

Verrolyne Services Ltd

Verrolyne Services Limited

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

About the service:

Verrolyne Services Limited provides personal care to people in their own homes. The service is based in Romford, Essex and 99 people were using the service at the time of our inspection.

People's experience of using this service:

- People and their relatives were happy with the service they received. They and their relatives provided their consent to care. Most people told us they had regular care staff who arrived on time.
- However, some people told us they were not always happy with the reliability of the service.
- Safeguarding procedures were in place to protect people from abuse.
- The care people received was safe. The provider had made improvements since our previous inspection in February 2018.
- Risks to people had been identified and assessed to help manage these risks and keep people safe. The number of missed visits had reduced and people received an improved service.
- 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.
- The provider had implemented quality assurance systems to ensure the service was operating effectively. The registered manager carried out regular audits and checks of records.
- Further work was needed to improve some aspects of the service because we identified that communication between the provider, professionals and people who used the service required further improvement. We have made a recommendation about this. This would help to deliver a more consistent service to people.
- People and relatives received support from staff who were kind and caring. People's needs were met and their privacy and dignity was respected. Their independence was promoted by staff.
- Care plans were person centred and people were supported to maintain their nutrition and hydration. They were supported to see health professionals and were prompted to take their medicines from staff who were trained.
- People received care that was responsive to their needs and any complaints or concerns people had were investigated.

- We made a recommendation about supporting staff to overcome language barriers with people.
- Staff were supported and told us they had received training and supervision for their roles. Staff were recruited safely and received an induction prior to starting work.
- The management team was committed to making improvements within the service. They learned lessons when things had gone wrong to minimise re-occurrence.
- For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection:

- At the last inspection on 7 February 2018 the service was rated 'Requires Improvement'. Our last report was published on 19 March 2018. We identified two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 relating to safe care and treatment and good governance. We asked the provider for an action plan to tell us how they would make improvements.

Why we inspected:

- This was a planned inspection based on the rating of the service at our last inspection. The inspection was part of our scheduled plan of visiting services to check that improvements had been made.

Follow up:

- We will continue to monitor the service to ensure that people receive safe, compassionate, high quality care. A further inspection will be planned for a future date.

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 not always well-led.

Details are in our Well-Led findings below.

Good ●

Verrolyne Services Limited

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:

The inspection was carried out by one inspector 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:

The service provided personal care to adults living in their own homes. The 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.

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:

Our inspection was announced. We gave the provider 48 hours' notice as we needed to be sure someone would be available to support us with the inspection. Inspection site visit activity took place for one day on 19 February 2019. We visited the office location to speak with the management team and office staff.

What we did:

- Before the inspection, we reviewed information we already held about this service including details of its registration, previous reports and action plans.
- Due to a technical issue, we were unable to view a Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service.

During our inspection, we looked at:

- 11 care records including people's care plans and risk assessments;
- Records relating to the management of the service, including audits, complaints, incidents and surveys;
- 11 staff recruitment records, duty rosters and staff training records.
- We spoke with the registered manager, a care coordinator and three members of staff.
- We spoke with six people who used the service and seven relatives.
- After the inspection, we contacted social care professionals for their feedback.

Is the service safe?

Our findings

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

Good: The service was safe and people were protected from abuse and avoidable harm. Risks to people were assessed and staff were recruited safely to ensure they were of good character. Legal requirements were met.

At our last inspection on 7 February 2018, this key question was rated 'Require Improvement' because we found the service was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was due to concerns with the frequency of late and missed calls to people. Risk assessments for people did not clearly identify what the risks were and what actions were required to minimise risks. This put people at risk of avoidable harm and did not keep them safe at all times. At this inspection, we found the provider had taken steps to reduce late and missed visits and improve on risk management.

Assessing risk, safety monitoring and management:

- Improvements had been made to risk assessments. They were more specific to people's individual needs.
- Risks to people were assessed and included areas such as falls, eating and drinking, medicines, skin integrity, incontinence and health conditions such as diabetes.
- These assessments provided information to staff about how to manage risks and keep people safe. It also explained how they impacted upon the person.
- Risk assessments were compiled in an electronic care plan document. However, there were some inconsistencies with the new electronic recording system because sections relating to risk were incomplete.
- We discussed this with the registered manager, who told us this was an administrative error and they would ensure they would be completed in future.
- Staff told us they were aware of people's risks. One staff member said, "The risk assessments are in the care plan and I understand them. It helps me support the person."
- Staff used special equipment such as hoists to assist people to move and transfer safely. At our previous inspection we found staff did not use the equipment safely which could put people at risk of harm. At this inspection records showed that staff assisted people safely by ensuring two staff were present at all times and had received the necessary training.

