

Victoria Community Care Limited

Victoria Community Care

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

This was an announced inspection, carried out on 17, 21 & 24 April 2015.

Victoria Community Care is a domiciliary care agency which provides support and care for people in their own homes. The agency is based in Prescot and provides support and care throughout Knowsley and surrounding areas.

The service has had a manager registered with CQC since October 2010. 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 2008 and associated Regulations about how the service is run.

The last inspection of Victoria Community Care was carried out in February 2014 and we found that the service was meeting all the regulations that were assessed.

Summary of findings

People told us they liked the staff and that they felt safe during the time they received a service. Family members had no concerns about their relative's safety and the way their relative was treated. Staff knew what their responsibilities were for responding to any concerns they had about a person's safety, including allegations of abuse. Training provided to staff and information made available to them helped to ensure people were safeguarded from abuse and avoidable harm.

An assessment of people's needs was carried out prior to people using the service and appropriate care plans were developed to meet people's needs. Care plans detailed people's preferences with regards to how they wished their care and support to be provided. Care plans were regularly reviewed with the involvement of the person the care plans were for and other significant people such as family members and relevant health and social care professionals.

Processes for recruiting staff were safe and thorough to ensure staff were suitable for their role. People's needs were understood and met by the right amount of skilled and experienced staff.

Staff ensured that people received the care and support they needed and were confident about what to do if they became aware of any concerns about a person's health or wellbeing. Medication was managed safely and people received their medication at the right times.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act (MCA) 2005 Deprivation of Liberty Safeguards (DoLS) and to report on what we find. Policies and procedures were in place to guide staff in relation to the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). The registered manager understood what their responsibilities were for ensuring decisions were made in people's best interests.

Staff received an appropriate level of support and training relevant to the work they carried out and meeting the needs of people who used the service. People told us they liked the staff and family members told us they were confident that their relative had received the right care and support. People trusted staff and described them as caring, kind, respectful and polite.

People who used the service and their family members described the registered manager and registered provider as being approachable and supportive. The quality of the service was regularly checked and people's views about the service was obtained and acted upon.

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 felt safe using the service. Staff knew how to respond to any concerns they had about people's safety.

Risks to people's health and safety and welfare were identified and managed. Medicines were appropriately administered to people.

People were cared for and supported by the right amount of staff who had received training appropriate to the work they carried out.

Good



Is the service effective?

The service was effective.

The registered manager understood what their responsibilities were for ensuring decisions were made in people's best interests.

Assessments which were carried out ensured people received effective care and support.

People received appropriate support to eat and drink.

Good



Is the service caring?

The service was caring.

People told us the staff were kind, caring, polite and respectful towards them.

Staff provided people with individualised care and support to meet their needs.

People were treated in a dignified way and their privacy and independence was respected.

Good



Is the service responsive?

The service was responsive.

People received all the right care and support to meet their needs.

Staff listened to people and were responsive to their needs.

A complaints procedure enabled people to raise any concerns they had about the service they received and people's complaints were listened to and dealt with promptly.

Good



Is the service well-led?

The service was well led.

The service had a manager who was registered with CQC. People had confidence in the way the service was managed.

Checks which were carried out on the service to ensure people received good standards of care and support.

People's views about the service were obtained and their comments were listened to and acted upon.

Good



Victoria Community Care

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 inspection took place over three days and was announced. The provider was given 48 hours' notice because we needed to be sure that someone would be at the office.

During our inspection we spoke with six people who used the service and eleven family members. We also spoke with eight staff, the registered manager, the deputy manager and the registered provider. We looked at eight people's care records, staff records and records relating to the management of the service.

Before our inspection we reviewed the information we held about the service including the Provider Information Return (PIR). This is a form in which we ask the provider to give some key information about the service, what the service does well and improvements they plan to make. We (CQC) sent out questionnaires to people who used the service to obtain their views and opinions of the service they had received, two were completed and returned to us.

Is the service safe?

Our findings

People who used the service knew what was meant by abuse and they said they would tell someone immediately if they had any concerns about the way they were treated. They told us they felt safe with the staff that supported them and that the staff treated them well. Their comments included; “I trust them one 100%”, “They are very careful” and “I feel very safe with them all”. Family members told us they had no concerns about how their relatives safety. Their comments included, “I know mum is safe in their hands” and “They are marvellous and I know they provide a safe service”.

