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VictoriaDomCare

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

An announced comprehensive inspection took place on 15 October 2018.

Victoria DomCare is a domiciliary care agency that provides personal care to people living in their own homes. Victoria DomCare provides a service to older people and some people who are living with dementia. At the time of our inspection visit they provided a service to 13 people. Care calls provided to people ranged from 7.30am to the last care call of 9.30pm. The agency currently supported people in and around the local geographical areas to Alcester. In addition to the registered manager and the owner (referred to in the report as the provider) who supported people with personal care, the agency employed five care staff with a new care staff member starting before the end of October 2018.

The management team had changed since the last inspection with one of the owners becoming the registered manager in May 2018. The registered manager felt they had better control of day to day activities now they were registered manager. They were confident of what they needed to do to ensure people continued to receive good standards of care. The provider and registered manager welcomed the inspection visit and assured us any recommendations would be acted upon.

At the last inspection in September 2017, the service was rated overall, 'Requires Improvement'. This was because the provider did not always make sure there were enough staff to provide the care calls when people needed, and risks were not always managed safely. The quality assurance systems were not thorough and had not identified the improvements required. At this inspection we found that improvements had been made and the rating for this service had changed to Good.

At this inspection we have inspected all key questions to make sure all areas were re-inspected to validate the rating. Since our last inspection we received some information that continuity of staff was not always provided to people and the local authority had supported the service by reducing the number of care packages that had to be completed, in line with the available staffing numbers. Recent increases in care packages and staff recruitment showed improvements had started to improve staff consistency.

The office visit was completed by one inspector which took place on 15 October 2018 and was announced. We told the owner we were coming so they could arrange to be there and so they could contact people, to seek their permission for us to speak with them about their experience of using this service.

The service had a registered manager in post. 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.

There were procedures to keep people safe and manage identified risks to people's care. People and their relatives felt safe using the service and staff, the registered manager and provider understood how to

protect people from abuse and potential harm.

Where staff administered medicines, records showed staff were trained and assessed as competent to do so following their training. The provider's recruitment process continued to ensure pre-employment checks were completed prior to staff starting work, to ensure staff were suitable to support people who used the service.

People said staff used protective clothing when needed, such as disposable gloves and aprons when providing personal care tasks, which helped minimise the risk of infection.

People had an assessment of care completed before they used the service with people and family involvement. This made sure staff could meet people's care and support needs before care was provided. The provider put people's needs first and if they felt they could not meet them when they carried out an initial assessment of needs, the care package was not accepted.

People said care staff stayed long enough to provide the care they needed and staff stayed for the required amount of time, unless people told them to leave early. People and relatives said care calls times were more consistent and care was provided by a regular group of more familiar staff. People were complimentary of staff and although people raised some concerns with language barriers, people said they had got used to each other so it was not a problem to them.

Care plans provided information for staff about people's care needs and the details of what they needed to do on each care call. Relatives said staff completed daily records which showed what support their family member had needed. Relatives were confident with staff's experience to care for their family member and relatives said they were kept informed of any changes.

The registered manager followed the principles of the Mental Capacity Act (MCA). People said staff respected decisions regarding their care and staff gained their consent before any care or support. Most people told us they had family members who worked with staff when complex care decisions were needed.

People told us they received care from staff who were kind, caring and considerate to their needs and they were treated respectfully and with dignity. Relatives were confident their relations were looked after well and for some, eased pressures on families knowing their relation was being cared for. Staff knew the people they visited and spoke about people in a caring and considerate manner. Newly employed staff were getting to know people and were first introduced before any care was provided.

People's care needs were regularly reviewed and the registered manager and provider completed on the spot observations when care staff supported people. The registered manager and provider were in regular contact with people, or their relatives, to check the care provided was what people needed and expected. This was how the provider sought people's feedback.

No one raised any complaints to us or the provider. People knew how to complain and information about making a complaint was available for people when they started using the service.

There was an 'out of hours' on call system, which ensured support and advice was available for staff to call, or people who used the service. The provider was contactable and available 24 hours a day.

Further information is in the detailed findings below.

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 is safe.

