

Verity Healthcare Limited

# Verity Healthcare - Waltham Forest

## 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?	Requires Improvement ●

# Summary of findings

## Overall summary

About the service:

Verity Healthcare – Waltham Forest is a domiciliary care agency.

The service provides personal care and support to people from various client groups, including older people, people with physical and mental disabilities, sensory impairment and younger adults, living in their own homes.

Not everyone using Verity Healthcare – Waltham Forest receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

At the time of our inspection there were six people using the service.

People's experience of using this service:

People and their relatives told us they felt safe with staff.

People were safeguarded against harm and abuse by staff who were trained in safeguarding and understood their responsibilities to report any suspicions of abuse.

People's medicines needs were met because robust systems were in place to manage medicines safely.

People were protected from the risks of infection by staff who followed safe infection control practices.

The provider ensured that enough and suitable staff were deployed to meet people's needs.

People received care from staff who were trained and felt supported to efficiently carry out their role.

People's needs were assessed before joining the service to ensure that staff were appropriately trained and skilled to meet their needs.

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

People's care plans were individualised, and staff provided personalised care.

People and their relatives told us that staff treated people with dignity.

People were involved in their care and their independence was encouraged.

People and relatives knew how to raise concerns. The provider had responded appropriately when a concern was raised.

People and relatives told us they felt the service was managed well and they would recommend the service to friends and relatives.

People were asked their views about the service to help improve the quality of care delivery.

There were systems in place to effectively monitor the quality and safety of the service.

We have made a recommendation about ensuring staff follow guidance from healthcare professionals.

Rating at last inspection:

Requires Improvement (report published on 13 April 2018).

Why we inspected:

This was a scheduled inspection based on the previous rating.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our reinspection programme. If any concerning information is received we may inspect sooner.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our Safe findings below.

### Is the service effective?

Good ●

The service was Effective.

Details are in our Effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our Caring findings below.

### Is the service responsive?

Good ●

The service was Responsive.

Details are in our Responsive findings below.

### Is the service well-led?

Requires Improvement ●

The service was not always Well-led.

Details are in our Well-led findings below.

# Verity Healthcare - Waltham Forest

## **Detailed findings**

### Background to this inspection

#### The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team:

This inspection was carried out by two inspectors and an Expert by Experience.

An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type:

Verity Healthcare – Waltham Forest is a domiciliary care agency. It provides personal care to people living in their own homes.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection:

We gave the service 48 hours' notice of the inspection visit because the location provides a domiciliary care service and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

The inspection site visit activity took place on 21 March 2019. We visited the office location on 21 March 2019 to see the manager and office staff; and to review care records and policies and procedures.

#### What we did:

Before the inspection we reviewed the information we held about the service, including any statutory

notifications. A statutory notification is information about important events which the provider is required to send us by law. The provider had completed a Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed care records, including care plans and risk assessments for three people who used the service. We reviewed personnel files for five staff members and spoke with the registered manager, director and three care staff.

We spoke with three people who used the service and two relatives. We also spoke with local authority commissioners and healthcare professionals.

We reviewed records related to the management of the service, this included complaints and compliments, records of accidents and incidents, audits carried out by the provider and other external agencies.

After the inspection we asked the provider to send us additional evidence and information related to care records and policies and procedures.

# Is the service safe?

## Our findings

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

Good: ☐ People were safe and protected from avoidable harm. Legal requirements were met.

At our last inspection (9 and 13 November 2017) we rated this question as requires improvement. This was because we identified concerns in relation to risk assessments, medicines management and recruitment practice. However, at this inspection we found improvements had been made in these areas.

Systems and processes to safeguard people from the risk of abuse

- People and relatives told us they felt safe using the service. A person said, "Yes, I do feel safe." Another staff member commented, "Yes, I'm safe. There's no complaints, [staff] have been alright."
- Relatives' comments included, "I think communication is very important and since getting a Russian speaking [staff member], my [relative] feels very safe" and "Yeah my [relative] is safe. If we had any concerns, we would raise attention with the manager. Me and my [relative] know [staff] by name."
- Systems were in place to safeguard people from harm and abuse. The provider's safeguarding policy supported this. Staff received training and knew the signs to look for and how to report any suspicions of abuse. A staff member told us, "Yes, of course we had safeguarding training, I know if I have any problem I can call the [registered] manager and they will give advice. They will answer anytime if have any questions or problems."
- Staff knew about the whistleblowing procedure and what to do should they suspect that people were at risk of abuse.
- Following the inspection the registered manager told us staff had access to the safeguarding policy from their phone, via a mobile application.
- This showed people were supported by staff who knew how to safeguard them from the risk of abuse.