Risk assessments had been carried out to determine any risks to people who used the service and staff supporting them. This included risks associated with the environment and people’s care and support needs. Risks to people whilst receiving care and support were identified in care plans along with the action staff needed to take to minimise the risk of harm to people. For example, some people were at risk of falls due to restricted mobility. Care plans provided information about how staff needed to safely support people when moving around their own home and transferring in and out of chairs and their bed.

Staff had completed safeguarding of vulnerable adults training as part of their induction and they attended annual refresher training. Staff had access to information about safeguarding people including safeguarding policies and procedures set out by the provider and the relevant local authority. This included information about; how the provider prevented abuse from occurring, the different types of abuse, indicators of abuse and the actions staff needed to take if they were told about, suspected or witnessed abuse. Staff recognised the different types of abuse and the signs which may indicate abuse had taken place. Staff told us they would not hesitate to raise any concerns they had about people and knew the procedures they were required to follow for reporting potential abuse. The registered manager had raised safeguarding concerns with the relevant agency in a timely way and they had worked well with other professionals to ensure people were safe and free from harm.

There were sufficient numbers of staff available to keep people safe. People who required care and support from more than one member of staff told us that the right amount of staff had always attended to them. Staff told us

they had spent the right amount of time supporting people in their homes and this was confirmed by people who used the service and their family members. Staff told us that travel time in between calls was factored into their working day so did not impact on the time they spent with people. Every effort was made to ensure that people were supported by the same staff. This meant people received a consistent service from staff that had a good understanding of the needs of the people they supported and of any risks to their safety and wellbeing. Staff were provided with identity (ID) badges and were required to wear them at all times when visiting people in their homes.

The registered provider had a recruitment and selection policy and procedure. We viewed recruitment records for eight members of staff and this showed that the process for recruiting staff was thorough and safe. Applicants had completed an application form which required them to provide details of their previous employment history, training and experience. A range of checks had been carried out prior to a job offer, including references and Disclosure and Barring Service (DBS) checks. DBS checks are carried out to check on people’s criminal record and to check if they have been placed on a list for people who are barred from working with vulnerable adults. This assisted the provider to make safer decisions about the recruitment of staff.

People who used the service had their medication managed safely by staff who had received appropriate training. Training records showed that staff had been provided with training in administering medication and staff told us they felt suitably skilled to administer medication. The agency had a policy and procedure for the safe handling of medicines which was accessible to staff. People’s care plans included clear information about the support people needed with their medication. Medication administration records (MAR) were maintained appropriately and they detailed the medicines that people were prescribed and instructions for use. People told us they had received their medicines on time and that staff were careful when administering their medication.

Staff told us they had received health and safety training, including fire awareness, prevention and control of infection, first aid and moving and handling and we saw records which confirmed this. Staff also had access to a range of policies and procedures relating to health and safety matters. Staff were provided with personal protective

Is the service safe?

equipment (PPE) to help minimise the spread of infection whilst providing people with care and support. We saw a good stock of PPE at the agency office, such as hand gel, disposable gloves and aprons and staff told us they had accessed them when needed.

Is the service effective?

Our findings

People who used the service told us that they received the right care and support from staff who knew what they were doing. People's comments included; "The girls do everything they are supposed to do", "They know what to do", "They pick up on things" and "They deal with things right away". Family members told us; "I have every confidence in them, they provide mum with all the care she needs and more" and "Excellent, I couldn't ask for better care for dad".

Staff received appropriate training and support which enabled them to meet people's needs. All new staff completed an induction programme and ongoing training specific to their roles and the needs of people they supported. New staff attended classroom based training for the first five days of their induction and then they shadowed more experienced staff whilst they provided care and support to people in their own homes. Ongoing training included topics which the provider considered mandatory and it was delivered by an accredited training officer employed by the provider on a full time basis. Following each training session staff were required to undertake a knowledge test to assess their competency in relation to the training they had completed. Staff told us they had completed training regularly and that they felt adequately trained. Staff comments included; "We get plenty of training which is relevant to our work", "I get all the training I need", "I only have to ask if I need more training" and "The training is great". In addition to the mandatory training all staff had completed or were in the process of completing training linked to the Qualification and Credit Framework (QCF) in health and social care to further increase their skills and knowledge in how to support people who used the service.

