

Venesta Agencies Limited

Venesta Domiciliary Care Agency – Manchester

Inspection report

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Date of inspection visit: 5th August 2014
Date of publication: 27/01/2015

Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, and to pilot a new process being introduced by CQC which looks at the overall quality of the service.

This inspection was unannounced. During the visit, we spoke with four people who used the service, three support staff, the registered manager and a senior

manager. After the inspection we contacted four relatives via the telephone for their feedback about the service. We also spoke with the commissioning team from Manchester City Council.

The service had a registered manager who had been registered since July 2014. A registered manager is a person who has registered with the Care Quality Commission to manage the service and shares the legal responsibility for meeting the requirements of the law with the provider.

Summary of findings

Venesta Domiciliary Care Agency is registered to provide personal care to people living within their own homes or in supported accommodation. The agency mainly works with people with mental health and/or learning disability needs within the Manchester area.

We looked at records held in the office and visited people in their own homes. People told us they felt safe in their home because they were supported by staff who knew them well and who they trusted.

We found people were supported by sufficient numbers of suitably qualified, skilled and experienced staff. Robust recruitment and selection procedures were in place and appropriate checks had been undertaken before staff began work. This included obtaining references from previous employers to show staff which were employed were safe to work with vulnerable people.

People's needs were assessed and care and support was planned and delivered in line with their individual care needs. The support plans contained a good level of

information setting out exactly how each person should be supported to ensure their needs were met. Care and support was tailored to meet people's individual needs and staff knew people well. The support plans included risk assessments. Staff had good relationships with the people they supported and their homes had a relaxed atmosphere.

We observed interactions between staff and people using the service were kind and respectful. Staff told us they enjoyed their jobs and said they were well supported within their roles.

People we spoke with did not raise any complaints or concerns about the service. We saw the complaints log which told us the manager investigated and responded to people's complaints, according to the provider's complaints procedure.

There were effective systems in place to monitor and improve the quality of the service provided.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Individual risks had been assessed and identified as part of the support and care planning process and the information held about people was clear, concise and up to date. This meant people were protected against the risk of unsafe care or support as staff knew through accessing care plans how to support each individual appropriately.

There were enough qualified, skilled and experienced staff to meet people's needs at the time of our visit. We saw when people needed support or assistance from staff there was always a member of staff available to give this support. The staff we spoke with knew each person well and were able to ensure people were kept safe.

Staff we spoke with knew how to respond if they suspected people they supported were being abused or were at risk. There were robust systems in place to assist staff to escalate their concerns to ensure people were protected when needed.

Good



Is the service effective?

The service was effective.

Staff had a programme of training and were trained to care and support people who used the service both safely and to a good standard.

Records we looked at showed people had regular access to healthcare professionals, such as GPs, physiotherapists, opticians and dentists.

People we spoke with who used the service told us the agency had helped them maintain their independence and helped them do what they wanted to do on a day to day basis which made them happy.

Good



Is the service caring?

The service was caring.

People told us they were happy with the care and support they received and that they felt their needs were being met. It was clear from our observations and from speaking with staff they had a good understanding of people's care and support needs and knew people well.

People told us they were involved in making decisions about their care and staff took account of their individual needs and preferences.

Staff we talked to spoke about their roles with pride and enthusiasm. They spoke about the people they supported with respect and dignity. This told us staff cared about the people they supported.

Good



Is the service responsive?

The service was responsive.

Good



Summary of findings

People's health, care and support needs were assessed and individual choices and preferences were discussed with them and/or a relative or advocate. We saw people's plans had been updated regularly and when there were any changes in their care and support needs.

The agency had worked with other healthcare professionals when there was a change in the needs of the person they supported. The agency had been proactive in making referrals to other agencies and taken the lead in ensuring people's changing needs were met.

People had an individual programme of activity in accordance with their needs and preferences.

Complaints were responded to appropriately and people were given information on how to make a complaint.

Is the service well-led?

The service was well led.

We spoke with staff who gave positive comments about the manager and told us they had begun to see improvements in the service since the registered manager came in November 2013.

Staff told us they felt confident they could raise concerns and would be supported by the registered manager.

