

Verina Daly Care Ltd

# Verina Daly Care Ltd

## Inspection report

Office X, Avon Building, The Old Racecourse  
Wallops Wood, Sheardley Lane, Droxford  
Southampton  
SO32 3QY

Tel: 02392632393

Website: [www.verinadalycare.co.uk](http://www.verinadalycare.co.uk)

Date of inspection visit:

25 February 2019

26 February 2019

Date of publication:

12 March 2019

## 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

About the service:

In September 2017 The Care Quality Commission (CQC) re-registered the provider at a new location address. There has not been any change in ownership of Verina Daly Care Limited just an adjustment to the location address. As there has not been any change of ownership or leadership this report makes reference to how under the previous provider the service was not meeting a number of the fundamental standards and was in breach of three Regulations. This inspection checked to see whether those required improvements had been made.

- Verina Daly Care Limited is a domiciliary care provider and also provides a live-in care service. At the time of this inspection 29 people received personal care support from the service. The service supported older people, some of who were living with dementia and people with physical disabilities, within their own homes.
- Not everyone using the service received a 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.

People's experience of using this service:

- People received a consistently good service and felt safe with the care and support they received from the staff.
- Staff understood how to raise concerns both within and outside of the service should they need to.
- People and staff felt they were listened to and that their ideas and any concerns they may have were addressed.
- People received their medicines safely.
- Staff knew people well and provided support the way they wanted. People's individual needs and preferences were known and understood by staff which meant that they received a person-centred service.
- Training and observations of staff practice, as well as supervision with the management team ensured that staff were competent in their roles.
- People were involved in decisions about their care. Staff sought appropriate consent and asked people what help they needed. People received care that respected their privacy and dignity as well as promoting their independence wherever possible.
- Staff supported people with timely access to external healthcare when they were unwell and supported them to access medical appointments as needed.
- The service was well-led by a dedicated management team who demonstrated compassion and commitment to the needs of the people who used the service as well as the staff who worked for them.
- At our inspection in September 2017, the overall rating for the service has requires improvement. At this inspection the overall rating for the service has improved to Good.

Why we inspected:

- This was a planned, announced comprehensive inspection to check that the service had made the

required improvements.

Follow up:

- We will continue to monitor the intelligence we receive about this service and plan to inspect in line with our re-inspection schedule for those services rated as Good.

## 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.  
Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.  
Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.  
Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.  
Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well led.  
Details are in our well-led findings below.

Good ●

# Verina Daly Care Ltd

## Detailed findings

### Background to this inspection

The 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.

Inspection team:

- The inspection was completed by one inspector and one expert by experience [ExE] who made telephone calls to people's relatives regarding the delivery of care and support. 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:

- Verina Daly Care Limited a domiciliary care service providing personal care to people living in the Meon Valley and surrounding areas of Hampshire.
- The service had a manager registered with the Care Quality Commission who was also the provider. This means that they 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 it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be available to talk with us.

During the inspection:

- Inspection site visit activity started on 25 February 2019. It included speaking with people and their relatives. We visited the office location on 25 February 2019 to speak with the registered manager, deputy manager and senior care staff and to review care records and policies and procedures. On the 26 February 2019 we telephoned and spoke with four members of care staff.

What we did:

- We reviewed information we had received about the service. This included details about incidents the provider must notify us about and we sought feedback from one health care professional who worked with the service. We did not ask the provider to complete a Provider Information Return (PIR) before our inspection. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During and following the inspection:

- The expert by experience [ExE] telephoned and spoke with seven relatives of people using the service.
- We reviewed care records and risk assessments for four people.
- Reviewed staff recruitment, training and supervision records for four staff.
- Records of accidents, incidents, complaints and compliments.
- Audits, quality assurance reports and surveys.
- Spoke with the registered manager, deputy manager and six care staff.
- We obtained written feedback from one health and social care professional.

# Is the service safe?

## Our findings

Safe – this means people were protected from abuse and avoidable harm.

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

At the last inspection in September 2017 we found that the provider did not have robust processes to ensure appropriate checks were made and people employed by the agency were of good character. This key question was rated as 'Requires improvement' because of these shortfalls. At this inspection we found that the provider made improvements to ensure people employed were of good character.