Staffing and recruitment:

- There were enough staff to meet people's needs and most people were positive about how care staff were deployed to ensure they arrived on time.
- One person said, "Yes, they [staff] do arrive on time and at a time that suits me." Relatives also told us staff were punctual and one comment from a relative was, "Yes, they are on time. It is at a time that suits. It was pre-arranged for when we need the care most."
- Staff were permitted to be no more than either 30 minutes earlier than the assessed time or 30 minutes late, according to the provider's policy. Records showed that staff arrived for their visits either on time or

within the 30-minute allowance.

- If staff were running very late, people and relatives were contacted to let them know. Staff were monitored using an electronic call monitoring system. Staff were required to log in to their visits and the information would be sent to the system.
- However, some people told us there were still some inconsistencies with the times staff arrived for their calls. One person said, "I think they're always in a rush or always late." Another person told us, "Sometimes they are really late. I get annoyed. I have to ring them. I get shattered."
- We spoke with the registered manager about these concerns. They told us they were aware of some people's dissatisfaction with call times and were looking into addressing such issues with the local authority.
- Staff told us they were happy with their rotas and had enough time to travel in between visits to ensure they arrived in a timely manner.
- Safe recruitment procedures were followed to ensure staff were suitable to work with people who used the service. Staff that were recruited by the provider had their backgrounds checked for any criminal convictions and professional references were obtained for them.

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

- People told us the service was safe. One person said, "Yes, I feel completely safe with them".
- There was a procedure in place to protect people from the risk of abuse. Staff understood how to safeguard people and report any abuse. A staff member said, "I report abuse to my manager. I know the signs to look for."
- Concerns were raised by staff and the registered manager where they suspected abuse. We noted that safeguarding alerts were in progress at the time of our inspection and were being investigated.
- The registered manager complied with any actions set by the local authority to ensure people remained safe.

Using medicines safely:

- Some people were supported with medicines by staff, who prompted them to take their medicines at the prescribed times. Most people did not require support with their medicines as they either self-administered or a relative supported them.
- Medicine risk assessments were in place to provide staff with important information that would help reduce any risks, such as making sure the person took their medicine on time.
- Staff recorded medicines on Medicine Administration Chart (MAR) for people that the service supported with medicines. These showed the times the person took each medicine.
- MAR sheets showed that people had received their medicines as prescribed.
- People and relatives had no concerns with medicine management. A relative told us, "They (carers) give the medication. I'm happy with that that." Another person told us, "Not much for them to other than give me my medication. No problems."
- Staff had been trained on medicine management and we saw that their competency was assessed to manage medicines safely. A staff member told us, "I have received training but we only support people with blister packs. I make sure I complete notes and sign the MAR sheets after they have been taken."

Preventing and controlling infection:

- The provider had systems in place for the monitoring and prevention of infection.
- Staff knew the steps to take to prevent the spread of infections, such as cleansing their hands before and after supporting people. They had received training in infection control.
- Staff had access to Personal Protective Equipment (PPE) such as gloves and aprons. A staff member told us, "We use gloves, aprons and shoe covers to protect against infections."

Learning lessons when things go wrong:

- The provider had a system in place to record of any accidents and incidents involving people using the service.
- Where incidents or accidents took place, we saw that action had been taken to prevent reoccurrence in future. For example reviewing staff training or people's care needs after an injury to a person.

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: Outcomes were positive for people who used the service and their relatives told us they were happy with the quality of the service.

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

- The needs of people were assessed, planned for and reviewed to ensure they received support that met their changing needs. This included their requirements for hydration, nutrition, personal care and any cultural or communication needs. There were also assessments around their home environment and mobility needs.
- People were able to tell the service what they wished to achieve from their care. For example, one person highlighted in their care plan that they wished to, "Regain my strength."
- Reviews of care took place when required. We saw that their care plans reflected people's current needs. Where changes had been identified, this was then reflected on the care plan.
- This meant that people's needs and choices were being assessed to achieve effective outcomes for their care.

Staff support: induction, training, skills and experience:

- Staff received training to ensure they had the skills to deliver effective care. A staff member said, "I feel supported and I received very good training."
- The registered manager was qualified to deliver training and we saw that a training session was in progress at the time of our inspection.
- A person told us, "Yes, the staff are well trained because they know about me. They hold me properly so that I don't injure myself." Another person said, "Of course, they [staff] are well trained. They help me to shower and everything. They do the job very well".
- New staff received an induction from the provider before commencing their roles which included an introduction to the service, a look at the provider's policies and practical training sessions.
- Staff were able to shadow more experienced staff providing care and support to people to help them prepare for their role.
- Staff completed the Care Certificate, which is a set of 15 standards that care staff work towards in their careers and provides them with a qualification. We saw that these had been completed by staff.
- Staff were supported by the management team with supervision meetings to discuss any areas of concern and their overall performance.