At the last inspection visit, risk assessments were not always up to date and there were not always enough staff to ensure staff always arrived at preferred times. At this visit, people said staff were more consistent and they arrived when needed. People felt safe when receiving care and staff administered medicines safely to those who needed them. Safe recruitment processes ensured staff were of good character to care for people.

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 is well led.

At the last inspection visit, auditing procedures at the service required improvement to ensure risk assessments and care plans were consistent and up to date, and areas for improvement were recorded to show what actions were taken. At this inspection visit, systems to monitor and review the quality of service people received had improved. A registered manager was in post and they had improved their systems to record what was checked and how they had improved. The provider had gone through a number of unsettling changes but following a restructure, was able to manage more effectively.

VictoriaDomCare

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 checked 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.

The office visit took place on 15 October 2018 and was announced. We told the provider we were coming so they could arrange to be there for us to review their care records and to obtain information about people and staff, so we could speak with them after our visit. This visit was a fully comprehensive announced inspection and completed by one inspector.

We looked at the information we held about the service and the provider. This included statutory notifications the provider had sent us. Statutory notifications are reports the provider is required by law to send us, to inform us about incidents that have happened at the service, such as an accident or a serious injury. Prior to this inspection visit, we received information that suggested staff teams were not always consistent and staffing levels affected when people received their care. We looked at this during this inspection and found staff recruitment and improvements to call rota management had improved the quality of care being delivered.

Prior to this inspection we asked the provider to complete a Provider Information Return (PIR). This is a form where the provider tells important information about the service and what they have identified requires improvements. We gave the provider a further opportunity during this inspection to provide us with information that shows what they have achieved since their last inspection. What the provider had recorded, was broadly what we found during this visit.

During the inspection visit on 15 October 2018 we spoke with the provider (who was the owner of the business and who also undertakes care calls to people) and the registered manager. The registered manager provided us with a list of people and relatives who they confirmed had given permission for us to speak with them. Following our office visit, we had telephone calls with three people who used the service and two relatives to seek their experiences of what the care was like from their point of view. We contacted five staff by telephone. Because of difficulties getting hold of them or being able to understand each other

over the telephone due to language skills, we only spoke with one care staff member. This staff member was new to the service. Therefore, we have referred to staff's abilities through the person's experience rather than what staff told us. However, people told us they understood staff well when they supported them because they had got to know each other.

We reviewed care plans for two people including their daily records to see how their care and support was planned and delivered. We looked at other records related to people's care and how the service operated. This included the provider's call monitoring systems, medicine records, staff training records and the provider's quality assurance records. Quality records included provider audits, observed practice, staff recruitment files, staff supervisions and people's feedback.

Is the service safe?

Our findings

At our last inspection we rated safe as Good. At this inspection, we found people had the same level of protection from abuse, harm and risks as at the previous inspection. The rating continues to be Good. People told us they felt safe receiving care and support from the staff. One relative said, "I can trust them and [relative name] has not said anything to me so I know they are happy."

One staff member knew the type of concerns they should report and how to report them. This staff member said, "I would report it to my managers and if nothing was done, I would tell you (CQC)." The registered manager understood their responsibility for reporting any safeguarding concerns to the local authority safeguarding team and to us.

Since the last inspection, care was being delivered by the provider, registered manager and care staff care but this had now decreased. Additional staff and restructuring meant, most of the time designated care staff attended care calls and delivered personal care to people rather than the managerial team. A new member of staff had recently been recruited to provide extra cover and support. Electronic call monitoring had been introduced and records showed visits were at regular times and for the length of time agreed with people. There had been no missed calls. People and relatives confirmed there had been no problems with timekeeping and continuity of staff had improved.

Staff knew how to minimise people's risks. Risk assessments were completed so staff knew how to provide safe care, and people told us they felt confident when staff supported them where risks were known, such as using hoists or stand aids to help them to transfer. Some environmental risk assessments needed more detail to help tell staff about the individual risks within each person's home. The registered manager agreed to complete these.