Systems and processes to safeguard people from the risk of abuse:

- Staff could recognise abuse and knew how to protect people from the risk of harm.
- The registered manager had a good understanding of how to deal with safeguarding concerns when they were identified. One concern had been raised and dealt with appropriately.
- Risk assessments included information about how to keep people safe, were very detailed and person centred. For example, for one person the guidance for staff was to ensure that their mobility aids were left within easy reach at the end of each visit. One relative said, "They do their best to keep [person] safe. It has been an issue with them falling. She's got a Zimmer frame and sticks and they always make sure they leave them within easy reach and remind her to use them". Another relative told us, "Absolutely safe. Two girls [carers] come and look after her between them. They are very careful with her. They use a hoist, they use it perfectly. I'm happy to have them here to do it".

Assessing risk, safety monitoring and management:

- Assessments were undertaken to identify any risks to people and to the staff who supported them. These included environmental risks and risks that related to the health and support needs of the person.
- A relative told us, "The worry just goes away because we know the carers see them three times a day".
- Staff were provided with clear and detailed information about how to support people safely.

Staffing and recruitment:

- Staffing levels ensured that people received the support they needed safely and at the times they needed. Recruitment processes protected people from being cared for by staff that were unsuitable to work in their home.
- Staff rotas were organised in a way to provide consistent support, enabling people to develop good relationships with staff. One relative told us, "It's usually the same staff most of the time except when they are on holiday or having a day off".

Another relative said, "We've never experienced any missed calls. If there's been an accident at the previous visit they might be a couple of minutes late but they will ring us and let us know". Call visit records we reviewed showed that between February 2018 and February 2019 ten care calls had been missed. These had been reviewed by the registered manager and actions taken to reduce reoccurrence.

Using medicines safely:

- Staff completed training in administering medicines before supporting people.
- People told us they received their medicines as prescribed. One relative told us, "That's the primary reason they come. It seems to be OK". Another relative told us, "They do all that. There's no problem. It works well". Staff had been trained in medicine administration and awareness. One member of staff told us, "I have done all the training and feel competent in giving people their medicines. We get regular 'spot checks' from the manager to make sure we are getting it right".

#### Preventing and controlling infection:

- People were protected from the risk of infection. Staff had received infection control training and were provided with personal protective equipment (PPE) to use. For example, disposable gloves and aprons. Comments from relatives included, "They always use gloves and aprons", "Gloves are available and they use them" and Yes, there's gloves everywhere and anti-bacterial soap".

#### Learning lessons when things go wrong:

- The registered manager looked at ways the team could learn when things had gone wrong. There had been no significant incidents. They were aware of the importance of reviewing incidents or accidents to look for themes or trends that might affect the service.



# Is the service effective?

## Our findings

Effective – this means that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

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

At the last inspection in September 2017 we found that the provider had not ensured that all staff had received appropriate training, learning and development to enable them to fulfil the requirements of their role confidently and continue to safely meet people's changing needs. This key question was rated as 'Requires improvement' because of these shortfalls. At this inspection we found that the provider had made sufficient improvements to enable them to carry out their roles safely and confidently.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; supporting people to live healthier lives, access healthcare services and support; staff providing consistent, effective, timely care within and across organisations:

- People's needs were assessed before they started to receive support from the service. The information gathered included people's preferences, backgrounds and personal histories. This enabled staff to know people well.
- One person's care plan stated that staff should ensure that the person's, "Daily routine is not altered in any way." This supported the person to maintain positive control of the way their daily care was provided and their preferred routines.
- People received timely support to access healthcare services and professionals when they needed help. One relative told us, "Yes, they called the paramedic once because she was sluggish in getting up. They called the doctor when she wasn't responding as she usually did".
- The service supported people flexibly to meet people's healthcare needs. One person said, "If I let them [staff] know I have a GP appointment, or something like that, they are very flexible and will come earlier or later that day to fit around my appointment time".

Staff skills, knowledge and experience; ensuring consent to care and treatment in line with law and guidance:

- People felt staff were competent to give them the care they needed, and that staff were flexible with the support they provided. One relative told us, "Yes, they seem to be knowledgeable regarding what he needs". Another relative told us, "When a new one [care worker] starts, they come for two weeks just watching, they're on probation and then they get on with the job".
- A training record was kept up to date for all staff by the management team and training sessions were planned for the year ahead for care staff to attend. This ensured staff training remained up to date and current.
- Staff were observed in practice by senior staff and received supervision with their line manager and regular spot checks. Records showed that staff were competent to provide care safely and effectively to people.
- New staff completed an induction programme that followed the Care Certificate. The Care Certificate is a nationally recognised set of standards which provides new staff with the expected level of knowledge to be

able to do their jobs well.