Assessing risk, safety monitoring and management

- Risk assessments were detailed and identified people's individual risks and there were control measures in place to manage these.
- Examples of risk assessments included risks associated with restricted mobility, developing a pressure ulcer, diabetes, moving and handling and catheter management. For example, a falls risk assessment included input from the family and the physiotherapist, and measures to ensure that the environment was free from obstruction to minimise the risk of the person having a fall.
- Risks related to people's home environment were also carried out. This covered areas such as the external environment, internal conditions, facilities and other areas of the home.
- Staff knew about risks and gave us examples of how they managed these. For example, for one person who was supported via a feeding tube, staff explained that they had been instructed to ensure that the pump was adjusted, to ensure there was no air in the syringe and keep the area clean to prevent the spread of infection.

Staffing and recruitment.

- Most people and relatives told us that staff arrived on time and notified them when they were running late. A relative told us, "No, [staff] haven't missed any [care visits] and they are extremely flexible too."
- Staff lived within proximity to the people they cared for.
- The provider had a late and missed call policy and procedure outlining the actions to be taken by staff. The registered manager produced monthly reports outlining the action the service had taken to address late and missed care visits. Records showed where calls had been missed or care staff had turned up late, these were addressed by the registered manager. This included investigating the reasons and writing a letter of apology.
- The provider followed safe recruitment practice, this included carrying out the necessary checks, such as criminal record checks and verification of references. This helped to ensure that staff were safe to work with people who used the service.

#### Using medicines safely

- People and relatives told us they were satisfied with medicines support. A person said, "Medication is given when [staff] come to see me." Another person told us, "I do it myself, but the [staff] check that I [have] taken the medication." Relatives' comments included, "If the medication runs out, [staff] will ensure they have been to get the medication. This is over and above what they should do" and "Previously there were issues about medication as [staff] used to come late. My relative is a diabetic, he needs food and medication together. This has now changed. I do feel [registered manager] has been more proactive hence the change."
- The medicine procedure provided staff with clear guidance on how to safely administer medicines.
- Staff told us that they were provided with good guidance and information about the medicines they were administering. One staff member said that the care records contained information on what each medicine was for, the colour and any side effects. Records confirmed this.
- Staff completed medicine training and had their competency assessed to ensure that they were competent to continue administering medicines. Records reviewed, and staff confirmed this.
- Protocols for 'as and when required medicines' were in place and provided staff with information on when and how these medicines should be given.
- Medicines administration records reviewed showed these were up to date and contained no errors.
- Records showed that medicine audits were carried out to check that staff were administering medicines as prescribed. The registered manager told us that when any gaps were identified, staff were required to complete additional competency training.
- This ensured that people were provided with safe medicine support.

#### Preventing and controlling infection

- Staff followed good infection control practices when providing care.
- Staff were provided with the necessary personal protective equipment, including disposable gloves, aprons and shoe covers. People and their relatives told us care workers all wore gloves and aprons appropriately when they cared for people. One person told us, "They always wear [shoe] covers, aprons and rubber gloves." A relative told us, "They always wear protective clothing as my [relative] is double incontinent, and [staff] change their shoes too."
- This meant the provider had sufficient systems in place to protect people against the spread of infection.

#### Learning lessons when things go wrong

- Systems were in place for dealing with accidents and incidents and learning from these.
- The registered manager told us they analysed accidents and incidents to identify key issues that enabled them to take actions to reduce their recurrence. For example, the provider had introduced a cluster staff allocation system to reduce the number of missed calls. This system enabled them to allocate staff to people who lived within walking distance to the people they cared for. This meant the service was able to

reduce the number of missed calls.

# 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

Good: ☐ People's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed before joining the service. This covered areas such as, health conditions, communication needs, eyesight, hearing, physical disability and mental health.
- Each care plan was based on a full assessment of need and demonstrated the person, and/or their family member was involved in drawing up their plan.
- The registered manager had introduced a new on line care planning system in September 2018. This enabled for example, care managers to print out a copy of a care plan and provide a copy to people using the service. We saw evidence of the on-line care planning system during our inspection.
- Following the inspection the registered manager told us people joining the service with access to email, were sent a personalised video message about the service by the care coordinator.

Staff support: induction, training, skills and experience

- Staff told us that they received regular supervision and training to enable them to effectively carry out their roles. Records confirmed this.
- People told us they felt staff had the necessary skills and training to care for them. One person told us, "One [staff member] seems to be alright, they dress and wash me." However, some relatives told us not all staff knew people's care needs. A relative told us, "Sometimes the staff know what they're doing and sometimes they don't and that frustrates [my relative] and can disrupt [my relative's] routine." Another relative told us, "Most of the regular [staff] know what they're doing but the new [staff] don't." This meant people did not always receive individualised care from staff who did not regularly support them.
- Staff completed an induction before working with people who used the service. This included shadowing more experienced staff who mentored the new staff. Records confirmed this.
- Staff told us they felt supported. Staff received formal supervision and a yearly appraisal to discuss their work and how they felt about it. Discussions included, learning and development, health and safety, quality assurance, communication, personal issues, duties and responsibilities.
- Staff received face to face training which was managed and delivered by the training manager. This included ongoing refresher training. The training manager told us that all staff completed the Care Certificate within the first three months of joining the service. Records confirmed staff received training and completed the Care Certificate. The Care Certificate is a set of standards that social care and health workers use in their daily working life.
- This showed staff were provided with ongoing support and training to enable them to do their jobs effectively.