People were protected from risk because systems for monitoring quality were effective. The manager and senior managers worked together to continually improve in areas where improvement was needed.

Good



Venesta Domiciliary Care Agency – Manchester

Detailed findings

Background to this inspection

The inspection was unannounced. The inspection team consisted of a lead inspector and was supported by an expert by experience who contacted families after the inspection. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

The last inspection was carried out in November 2013 and no breaches were found.

Before our inspection we reviewed information we held about the service. We examined notifications received by the Care Quality Commission and we contacted commissioners of the service to obtain their views about the service.

We reviewed information sent to us by the provider in the Provider Information Return (PIR).

We spent time speaking with four people who used the service and visited them in their own homes. We were able to observe how staff interacted with people in their home and also check appropriate records were kept to ensure people received the correct level of support in accordance with their wishes.

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act 2005 (MCA) was moved from the key question 'Is the service safe?' to 'Is the service effective?'

The ratings for this location were awarded in October 2014. They can be directly compared with any other service we have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' sections of this report.

Is the service safe?

Our findings

We spoke with members of staff about their understanding of protecting the people they worked with. What they told us meant they had a good understanding of the safeguarding adults procedure, could identify types of abuse and knew what to do if they witnessed any incidents. Staff said their training they had had provided them with enough information to understand the safeguarding processes that were relevant to them. The staff training records we saw confirmed the staff we spoke with had received safeguarding training.

The provider information return, which had been completed prior to our inspection, indicated that 100% of staff had completed safeguarding training.

The service had policies and procedures for safeguarding vulnerable adults and we saw the safeguarding policies were available and accessible to members of staff. The staff we spoke with told us they had a good working relationship with the local authority and were able to make referrals or obtain advice. This helped ensure staff had the necessary knowledge and information to make sure people were protected from abuse.

We saw written evidence the registered manager had notified the local authority and The Care Quality Commission (CQC) of safeguarding incidents. The manager had taken immediate action when incidents occurred in order to protect people and minimise the risk of a further incidents.

Risk assessments had been carried out to cover activities and health and safety issues. The risk assessments were enabling and were clear and outlined what people could do on their own and when they needed assistance. Control measures had also been drawn up to ensure staff managed any identified risks in a safe and consistent manner. This helped ensure people were supported to take responsible risks as part of their daily lifestyle with the minimum necessary restrictions.

There were risk assessments in place, supported by plans which detailed what might trigger each person's behaviour, what behaviour the person may display and how staff should respond to this. Staff had been given training by the in house positive behavioural support service (PBSS) which used recognised distraction and de-escalation techniques to help people manage their behaviour.

Therapeutic intervention plans were used to help staff understand how to support people with their behaviour. Staff we spoke with told us these looked at the way a situation was managed and helped them understand how to support a person to maintain positive behaviour and manage a challenging situation effectively. This meant people were protected against the risk of unlawful or excessive control or restraint because the provider had suitable arrangements in place to ensure people were supported safely.

Information in the support plans showed the service had assessed people in relation to their mental capacity; people were able to make their own choices and decisions about care. We were told people and their families were involved in discussions about their care and support and best interest meetings had taken place where a person did not have capacity. We did not see evidence of best interest meetings for people who did not have capacity. We discussed this with the manager who told us this information may have been archived but would ensure it was reviewed as a matter of urgency so the correct documentation would be in place.

Staff we spoke with understood their obligations with respect to people's choices. Staff were clear when people had the mental capacity to make their own decisions, this would be respected. They told us when people were not able to give verbal consent they would talk to the person's relatives or friend to get information about their preferences. The provider information return stated 100% of staff were currently trained in the Mental Capacity Act 2005.

The rotas we looked at showed the staffing levels agreed within the service were being complied with, and this included the skill mix of staff. Staff we spoke with told us there were sufficient staff on shift at all times.

The registered manager told us where there was a shortfall, for example when staff were off sick or on leave, existing staff worked additional hours. They said this ensured there was continuity in service and maintained the care, support and welfare needs of the people living in the home. Staff we spoke with confirmed they did this and were happy to do so because it ensured people using the service were supported by staff they knew.

