee?".

People were supported to be independent where possible. A person who used the service told us, "I am quite independent. They [staff] know that."

Care records we looked at did not describe how staff should respect people's privacy and promote dignity. We discussed this with the registered manager who told us care records would be updated to reflect this. We discussed with staff what they did to promote people's dignity. They told us, "I would know how I would want to be treated", "Close doors, use towels and keep them covered" and "Our training gives us ideas of how to promote privacy and dignity"

We asked people and family members whether staff respected the privacy and dignity of people who used the service. They told us, "They treat me with respect. They do respect my privacy and dignity", "They try to preserve [family member]'s dignity as much as possible. They are brilliant at it", "They shut the door" and "Very good. Amazing". This meant that staff treated people with dignity and respect.

Advocacy services help people to access information and services, be involved in decisions about their lives, explore choices and options and promote their rights and responsibilities. The registered manager told us none of the people who were using the service at the time of our inspection visit had advocates.

None of the people who were using the service at the time of our inspection visit were receiving end of life care. However, the registered manager told us they were looking into arranging for end of life specialists to visit the service, which they believed would be a good learning experience for staff.

## Is the service responsive?

### Our findings

The service was responsive. We saw that care records were regularly reviewed and evaluated.

People's needs were assessed before they started using the service. This ensured staff knew about people's needs before they began using Village Care Limited - 3c Wesley Place.

Care records included a summary of the person's background, medical history and care needs. Records described in detail what was required from staff at each visit and specific requirements with regard to mobility, personal care, medication, meal provision, domestic tasks, shopping and any other additional information.

One person's mobility was recorded as being "unsteady" following a recent fall and they required assistance with their personal care. Step by step instructions were provided for staff to follow with regard to supporting the person with their mobility needs and assisting them with personal care. For example, "Carers must assist [Name] in and out of the shower cubicle. [Name] is unable to access the bathroom due to step." The person had a risk assessment in place, which described the equipment in use, the risk rating and control measures for staff to follow. For example, "Ensure equipment is used at all times. Ensure care connect wristband is worn. Supervise mobility and transfers on/off stair lift."

Another person with limited mobility required assistance with personal care, particularly in the shower. Staff were instructed to, "Talk to [Name] at all times explaining what they are doing. Ensure shower chair is positioned correctly so [Name] can sit down safely."

Care records included contact and communication sheets, where care staff could record any additional information such as contact with health and social care professionals, updates on the person's health and outcomes of care plan reviews.

We found the registered provider protected people from social isolation by providing escorts and respite sitting services. These included spending time with people, engaging in conversation, taking people on outings, shopping trips and assisting people to access the local community.

We saw the service had received several compliments about the quality of the care provided by Village Care Limited - 3c Wesley Place. These included, "Thanks very much for all the help you have given me and the family in helping to take care of [Name]", "Very many thanks for all you have done to make [Name]'s return home as smooth as possible and for putting in place the package of care that she needed" and "You were all fantastic and we are so very grateful".

We saw a copy of the registered provider's complaints policy and procedure. Details of the complaints procedure was included in the service user guide. There had been one formal complaint recorded at the service in the previous 12 months and we saw this had been appropriately dealt with. People who used the service and family members told us they did not have any complaints.

# Is the service well-led?

## Our findings

At the time of our inspection visit, the service had a registered manager in place. A registered manager is a person who has registered with CQC to manage the service. The registered manager had been in post since July 2014. The registered manager told us about future plans for the service. They told us they were reviewing policies and procedures to make them easier to read and planned a review of the computer system to ensure it still met their needs.

We saw that records at the registered provider's office were kept securely and could be located when needed. This meant only care and management staff had access to them ensuring people's personal information could only be viewed by those who were authorised to look at records.

The service had a positive culture that was person centred, open and inclusive. People who used the service and family members told us, "I get on with [registered manager]. If you ask, it gets done", "The management are very responsive", "They usually can't do enough to help you" and "They [office staff] are excellent people. I find them very helpful".

Staff were regularly consulted and kept up to date with information about the service and the registered provider. Staff meetings took place regularly. Staff we spoke with felt supported by the registered manager and told us they were comfortable raising any concerns. They told us, "They are brilliant. No problems. If I've needed time off at short notice it hasn't been a problem", "I go in the office and we sit and discuss things" and "I would feel no hesitation to go in and speak to [registered manager]".

Spot checks were carried out on staff regularly and included observations to make sure staff were punctual, appropriately dressed, respectful, followed correct policies and procedures, and completed documentation accurately. Actions were recorded for any issues identified however we did not see any issues in the records we looked at.

Annual quality questionnaires took place, which asked people who used the service a number of questions regarding the quality of the service. The most recent questionnaires for 2016 had just been returned and the registered manager had not yet carried out analysis on the results. Client visit questionnaires were completed annually. These were completed with the person who used the service and family members, and were used to identify any problems regarding the person's care. In the questionnaires we sent out, people who used the service told us the information they received from the service was clear and easy to understand, and the agency had asked people what they thought about the service provided.

The registered manager had a monthly review plan in place for care records. This ensured care records were reviewed on a regular basis.

The registered manager attended the Tyne and Wear Care Alliance network meetings. They told us they also had ties with the Huntington's Disease Association, who visited the registered provider's office to speak with staff about best practice.

The registered provider was meeting the conditions of their registration and submitted statutory notifications in a timely manner. A notification is information about important events which the service is required to send to the Commission by law.