Staff received appropriate support and supervision and they told us they felt well supported in their role. Each member of staff had a named supervisor who provided them with regular one to one formal supervision sessions and an end of year performance and development review. These sessions provided staff with an opportunity to reflect on their work and plan any future training and development needs. Supervisors had carried out spot checks on staff whilst they were working in the community and during the checks they had assessed staff performance in relation to the work they carried out.

People who used the service told us that they managed their own healthcare needs with the help of their family members. However, staff had information about people's healthcare needs and any support they needed to provide people with. For example, how to support people if there was a notable decline in their health or wellbeing or if a person informed them that they were unwell. One person told us, "They called an ambulance on one occasion because they saw that I was so ill".

Some people required support with food and drink. Information about the support people needed with the preparation of meals and any assistance they needed to eat and drink was recorded in their care plan. People told us that staff prepared food which they liked and that staff had provided them with the assistance they needed to eat and drink.

People made decisions and were given choices about their care and support. People's preferences and wishes about how their care and support was to be provided were included in their care plans and people told us that staff took notice of this. People, or where appropriate, their representative had signed care plans to show they were consulted about the content and agreed with them. Comments people made included; "The girls know me well and do everything I want and need them to do", "They are marvellous and never miss a thing" and "I don't know what I would do without them". Daily logs which were maintained during each visit showed people had received the right care and support.

The registered manager demonstrated a good level of understanding about the Mental Capacity Act (2005). The Mental Capacity Act (2005) provides a legislative framework to protect people who are assessed as not able to make their own decisions, particularly about their health care, welfare or finances. The registered manager and staff had undertaken training in the Mental Capacity Act. The registered manager told us that every person who used the service had people to advocate for them. They also told us they would work alongside family members and health and social care professionals in deciding if a decision needed to be made in a person's best interests, if the person did not have the mental capacity to make their own decisions.

Is the service caring?

Our findings

People who used the service told us the staff were caring and they respected their privacy and dignity. They also told us that they were happy with the staff that supported them and that they received care and support wherever possible from the same staff that they liked and trusted. People's comments included, "They are so respectful and very caring", "They treat me very well, I can't speak more highly of them", "They listen and take notice of me", "I get on really well with my carers", "I have the same carers seeing to me most of the time", "They are so polite, kind and caring", "They are definitely respectful" and "I have a laugh with them and they make me feel so relaxed". Family members told us; "They are so friendly, my dad looks forward to them coming and they are totally caring. They have a cup of tea with him and spend time chatting" and "They are like her companion".

Where possible people received care and support from the same staff, and when this was not possible people were notified in advance of any changes. People told us that they knew a change of regular staff was usually due to unforeseen circumstances or because their regular staff were on annual leave. Continuity of staff meant people had the opportunity to build relationships with staff who knew them well. People told us that new staff were always introduced to them at their homes before they provided them with care and support.

Staff demonstrated that they were respectful of people's privacy and dignity. They gave us examples of how they did this when supporting people with personal care. This included; always talking to people about the task they were about to carry out and seeking their permission, ensuring rooms were warm, closing doors and curtains and ensuring people were covered up as much as possible when

providing personal care. People who used the service told us that staff always knocked before entering their homes unless they had had prior agreement to enter using key code access or other means.

People were encouraged to make choices about the care and support they received and their independence was maintained. People told us that staff had encouraged them to do as much as they could for themselves and that they had made choices and decisions about their care and support. Records demonstrated that people were provided with person centred care and support whereby they were treated as an individual. Where appropriate input from other significant people such as family members, was obtained to ensure people received the right care and support to meet their needs. People told us they were involved in developing their care plans and identifying what support they required from the service. People, or where appropriate their representative, were asked to sign care plans as a way of showing that they had been included in developing them and were in agreement with the care provided.

A senior member of staff told us that they had recognised that some people who used the service felt isolated in their homes and had had little opportunity to access the community or engage in activities of interest. Although it was not part of people's care package with the agency, a member of staff sourced funding and organised community based events and activities, in their own time, for people to take part in. The registered provider made a financial contribution towards the cost of this.

People who used the service had been provided with an information pack about the service and standards they should expect from the agency. The pack also included details of the registered manager, the registered provider and it included other key pieces of information about matters such as; how to make a complaint, confidentiality and maintaining people's safety and security.

Is the service responsive?