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

- People told us their nutritional and hydration needs were met by staff.

- Care plans detailed people's likes and dislikes for food and drink. The care plan also provided information on meal planning, shopping and preparation.
- Staff recorded what people ate and drank in the daily care logs to enable them to monitor their food and fluid intake. Records confirmed this.
- This meant people were supported effectively with their dietary needs.

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

- People's care records showed that staff worked with the local authorities, social workers and district nurse teams to meet people's individual care needs effectively. For example, in one care plan we noted records of physiotherapy sessions and visits from the district nurse.
- Staff told us they worked as a team and with other agencies to provide care to people in a timely manner. Records showed that staff informed the office if they saw anything of concern in relation to people's health. For example, staff had noted redness to one person's skin and action was taken to inform the district nurse team, who visited and prescribed cream for staff to apply to the affected area.
- Records showed that people were supported to access healthcare services and support to ensure their health needs were met.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The 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.

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- At the time of our inspection the registered manager told us that no one using the service lacked capacity to make decisions regarding their care and treatment.
- People told us that staff asked their consent before providing care. One person told us, "Yes, they ask my permission if they do anything."
- People were given choice and control of their lives. For example, in one care plan the person told staff what they wanted to wear, "I will tell you which clothes I like to wear for the day."
- Staff received training in the MCA and were clear on how it should be reflected in their day to day work with people who used the service. Staff told us they asked consent and permission from people before providing any assistance.
- This showed that people were asked their consent before providing care and offered choice.

# 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

Good: ☐ 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

- People and relatives told us staff were kind and caring. Relatives' comments included, "[Staff] are very kind and soft in their approach. They always greet [person who used the service] and ask, 'how are you?'" and "[Staff member] that comes in is very caring. My [relative] is 96 years old and has Alzheimer's, but they've built up a good rapport that [relative] remembers [staff member's] name."
- The registered manager told us they provided a service without discrimination and welcomed lesbian, gay, bisexual and transgender people to use their service.
- Staff completed equality and diversity awareness training and told us that they treated everyone with equality.
- Staff described good relationships with the people they supported and were aware of people's history, interests and what was important to them. People's interests were recorded in their care plan. This showed staff knew the people they supported which meant they were able to support people according to their individual interests. This was confirmed by one relative who told us, "[Staff have] a combination of skills and compassionate [qualities]. It makes a huge difference that they make conversation with [person who used the service]."
- Care plans included a section on people's cultural, religious and gender preference of care needs. For example, in one care plan the person asked staff to respect their religion, "I am Muslim and [would] like [staff] to respect my religion."
- This showed staff treated and supported people without discrimination, and in a caring and kind manner.

Supporting people to express their views and be involved in making decisions about their care

- Relatives told us that they were involved in people's care. One relative said, "The case notes are available at home. There is a good continuation of care as they always write what they do".
- Care plans included a section on 'how I was involved in my plan.' This gave staff information on how to provide person-centred care.

Respecting and promoting people's privacy, dignity and independence

- Relatives and people told us that staff treated them with dignity and respect. One person told us, "I'm treated with dignity and respect and [staff] always ask my permission before doing anything." Relatives' comments included, "[Staff] treat [person who used the service] with dignity and respect and [staff] always close the door when caring for [person]" and "[Staff] are always very respectful. They close the door when caring for [relative]. [Relative] is treated with dignity and respect."
- Staff understood the importance of treating people with dignity and respect and maintaining people's privacy, such as closing the door and the curtains when providing personal care.
- People's independence was encouraged and documented in their care plan. For example, one care plan

stated, "I don't need assistance to brush my teeth."

# Is the service responsive?

## Our findings

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

Good: ☐ People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Care plans were personalised and clearly expressed people's individual needs for care. Care plans were reviewed annually and more frequently when changes occurred or if new information came to light.
- People's preferences for personal care were documented in their care plan, such as, whether the person prefers a bath or shower. One person's care plan stated, "I will tell you when I need a shower."
- People's care needs were reviewed, and any changes made to people's care and support as necessary.
- People's likes and dislikes, and preference for care was recorded in their care plans.
- People's communication needs were assessed and documented in their care plan. Care plans stated whether people had any communication needs or difficulties, including any language barriers.
- All providers of NHS care or other publicly-funded adult social care must meet the Accessible Information Standard (AIS). This applies to people who use a service and have information or communication needs because of a disability, impairment or sensory loss. There are five steps to AIS: identify; record; flag; share; and meet. The service had taken steps to meet the AIS requirements.
- Care plans were person centred, well written and focused on what people could do. They also gave guidance on how staff could help people to maintain and increase their independence.
- The registered manager told us that care assistants had been trained to carry out assessments to enable care and support to start soon after the referral to prevent hospital admission.
- This meant people received support that met their personal needs.