People said they received their medicines as prescribed. Staff completed accurate records of when people's medicines had been given. Records confirmed that all staff had received training on the safe administration of medicines. Competency assessments were completed to ensure staff maintained the necessary skills to safely administer medicines. Medicine administration records (MARs) were returned to the office monthly and checks were made to ensure prescribed medicines had been administered as prescribed.

Recruitment procedures continued to keep people safe as risks were minimised, as far as possible. Pre-employment checks were completed, such as obtaining references, identification checks and an enhanced Disclosure and Barring Service (DBS) clearance. The DBS assists employers by checking staff's backgrounds for any criminal convictions to prevent unsuitable staff from working with people who use services. Newly recruited staff told us they shadowed the registered manager before they worked alone with people.

People and relatives told us staff reduced the risk of cross contamination by wearing personal protective equipment when personal care was provided. No one raised concerns about staff hygiene practices.

The registered manager said there had been no recordable incidents but if there were, the provider said they

would be investigated. Where staff practice was involved, observed practice would take place to minimise potential for further occurrence. The provider had no records to show how these would be evaluated on a regular basis to identify trends. They assured us they would complete analysis of incidents when needed as part of their governance system.

Is the service effective?

Our findings

At our last inspection we rated effective as Good. At this inspection we found staff continued to have the experience and skills to provide effective care to people. The rating continues to be Good. People told us staff were effective. One person told us, "The staff are marvellous" and another person said, "I have used these (agency) for five years. I wouldn't use them if they were no good."

The provider and registered manager completed a pre-assessment of people's care and support needs, including their physical, mental and social needs. This gave them confidence they had staff with the necessary skill set, experience and personalities to support people effectively when they started using the service.

People and relatives told us they continued to be involved in the assessment process and they continued to be consulted when people's health needs changed. Relative told us they were always contacted whenever staff were concerned.

People and relatives said their wishes and preferences were known, recorded and followed by staff to ensure their care remain personalised to them. People and relatives told us care staff knew what care and support they needed to meet their needs and to maintain their welfare. Some people said care staff always asked them what they wanted to do and offered help where they could. One person said, "The carers (staff) are brilliant."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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 and found the registered manager understood their responsibilities under the legislation. They told us all the people who currently used the service could make daily decisions about their care, or had relatives who could make decisions in their best interests. People and relatives told us staff always offered them choice and let them continue to do things for themselves to promote their independence which people said was what they wanted, health permitting.

Most people had family members to prepare their meals and drinks throughout the day and night. For those who needed support, staff prepared meals and people said staff left them with enough to eat and drink between each care call.

The provider acted in accordance with nationally recognised guidance for effective induction procedures to ensure people received good care. New staff told us they had started their induction that was based on the Care Certificate and worked alongside more experienced staff to gain the practical skills they needed to support people. The Care Certificate is a nationally recognised set of standards to ensure staff have the right

skills, knowledge and behaviours. An on-going training programme ensured care staff kept their skills up to date and were effective in their role. One staff member said they shadowed the registered manager at a care call and were introduced to the person so they knew what to do.

Most people made their own health care appointments although staff told us they would assist if needed. The registered manager told us they worked in partnership with other agencies and health professionals. This included social services, GP, district nurses and commissioners of services to make sure people's needs were fully assessed and the right care was in place. They said working with the commissioners of services recently had taken off some pressure and allowed them to manage more effectively in meeting people's needs.

The provider supported people in their own homes so was not in a position to make adaptations to the environment. However, the provider completed risk assessments within people's homes to ensure the risks related to the environment were minimised. People who required specialist equipment such as ceiling hoists had this in place with support from relevant organisations to ensure it remained effective and fit for use. One staff member said they supported a person with a ceiling track hoist and if any other equipment was needed, they would speak with the registered manager so the appropriate healthcare referrals could be made.

Is the service caring?

Our findings

At our previous inspection we rated the service as Good in caring. At this inspection, we found people continued to have their privacy and dignity upheld by a caring, kind and friendly staff team. The rating continues to be Good.

People were very complimentary of the staff who provided their care and support. People told us the staff who supported them were friendly and spoke to them in a kind and considerate manner. People and relatives said staff were caring in the way they provided care. Both relatives explained this saying, staff took time to talk with people and follow their wishes. People and relatives said staff were, 'in the job for the right reasons'. One person said staff were, "Caring and very nice – that's why I stay with them."