- Staff received regular training from 'in-house' staff who were trained and who knew the organisations policies and procedures well. Staff told us they enjoyed this training.
- There was a dedicated training area at the office location with a range of equipment to support staff to learn how to care for people safely and effectively.

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

- People were involved in making decisions about their care and support needs. The provider was working within the principles of the MCA.
- Care plans reflected that consideration had been given to decision making and capacity. One person's care plan noted that they would make day to day decisions themselves. If a significant decision was needed, staff should ask the person if they needed support from a relative who was authorised to make decisions on their behalf.
- Staff had received training about the MCA and could explain how to apply the principles in practice.

Capacity assessments where required had been undertaken.

- Consent was sought from people and they were asked by care staff before care was provided. One relative told us, "I'm here most of the time the carers visit. They always seek permission before they do anything. They never 'take over' and just do things. They always ask". A member of staff told us, "We support people living with dementia and they can and often do change their minds regularly. We never assume its ok to wash somebody we always ask each time".

Supporting people to eat and drink enough with choice in a balanced diet:

- When people required support with their meals, care staff provided this safely and considered people's choices with the meals they were given.
- One relative told us, "The support [person] receives in preparing meals all works very well. They have ready meals in the freezer. In the morning they ask [person] to choose which one, and they put it in the fridge to defrost ready to be cooked by whoever comes in the evening".

# Is the service caring?

## Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect.

People were supported and treated with dignity and respect; and involved as partners in their care.

At our last inspection in September 2017, we rated this key question as 'Good' and found that people received person-centred care from staff who knew them well and cared about them. People were involved in making decisions relating to their care and were encouraged to maintain independence. At this inspection we found that people continued to receive a caring service.

Ensuring people are well treated and supported; supporting people to express their views and be involved in making decisions about their care:

- People felt staff treated them with kindness and were caring. One relative told us, "Yes. They're sympathetic. She has trouble talking when she's tired and they are very patient with her". Another relative told us, "A couple of times I've popped in when they've been there and they talk to [relative] in a very kind, reassuring way. They don't patronise her. They talk to her like a friend really".
- People felt they mattered and that staff had time for them. Staff were available to support people in a compassionate way when they needed support or information.
- Staff had time to care for people in a personal way. One relative told us, "They [staff] are never in a rush, and often they stay a little longer to talk or to finish something they are doing". A health and social care professional had written to the registered manager saying, 'It was a pleasure working with [name of carer] yesterday. She had such a warm friendly manner. She was very professional in her approach and acted with genuine kindness. It was brilliant to see the positive impact and the excellent level of care from your carer'.

Respecting and promoting people's privacy, dignity, and independence:

- People who used the service could be assured staff had a good knowledge of individual needs.
- Staff could describe the needs of the people they supported. People's confidentiality was protected.
- Staff understood people's social needs and supported them to maintain and develop their relationships with those close to them, maintain their social networks and access the community.

Ensuring people are well treated and supported; equality and diversity:

- People were treated with kindness. This is reflected in the feedback from people who used the service, their relatives, or representatives.
- People's relatives were consistently positive about the caring attitude of the staff and we saw many written compliments. For example, "I cannot really express what a wonderful team you all are. Everyone's professionalism, thoughtfulness and care have been a joy to have in the home", "You were all such a huge support and I shall never forget your kindness" and "Many thanks for the on-going excellent service you and your staff provide".

# Is the service responsive?

## Our findings

Responsive – this means that services met people's needs.

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

At our last inspection in September 2017, we rated this key question as 'Good.' People received a service that was able to respond quickly to adapt or increase care to meet people's needs. People's care was planned and reviewed with them to reflect their needs and preferences. Staff knew people well and understood their wishes. People were able to share their experiences and were confident they would receive a prompt response to any concerns. At this inspection we found that people continued to receive a responsive service.

Personalised care:

- People received a person-centred service that was responsive to their individual needs and preferences. They were involved in the planning and review of their care. One relative told us, "Yes. There was a review about nine months ago. It's usually done annually. I was involved and so was [relative]" Another relative told us, "They have reviews every six months to see how she's progressing. We are always invited to be involved which is really good".
- People felt they developed and maintained positive relationships with the consistent care staff who supported them. One relative said, "They come between 8.30-9.00. They let us know if they're going to be late. They stay for the whole half hour, and sometimes longer". Another relative told us, "Yes. She's very happy. She's got dementia and she worries and she's quick to tell us if she's worried. If a carer she doesn't know comes and they've been quick to put her at ease. She had the same carer now for several months, she's on holiday at the moment and a lot of thought has been put into who they'd send. [Relative] is a lot calmer and she isn't worried".
- The registered manager and staff all understood the Accessible Information Standard [AIS]. The 'standard' sets out a specific approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. The standard applies to people with a disability, impairment or sensory loss and in some circumstances to their carers. For example, for one person who had fluctuating hearing loss the deputy manager described how staff communicated with the person at times when hearing was impaired. The deputy manager said, "We discuss it with them using pictures and the written word".