Improving care quality in response to complaints or concerns

- People and their relatives told us they did not have any complaints about the service. One person said, "I have no complaints, but I think they need more Russian speaking [staff] just in case." A relative told us, "We had one issue which has since been dealt with. The agency was very apologetic and this [staff member] was swiftly removed. We also received a letter of apology from the actual [staff member] via the agency." Records confirmed that this action was taken by the registered manager and they had followed their complaints policy and procedure.
- The service had an up-to-date complaints policy in place.
- Records showed that the provider had addressed complaints in line with their complaints policy.

End of life care and support

- The provider told us that at the time of this inspection, no one was being supported with end of life care and palliative care needs. However, the registered manager told us that the service had previously provided end of life care to someone prior to our visit. Family members had complimented the service and staff on their kindness and care.
- The service had an up to date end of life policy in place.

## 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

Requires Improvement: Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person centred care. Some regulations may or may not have been met.

At our last inspection (9 and 13 November 2017) we also rated this question as requires improvement. This was because of the provider's lack of effective quality assurance systems and processes to ensure the safety and quality of the service. However, at this inspection we found improvements had been made in these areas.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- People and relatives generally told us they were happy with the service and found the management approachable. One relative commented "We regularly speak to the [registered] manager and have a good relationship. There was an incident where our [staff member] had been held up and couldn't leave someone. So, the [registered] manager came himself from the office to help [my relative]. I thought that was really nice." However, another relative said "The agency could be a tighter ship. This agency is performing well, it needs some improvement though."
- People and relatives told us they would recommend the service. One person told us, "Yes, I would recommend [the service]. I am quite satisfied with the service at present." Relatives' comments included, "Yeah, I would recommend this agency" and "[Staff] are so good! I am happy."
- The provider had a policy on duty of candour. The registered manager understood their role and responsibilities in relation to duty of candour.
- Duty of candour is intended to ensure that providers are open and transparent with people who use services and other 'relevant persons' (people acting lawfully on their behalf) in relation to care and treatment. It also sets out some specific requirements that providers must follow when things go wrong with care and treatment, including informing people about the incident, providing reasonable support, providing truthful information and an apology when things go wrong.
- However, in response to our request for clarification about how carers carried out personal care for one person, the provider told us carers followed guidance in an occupational therapist assessment. The guidance did not match the information a carer gave to us, and we found that the provider had amended the assessment, but it still appeared to have originated from the local authority as it contained their logo and the therapist's name. The local authority also informed us that at a more recent occupational therapist assessment, carers had been given advice on safer ways to give personal care than the methods they were using.

We recommend the provider reviews guidance from healthcare professionals and takes steps to ensure all carers understand and act in accordance with such guidance.

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

- The registered manager and staff were clear about their roles and the quality standards of care the registered manager had set out for the service.
- The registered manager and senior managers carried out spot check visits to people's homes to observe the care practice delivered by staff. These were carried out to ensure that staff were effective in carrying out their role, this included assessing if staff arrived on time for each visit, followed good infection control procedures, respected people's privacy and dignity and followed the care plan. Records and staff confirmed this. Other audits included infection control, medicine, communication and health and safety.
- This meant systems were in place to monitor the quality and delivery of care.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- The provider engaged with people, relatives, staff and healthcare professionals in improving the service.
- Records showed that people who used the service and their relatives were asked their views about the service. A relative told us, "Yes, a feedback form was sent to me about two weeks ago and someone also phoned me."
- The provider sought people, relatives and staff's feedback formally via annual survey. The provider's last annual survey report for people who used the service and their relatives showed that overall people and relatives were happy with the service provided.
- The staff survey analysis showed staff enjoyed working with the provider and felt well supported.
- Monthly staff meetings enabled staff to give their views and share ideas to assist them to effectively carry out their role.
- The provider maintained a service improvement plan (SIP) which detailed action points with reference to the CQC areas of safe, effective, caring, responsive and well led. This SIP showed areas identified for improvement, the action taken, deadline, outcomes and the impact on people's lives.

Working in partnership with others

- The registered manager told us that they worked closely with healthcare professionals, such as community matron and dietitian. They also worked with the fire brigade to go into people's homes and check the smoke alarms. Records confirmed this.
- The local authority had carried out a monitoring visit and found that the service had made improvements since the last inspection.