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

- People were supported to have enough to eat and drink by staff if this was required. One person said, "They [staff] help me with breakfast. They make a sandwich for lunch if I need it."
- People's preferences for their meal times and the level of support required were detailed in their care

plans.

- Staff told us they supported people according to their needs and wishes. A staff member said, "I make sure for one person they get enough fluids so I give them tap water because it's important they drink enough."

Supporting people to live healthier lives, access healthcare services and support:

- Staff were able to identify if a person was unwell and who to contact. A staff member said, "We work well as a team to make sure people get the help they need. We contact the GP or an ambulance if someone is unwell or hurt. I wouldn't wait. I would act straight away."
- Records showed people had access to professionals including district nurses and GPs.

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. We saw that capacity assessments were completed for people.
- One person told us, "Yes the staff always ask me if it's alright before they do anything. Another person said, "If I ask for a shower, they give me a shower. They look after me properly and discuss things properly with me."
- Staff had received training on the MCA and were aware of the principles of the act. Staff told us that they always requested consent from people and relatives before carrying out any tasks.
- A staff member said, "Yes I understand the MCA it was a part of my training. It's about making sure people can give their consent."
- Consent forms had been completed by people and relatives to consent to care and support from the service.

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. They and their relatives were involved in how their care was delivered to them.

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

- People and relatives told us staff were kind and caring. One person said, "The carers are very kind and caring towards my care." Another person said, "Yes, the carers are friendly and helpful." People told us staff got to know people well and understood their needs. They were familiar with the staff which enabled them to develop a positive relationship. One person told us, "Friendly and helpful, very much so. I look forward to them coming. I get very happy when I see them".
- Relatives were also complimentary of staff and one relative said, "Yes, they are kind and caring. (Family member) needs the carers. They look forward to them coming in as [family member] can't get out much
- Staff told us they enjoyed their work and cared for people they supported.
- One staff member said, "I love my job and show compassion and care to people. You have to give people respect. I have got to know people well."
- The provider promoted the equality and diversity of people and their relatives regardless of their individual circumstances.
- People were not treated differently or less favourably, on the basis of their specific protected characteristic including race, gender, disability, sexual orientation and religion.
- One member of staff said, "Yes I respect all people's religion, cultures and beliefs. We live in a diverse society so I expect to see a mix of people."

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

- People told us they were supported to make choices and decisions by staff.
- People and their relatives were visited by senior staff before their care started to ensure their views and preferences were considered.
- One person told us, "I was involved in my care plan. I had a meeting with the agency. They came to my house. We both made out a care plan. It is reviewed every 6 months." A relative said, "Yes, there is a care plan. I know the date of next review and we were involved." This meant people were supported to express their views and were involved in decisions made about their care.

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

- People's privacy and dignity was respected and their independence promoted by staff.
- One person said, "Staff are respectful of my privacy." Another person told us, "Staff treat me with dignity. Very gentle. Ask me, if they're going too hard, is it the right pace?"
- Staff were respectful of people's privacy and dignity. They ensured that when they assisted people with their personal care, it was private. A staff member said, "I make sure I close the door and curtains when

providing personal care. I also cover people with a towel to protect their dignity."

- Care plans were written in a way which encouraged staff to promote independence and staff followed these plans. One person said, "They do encourage me. When I'm coming down, they encourage me to hold the handles and try to walk by myself." Another person told us, "Now I'm stronger I can do everything myself."
- Staff were very aware of the importance of confidentiality. They knew how to protect the confidential information of people they supported and told us they would not share the information with people that were not authorised to view it.

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. People received a person-centred service from staff who understood them.

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

- Staff were knowledgeable about the people they supported. They were aware of their preferences and interests, as well as their health and support needs.
- People received personalised care that was responsive to their needs.
- People's care plans included information such as likes, dislikes and preferences. Staff understood them and used the information to provide care and support according to people's wishes.
- Care plans detailed people's preferences around their social life and referred to their interests, hobbies and pastimes if people wished to discuss them. This enable staff to get to know people better so they could deliver a person-centred service.
- Care plans considered people's communication needs and gave staff detailed information about how best to communicate with a person, to help them express their views and be involved in their care. One staff member said, "With communication with people who maybe non-verbal, I study their mood, their eyes and body language so that I can understand how they are feeling and what they need."
- Staff communicated with senior staff in the office and with each other to deliver effective care and support. Staff completed daily records, which detailed the care that was delivered after each visit. They were clearly written for colleagues and managers to understand any issues, changes or requirements relating to the person.
- People and relatives told us they were satisfied with the service they received from staff. However, some people raised concerns about communication and a lack of understanding due to certain language barriers between staff and people. One person said, "Recently in the last three weeks language was the biggest issue with the carers we had."
- Another person told us, "Language and timing are the biggest concerns. Staff are really good and really supportive. Really happy with them. But there are issues."