Our findings

People who used the service were provided with personalised care that was responsive to their needs. People told us that they received all the care and support they needed. People said the service had been flexible to their needs, for example when they had asked to change the time of their visit they said this had been arranged without any difficulties. Other people said they were confident that any changes they requested would be accommodated if needed. People's comments included; "I know I only have to ask if I need something changing" and "My carers are the best. They are so obliging". People told us they always got a reply when they called the office and that their requests had been listened to and acted upon.

Staff were knowledgeable about the people they supported. They were aware of their preferences and interests, as well as their health and support needs, enabling them to provide a personalised service. One member of staff told us, "We have all the information we need about people". People told us they knew the staff who were to visit them and when. Staff said they spent the right amount of time with people and they did not feel rushed. Staff were knowledgeable about the needs of the people they supported.

Initial assessments were undertaken to identify people's care and support needs and care plans were individualised providing information about people's needs and gave guidance to staff in how to meet people's assessed needs. People had signed their care plans to confirm they had been involved in developing them had consented to the contents. Agreements regarding access to people's homes were drawn up and signed by people who used the service or where appropriate their representative.

The registered manager was able to provide us with examples of how the service had worked with other agencies to make sure people received the care and support they needed. Where required the agency worked alongside family members, or relevant health and social care professionals, such as district nurses and therapists to ensure people's needs were met.

The registered provider had a complaints procedure and information about how to make a complaint was provided to people when they first started using the service. The registered manager informed us there had been several formal complaints made to the agency and that any issues raised by people who used the service were dealt with immediately to the people's satisfaction. Records of complaints people made were kept and they showed that they were dealt with in a timely way in line with the registered provider's complaints procedure. People who used the service and their family members told us if they had any concerns they would feel confident to raise them and they felt their concerns would be appropriately addressed.

There was a call monitoring system which alerted staff at the agency office if a call had not been attended. The system also enabled the provider to monitor the time members of staff had arrived and left people's homes.

The agency had policies and procedures in place for responding to emergencies. Staff had access to these and they were familiar with them. The agency office was staffed from early morning until 10 pm each night, should people who used the service, a family member or staff wish to contact anyone for advice. An emergency 'on call' manager was available outside of these hours and people who used the service and staff had contact details of the person on call.

Is the service well-led?

Our findings

People who used the service were provided with information about the structure of the agency and they told us they knew who to contact if they needed advice and support or if they wanted to comment about the service or raise a concern or complaint. People's comments included; "I have a number I can call to speak with someone in charge at the office", "I know I can call the office and talk to them there" and "I know the who the bosses are and how to get in touch with them if I need to".

Staff were familiar with the management structure of the agency and their lines of accountability and they told us they were not afraid to speak up about anything. Staff told us they felt there was an open culture and felt at ease speaking with a manager or senior member of the team. They said there was good morale amongst the staff and effective communication systems across the service. Staff comments included; "There's always a manager to help you" and "They are very approachable and always available if needed".

The registered provider, registered manager and deputy manager were based at the agency office five days a week and they took responsibility for the day to day management of the service. They had the support of a team of administrative staff, placement officers and quality assurance officers. Placement officers were responsible for assessing, planning people's care need requirements and for co-ordinating and reviewing people's care. Placement officers were also the first point of contact for staff if they required support within their roles. Quality assurance

officers monitored the quality of the service people received. They did this by carrying out a combination of announced and unannounced spot checks at people's homes. During these checks quality monitoring officers, checked on staff performance and obtained people's views about the service they received. Records of all checks were kept and used to assess the overall quality of the service. People's views about the service were also obtained via the use of questionnaires. We saw a sample of questionnaires which had been completed by people who used the service or others on their behalf. The results of questionnaires were overall positive and we saw evidence that negative feedback had been acted upon.

Staff told us they received regular advice and support from the management team and they always had access to a more senior member of staff if they had any concerns or needed advice and support. They said the management team and other senior staff were approachable and kept them informed of any changes to the service provided or the needs of the people they were supporting.

There were systems in place to record information about the running of the agency and to monitor the quality of the service people received. The systems included information about the needs of the people who used the agency, staff calls, staff training and supervision.

The agency had a whistleblowing policy, which was available to staff. Staff were aware of the policy and told us they would feel able to raise any concerns they had and would not hesitate to do so. Staff felt that if they did raise any concerns then they would be taken seriously and actioned appropriately.