People using the service made positive comments about staff and told us they felt safe in their home because they

Is the service safe?

were supported by staff who knew them well and who they trusted. “I like the staff, they know me and I trust them.” and “I have lived in lots of places before I came here. I like it here because I feel safe and I am happy”.

Is the service effective?

Our findings

Staff had a programme of training, supervision and appraisal which meant people were supported by staff who were trained to deliver care safely and to an appropriate standard. Staff told us they had access to lots of training and as well as the in house training and Skills for Care training. They told us this was regularly assessed and any shortfalls or gaps in their training and development needs would be addressed at their supervision. Records we saw confirmed this.

During our inspection we spoke with members of staff and looked at staff files to assess how they were supported to fulfil their roles and responsibilities. We saw they had received supervision and the manager had introduced a supervision programme to ensure all staff were supervised regularly. The registered manager told us he wanted staff to have more autonomy and had begun to delegate out the supervisions to senior staff within the teams. Staff we spoke with confirmed this and said since this had started the teams had started working together more effectively which meant they could support people better as they were clear about their roles and responsibilities.

We spoke with one member of staff who told us “People receiving support have benefited because they are being listened to and telling us they are happy and willing to make change in their own lives”.

People who used the service told us they were able to go out independently and did their own shopping and prepared their own meals. They told us staff supported them to maintain this level of independence which was something which was important to them.

People also had a health action plan which provided information for staff on past and present medical conditions. A record was included of all healthcare appointments. This meant staff could readily identify any areas of concern and take appropriate action in a timely manner.

We saw through looking at care files people were encouraged to discuss their health care needs as part of the care planning process. We noted there was information and guidance for staff on how best to monitor people’s health and promote their independence. We noted records had been made of healthcare visits, including GPs and hospital appointments. People confirmed the staff supported them to appointments when needed. What staff told us meant they knew people well and understood their health care needs.

Is the service caring?

Our findings

People we spoke with and their families said they were happy with the care provided. People who used the service told us they could make decisions about their own care and how they were supported. Relatives we spoke with expressed a high level of satisfaction with the service provided for their family members. One said, “The carers are firm but fair. (My family member) is treated with respect by the carers. If he has a problem they will sit and listen and help him. He likes his carers and counts them as his friends”.

The care plans were written in an individualised way and put the person at the centre of their care and support. They included family information, how people liked to communicate, likes, dislikes, what activities they liked to do and what was important to them. The information covered all aspects of people’s needs, including a profile of the person and clear guidance for staff on how to meet people’s needs.

The staff we spoke with told us the support plans were easy to use and they contained relevant and sufficient information to know what the care needs were for each person and how to meet them.

We observed interaction between staff and people using the service was relaxed and friendly. We noted staff respected the fact they were in the person’s home by asking if it would be alright if they used the kitchen/ bedroom to talk with us.

We saw people were able to express their views and were involved in making decisions about their care and support. They were able to say how they wanted to spend their day

and what support they needed. One of the houses we visited accommodated seven people and we observed people spending time either in their bedroom, the lounge or outside in the garden. Staff were accessible throughout the house and would regularly check to see if anybody needed them.

Each person had a designated member of staff who acted as their keyworker. A keyworker is someone who works closely with an individual and their families as well as other professionals involved in their care and support. Keyworker meetings were held once a month to ensure the person was receiving coordinated, effective and safe care.

There was documented evidence in the support plans we looked at to suggest the person who used the service and their relative had contributed to the development of their care and supports needs. The manager or senior carers together with staff, the person who used the service and/or their relative attended care review meetings. The staff were also available to speak with people daily. This meant people using the service were given appropriate information and support regarding their care.

During our inspection we spoke with members of staff who were able to explain and give examples of how they would maintain people’s dignity, privacy and independence. They told us it was important to respect each person’s choice as well as enabling them to be fully involved in all aspects of their care and support.

The staff we spoke with were enthusiastic about their roles. What we observed along with their comments meant we felt confident people using the service were being supported by staff that genuinely cared about the health and well-being of the people they supported.

Is the service responsive?