We recommend the provider explores how to support staff, whose first language was not English, so that people felt more confident in the care provided.

Improving care quality in response to complaints or concerns:

- People and relatives felt able to raise to concerns if required and there was a complaints procedure they could follow. One person said, "I am able to complain. I complained once about my carer." Another person said, "Yes, I know how to complain. Not made any complaints."
- We noted that people were happy with the responses they received when a concern was raised. A relative said, "Yes, I know how to make a complaint. I called about timing only last week and it's being sorted."
- Complaints were received and logged by the registered manager who investigated and responded to complainants within the provider's timescales as set out in their complaints procedures.

- Compliments were received from people and comments included, "[Carer] is excellent in all aspects of providing support for my specific needs" and "[Person] is happy [carer] takes time to wash and dress them and shows show much patience towards them."

End of life care and support:

- People received support from the service if they had a terminal illness and were reaching the end of their life. Staff had received training on end of life care.
- People had care plans that recorded their end of life wishes. Care plans provided staff and end of life healthcare professionals information on how to support them, for example, whether or not they wished to be resuscitated. This meant that people were supported with their end of life wishes.

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.

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

At our last inspection on 7 February 2018, this key question was rated 'Requires Improvement'. We found that systems used to ensure good governance of the service were not effective and this was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, we found the provider had taken steps to improve the quality and governance of the service to ensure people received safe care.

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

- The registered manager understood their role and responsibilities. They were also the provider of the service which meant they had overall responsibility of the service.
- Since our last inspection, the registered manager had taken steps to ensure there was a more effective system in place to assess, monitor and mitigate the risks to the health and safety of people.
- We saw that improvements had been made in these areas at this inspection and systems were now more robust. Not all risk assessments contained consistent information, although they had improved since the last inspection.
- Staff told us the service was well-led and there was a positive culture. A staff member said, "[Registered manager] is good as are the other managers."
- Staff understood their responsibilities and told us they could approach the management team with any concerns. They were confident their concerns would be dealt with.
- However, we received mixed feedback from the local authority about the service and prior to our inspection, concerns were raised by people about the reliability of the service.
- We discussed these issues with the registered manager who told us they had introduced changes to address the concerns found at our last inspection and would now focus on ensuring people received a more consistent service.

Working in partnership with others:

- Communication between the provider, the local authority and people who used the service was not always effective. People's expectations of exactly when their care worker was expected to arrive needed to be better managed.
- The registered manager had acknowledged this and told us, "We need to communicate with people and let them know the 30 minute allowance so they don't think we are always late. Sometimes the times on the local authority care package are not always what is suitable for the person and this puts pressure on us as well."

We recommend the provider ensures there is more effective communication and joined up working with partner agencies to help provide a consistent and good quality service to people at all times.

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

- After our last inspection, the provider implemented and undertook monthly quality audits to monitor the safety of the service and make improvements when needed to ensure people received person centred care.
- The audit covered daily records, staff supervision and training, risk assessments, reviews of MAR charts and feedback from people.
- We saw that they had recently introduced an extra check and audit to ensure people were provided with a copy of their care plan in their home as this was identified as an issue.
- Staff were reminded of their responsibilities to follow procedures. They were issued with a handbook upon starting their roles to help them understand what was required of them in order to provide safe care.
- The registered manager told us that their new electronic database and call monitoring system had helped to improve the service in the past 12 months. This had helped to produce more robust document management and monitor call times.
- People's needs were understood and respected by staff, who were able to deliver care and support that was person centred.
- People and relatives told us the staff and management team were approachable and supportive. One person commented, "Good staff. The staff have been really understanding and made having carers bearable." A relative said, "The best thing is that they listen to what you need and do their best to accommodate you. From senior management to carers. Staff consistency. Great all round." Another person told us, "The best thing is that some carers are really experienced, responsible and well trained."
- The registered manager notified the CQC of serious incidents and safeguarding concerns as is required by law.

Engaging and involving people using the service, the public and staff:

- The provider sought people's feedback via surveys, telephone calls and home visits. The registered manager collated and analysed the feedback to drive further improvements in the service.
- Meetings were held with staff when required to share important information and discuss any issues. A staff member said, "Yes we have carers meetings to discuss our work and what we need to do better."
- Relatives and staff felt engaged and involved in the development of the service. One person said, "Yes, they ask me if I'm happy and I say yes, I'm very happy." A relative told us, "Senior managers came out just before our review to double check everything was as we needed. They ring and email."

Continuous learning and improving care:

- The registered manager was committed to improving the service and engaged in continuous learning.
- Spot checks were carried out to check staff followed safe procedures when supporting people. Learning and outcomes were discussed with staff to help with their development.
- The registered manager told us staff morale and performance had improved following a reorganisation of the service, implementation of an out of hours on call service and introduction of new technology. These had helped to identify issues and improve the service.