People and relatives said staff understood individual preferences and supported people in line with their choice and wishes. People said staff had time to talk with them and keep them company. One person who lived on their own told us how grateful they were to see care staff because they helped them with personal and daily care tasks. They said they had few visitors and looked forward to seeing the staff. Another person told us how they knew staff were caring by the way they were treated. They said, "Staff buff my pillows which I like. They say they are coming to look after me, they did and they are."

Some people and relatives said it took time to learn to understand some care staff whose first language was non English. However, people and relatives said, 'when we all get to know each other', it became less of a concern. One person said she enjoyed teaching care staff certain phrases and said they got personal satisfaction from this knowing they were helping them.

Relatives were confident their family members were looked after. One relative explained how the support their family member received meant they felt less pressurised in being the main carer. They explained how they were still involved, but remained confident knowing staff were caring for their relative in a way they were pleased with. This relative said they went away on holiday and although they were still thinking of them, it eased the worry for them, giving them valuable time to relax. They said, "It's wonderful." This relative told us having agency staff into their family home did not feel an intrusion and that staff were respectful of other people's homes, possessions and how they lived.

People told us care staff upheld their privacy and dignity. For example, one person told us whenever they needed a wash or shower, staff always made sure they were covered up as much as possible. People said they were supported by staff of the gender they preferred, but when this could not be supported, they told us they did not mind. One relative of a person who required two staff, said their relation preferred only females however when this was not always possible, female staff always did the wash and showering while the man did more general tasks. This relative said the office staff always made sure, it was a male and female. One staff member explained whenever they helped with personal care, they made sure all doors and curtains were closed. They said for the person they helped, the bathroom was central to the home, so all doors were closed before they went in or came out of the bathroom.

The registered manager carried out observations of staff's care practices in people's homes to ensure they had the skills needed. During the scheduled care call and at care reviews, the registered manager asked people and/or relatives if they were satisfied with how the care was delivered and if they were pleased and satisfied with their care worker. The registered manager said people and relatives were complimentary of the support they received. On occasions when people wanted a different care staff member, their choice was supported and confirmed to us by relatives.

Information in the office was kept secure along with people's important information. Staff accessed call rotas on the own telephones, however the application to access the system required more than one password protected access and if not used, automatically logged out to limit the possibility of unauthorised access.

Is the service responsive?

Our findings

At our previous inspection we rated responsive as Good. At this inspection we found the service continued to be as responsive to people's needs and concerns as they were during the previous inspection. The rating continues to be Good.

The service continued to ensure information was accessible to people and their relatives. The provider checked that people who were currently using the service were able to communicate their needs effectively and to understand information in writing, as provided in their care plans and the service user guide. For those who could not understand written information, family members were on hand to support them. For others who had impaired vision and sight, relatives told us staff communicated more clearly with people, such as standing in front of them or speaking slower. Relatives said this worked.

People said they were supported by staff to go out for things like shopping or local trips out. One person told us it was their birthday and family were going to take them out for a trip to the Cotswolds which they were looking forward to. One staff member said they would be taking one person out weekly in the person's own vehicle to go on trips as part of helping the person to retain their own independence.

People told us they received personalised care that was responsive to their needs. People and relatives were involved in the care planning process, from before care was provided, through to the service commencing. People's preferences were included and known by staff, such as the way they preferred to receive their care and support. As people's needs changed this was reflected in their plan of care. For example, one person said they had recently suffered a nose bleed and this had already been written into their care plan for staff to monitor. The registered manager told us they had improved care plans and would continue to improve them with people's involvement.

A copy of each person's care plan was kept at the office. We reviewed two people's care records. Care records contained information about people's daily routines and an assessment of people's needs that included how any identified risks were to be managed. Plans provided guidance for staff about everything they needed to do on each visit and how people liked their care provided. People and relatives said staff wrote information in the daily records kept in their home, so that other care staff knew what care they had received. Families found this helpful if they wanted to see what had been done at each visit.