Our findings

Most of the people we spoke with told us they had been with the agency for a long time. They told us they thought the staff knew them well and knew how to support them if their needs changed.

We found robust recruitment and selection procedures were in place and we saw appropriate checks had been undertaken before staff began work. This included obtaining references from previous employers to show staff employed were safe to work with vulnerable people .

We saw people's care and support needs had been assessed by the service and these were in the process of being updated and reviewed. A daily record was kept of the support each person received. The records were completed at the end of each shift. We looked at the daily records of support and found that they were up to date with a summary of any interventions and a record of any activities. We saw evidence support plans were regularly reviewed to ensure people's changing needs were identified and met.

Staff told us the registered manager supported decisions they made which were in response to the changing needs of people using the service. For example one person had developed increased mobility difficulties and so staff had requested a bedroom be made available downstairs. Staff told us the registered manager was supportive and the agency ensured this was facilitated and made the necessary adaptations to the house.

One relative we spoke with said about their family member and the service, "They've extended the hours they work as his needs have changed. They have house meetings once a month. The senior carer, the carer of the day and my relative are involved at these monthly reviews. Any problems in between these meetings are resolved there and then and he doesn't have to wait for a monthly meeting to get anything resolved. I'm involved in yearly meetings with his social worker." This told us the agency responded to people's changing needs and ensured relevant people were involved and consulted in the care and support of people using the service.

The manager told us they were always available to speak with people and listen to their concerns. They said this helped them to resolve any minor issues before they became complaints and people had their comments and complaints listened to and acted on. Staff we spoke with knew how to respond to complaints people raised and understood the complaints procedure. We looked at the complaints records and we saw there was a clear procedure for staff to follow should a concern be raised.

Relatives were encouraged and supported to make their views known about the care provided by the service. The manager said annual questionnaires were sent out by head office and confirmed questionnaires were due to be distributed in the near future. A family member told us "I speak to him (relative) twice a day but I feel confident and so don't make daily or weekly visits. When I go on holiday I have no worries. If there was a problem, it would be dealt with".

Is the service well-led?

Our findings

At the time of our inspection the service had a registered manager who had been in post since November 2013 and registered with the Care Quality Commission since July 2014. There were also senior support staff in post across the service and there was always at least one of them available for staff to contact. Leadership was visible and effective at all levels and staff had clear lines of accountability for their role and responsibilities.

All staff spoke of strong commitment to providing a good quality service for people using the service. They told us the registered manager was approachable and supportive and that they felt listened to. Comments about the registered manager included, "The most supportive manager I have ever worked with, he is making things better." and "The reason I have stayed is because of (the registered manager). He supports us either over the phone or in person and helps us with our personal development". and "Things are much better now with the new manager. We can ring him and he supports us within our role. I feel listened to".

There was evidence to show the registered manager was implementing some organisational changes and that he was keen to promote a culture of openness within the service. Staff told us the registered manager had given them more autonomy to enable them to make their own decisions about how to manage a particular situation, question practice and suggest new ideas.

Staff meetings were held on a monthly basis which gave opportunities for staff to feedback ideas and make

suggestions about the running of the service. The registered manager told us they had an open door policy and people who used the service and their relatives were welcome to contact him at any time.

We saw how accidents and incidents were monitored by the registered manager and the organisation to ensure any trends were identified and lessons learned. We saw the registered manager was proactive in his response to addressing issues raised.

We saw the complaints log which told us the manager investigated and responded to people's complaints, according to the provider's complaints procedure.

The service had a quality assurance system in place. The registered manager told us they completed weekly and monthly checks and we saw copies of the report for June 2014 produced by the locality manager. This included information on how the service was and how the people using the service were. If issues were identified an action plan would be produced and actions were monitored monthly. The registered manager told us he was committed to improving the service and recognised where improvements were needed. People we spoke with, including relatives and the commissioning team from Manchester City Council confirmed there was a strong leadership presence which helped assured them things would be addressed appropriately.

Relatives we spoke with were very complimentary about the agency and the manager. One comment was, "The staff seem to enjoy their work. The company seems very well led. I know the manager and he is very approachable. He has a positive attitude and staff seem happy with the leadership".