Improving care quality in response to complaints or concerns:

- People felt able to raise concerns if they wished to and none of the people we spoke with as part of this inspection said they had raised any formal complaints.
- People felt listened to and said that staff took their concerns seriously and addressed them quickly. One person told us, "I have sometimes had to mention about little things, but they [staff] always take me seriously and do something to sort the problem out, so it never gets to the formal complaint stage."
- People and their relatives were aware of how to raise concerns and complaints.
- The service had received five formal complaints in the past 12 months one of which was still to be resolved.

Concerns or complaints that had been raised had been dealt with appropriately and according to the provider's policy.

- The registered manager understood their responsibilities under the Duty of Candour which must be met by all providers. It sets out the actions that they should follow when things go wrong, including making an apology and being open and transparent.

End of life care and support:

- People received end of life care from compassionate staff who knew them well. At the time of our inspection two people were receiving end of life care. Care plans contained treatment escalation plans which included anticipatory medicines and included personal preferences around cultural and spiritual beliefs, where the person would prefer to be, and who they would want to support them at the end of their life. Staff who were providing care and support to people at the end of their lives had received specific training. One staff member said, "The care we provide helps people to be comfortable and as pain free as possible. We also work with and support relatives as much as we can".

# Is the service well-led?

## Our findings

Well-Led – this means that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At the last inspection in September 2017 we found that the provider had not implemented robust quality assurance systems to assess, monitor and improve the quality and safety of the service. This key question was rated as 'Requires improvement' because of these shortfalls. At this inspection we found that the provider had made sufficient improvements to monitor and improve the service.

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

- The registered manager conducted a comprehensive list of audits [checks].
- Audits were undertaken on people's daily notes and medication administration charts on a monthly basis. Care plans were also audited every three months or more often if needed.
- Twice yearly audits took place on infection control, health and safety and an overview audit. The overview audit included staff files, records and training.
- The registered manager also completed regular unannounced spot checks on staff. During spot checks they looked at staff appearance, attitude, records and time keeping.
- There was a business continuity plan in place which was detailed and included information about how to ensure provision of people's care in extreme circumstances such as severe weather.
- The registered manager actively supported the care staff in their roles. The registered manager said, "If a staff member is running late to a call, I will do that call for them".
- Relatives we spoke with were happy with the care provided. Comments included, "It's good. It's well run and they are local to my relative so they can get to him when the weather is bad and check he's all right. That's important because I don't live close by, so I can't always reach him.", "They are exceptionally good girls [staff]. They've really shown their metal" and "So far they've been fantastic. They've really helped us. They've really fitted in with our requests and if they can't help, they've always suggested someone who could".

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

- People were at the centre of their care. Staff ensured that people's needs and preferences were respected and met.
- People and their relatives were informed and involved in changes that affected their care.
- The registered manager had complied with the CQC registration requirements. They had notified us of certain events that had occurred at the service so that we could have an awareness and oversight of these to ensure appropriate actions had been taken.

Engaging and involving people using the service, the public and staff, fully considering their equality

characteristics; Continuous learning and improving care:

- People's views were sought of the service they received through annual quality of service questionnaires. The last survey dated September 2018 was positive. Comments from people included, 'I am always kept involved', 'Very rarely have reason to call the office' and 'Very happy with my care and carers'.
- Formal staff meetings had not been possible due to the needs of the service in providing care during the day and staffs personal circumstances. The registered manager told us, "We have tried but it is difficult to get all your staff in one place at a given time. Most staff come in weekly so we do have a catch-up conversation. We have also introduced a monthly coffee morning where its open house and is more relaxed and flexible. This seems to work better for us".

Working in partnership with others:

- There was a coordinated approach to people's care. Partnership working with people, their relatives and other external healthcare professionals ensured people received care that was effective and appropriate to their needs.
- If the staff had any concerns about people, they would contact the relevant professional for advice and if required reassessment.