At the time of the inspection there was no one using the service that required support with end of life care. The registered manager said they would provide end of life care if it was the persons wishes to remain in their own home. The registered manager said they would work with and alongside other healthcare professionals.

People told us they were confident regarding the procedure to follow to make a complaint. Everyone said they would contact the manager or the owner if they had any concerns. One relative said they asked the provider to request their preference regarding gender of staff and this request was respected. They said this gave them confidence if they raised issues, actions would be taken. The registered manager said there had

been no complaints that required a formal written response as any issues raised were resolved immediately.

Is the service well-led?

Our findings

At the last inspection in September 2017 we found the provider was not meeting all the requirements of the regulations and had been rated as 'Requires Improvement' under the key question of 'Is the service 'Safe' and is the service 'Well Led?' We found that their audit systems were not thorough, risks were not being managed effectively and people's care calls were not monitored to ensure they were completed when required. At this inspection we found the provider had made improvements to their systems and they had taken steps to embed and learn from the improvements they had made. This meant the rating has now changed to Good.

People and relatives were complimentary of the management of the service. Everyone knew who to contact, should they encounter a problem. None of the people spoken with as part of our inspection made any complaints to us about the service. One person said, "I would speak with the owner – he comes here sometimes and asks how things are going." Another person said of their experiences of being supported by Victoria DomCare, they would score the service nine out of ten.

Since our last inspection, the provider had faced a challenging time, when a number of employed care staff, left, without giving sufficient notice. The provider covered all of the care calls, however they were not always at times or standards people were used to. The provider and registered manager worked hard to ensure people's calls were covered and any disruptions kept to a minimum. The provider worked with the local authority and as a result, reduced their care packages to a number they could safely manage. The provider said, "We did all of the calls ourselves, not one call was missed....it was hard." The provider is continuing to recruit new care staff and can provide care calls when people need, as well as, they can be flexible when calls need to be cancelled, or extra calls provided. The provider completes care call rotas one week in advance and currently has enough staff to allocate those care calls.

Working with the local authority, the provider has introduced an electronic call monitoring system used to create, allocate and monitor when care calls are completed. They said this has been a great help. They told us they continually monitor when calls are completed and if not, why not? The provider would contact care staff if they were late and consider sending another care staff member if this reduced delay.

One of the owners was now the registered manager. The registered manager told us the previous registered manager did not work to the standards they expected. They decided to become registered manager themselves because, "I want to keep people safe and I know what's right." Since the last inspection the registered manager had organised their audit system so they were clear about what they had to do and why. The registered manager completed monthly audits for personnel files, risk assessments and care plans, whilst the provider monitored care calls and staff allocations. CQC notifications were recorded so the provider knew notifiable incidents had been shared with us. The registered manager told us they reviewed daily logs and medicine administration records monthly when returned, as well as accident and incidents. We found there was no overall analysis. The registered manager assured us this would be completed. It was clear from speaking with the registered manager they knew what to check and actions were taken, however they recognised the need to record their actions.

The registered manager told us part of their checking process was observing staff practice and if concerns were identified, action was taken to improve staff practices, such as refresher training.

The registered manager sought people's and families' feedback by way of visiting them throughout the year, or when they completed a spot check on staff practice. We saw examples of individual feedback which were positive but there was no overall analysis of those returned. We recommended to the registered manager they collated people's feedback to show overall satisfaction results which would help them to take any improvement action.

The provider' monitored staff training and this showed staff training had been completed and intervals for when refresher training was required. Staff we spoke with who were recently employed at the service and not new to care, said they had started their induction and were working through the training modules, as well as learning from staff about the people they supported.

It is a legal requirement that the overall rating from our last inspection was displayed on the provider's website and we found it was. We suggested the registered manager displayed a copy of their rating in their offices, even though the public have limited access.

The provider was committed to improving the delivery of service and told us they had made improvements since our last visit and wanted to continue to sustain those improvements and continuously learn. The registered manager was honest when some things we asked for were not there, such as yearly checks on staff competence for medicines administration. However, they assured us actions would be taken and these checks would be incorporated into their regular observations of staff practice.