

Victoria Homecare Limited

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Inspection report

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Ratings

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

Summary of findings

Overall summary

This inspection took place on 6 October 2016 and was un announced. We last inspected this service in November 2014 and found that the provider was meeting the legal requirements in the areas we looked at.

Victoria Homecare Limited is a community based service in Doncaster, providing care to people in their own homes. There were seventy people using the service at the time of our inspection.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

Staff were trained in safeguarding and they knew how to keep people safe from avoidable harm. There was enough staff to safely meet people's needs. People had individualised risk assessments in place that gave guidance to staff on keeping them safe and their medicines were managed appropriately, where required. The provider had policies and procedures in place for the safe recruitment of new staff.

Staff were knowledgeable about people's care needs and were trained to meet these needs. The requirements of the Mental Capacity Act 2005 were met. People were able to express their views and be actively involved in making decisions about their care. Staff were caring, friendly and approachable. They were also respectful of people's dignity and privacy.

The service was responsive to people's needs which had been identified prior to them starting to use the service, and were reviewed regularly. People were supported in a personalised way and they all had individualised care plans in place.

There was a registered manager in post who supported staff. Quality assurance systems were used to monitor the quality of the service, however, in some cases there were no actions documented to address the shortfalls identified.

You can see what action we told the provider to take at the back of the full version of the report

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe

Staff knew how to recognise and report abuse.

Risks to people's safety and well-being had been identified and plans put into place to minimise the risks to individuals.

People's needs were met by staff who had been recruited in a safe manner.

People's medicines were managed safely.

Is the service effective?

Good ●

The service was effective.

People received care from a staff team who had received induction and training to support them in their role.

Staff had a good awareness of the principles of consent and the Mental Capacity Act 2005 (MCA).

Where required, people were supported with the preparation of food and drinks.

Is the service caring?

Good ●

The service was caring.

Staff were caring, friendly and approachable.

People were able to express their views and be actively involved in making decisions about their care.

Staff were respectful of people's dignity and privacy.

Is the service responsive?

Good ●

The service was responsive.

People's care needs were identified prior to them starting to use

the service.

People were supported in a personalised way and they all had individualised care plans in place.

The provider had an effective system for handling complaints.

Is the service well-led?

The service was not always well-led.

The provider carried out regular audits and surveys to monitor the quality of the service.

Audits and quality systems were in place but issues identified were not always followed up.

People who used the service and their families were asked for their views of the service.

There were systems in place for care staff or others to raise any concerns with the provider.

Requires Improvement



Victoria Homecare Limited

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 was planned to check whether the provider met 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 under the Care Act 2014.

This inspection took place on 6 October 2016 and was unannounced. The inspection was undertaken by one inspector.

Before our inspection we reviewed information we held about the service including statutory notifications that had been submitted and a Provider Information Return (PIR). Statutory notifications include information about important events which the provider is required to send us by law and the PIR is a form that asks the provider to give some key information about the service, including what the service does well and any improvements they plan to make.

As part of the inspection we spoke with five people who used the service to obtain their feedback on how people were supported to live their lives. We also spoke to two support staff, an administrator, and a representative of the provider.

We received feedback from representatives of the local authority health and community services. We reviewed care records relating to five people who used the service and other documents central to people's health and well-being. These included staff training records, medication records and quality audits.

Is the service safe?

Our findings

People we spoke with told us that they felt safe using the service. One person said, "Staff look after me well." Another person told us, "I'm very happy. Staff are here when they should be and do what is needed." The staff we spoke with also believed people who used the service were safe. One member of staff told us, "People are safe, we have all the things necessary to ensure that happens, such as equipment and training."

Staff we spoke with knew and understood their responsibilities to keep people safe and protect them from harm. They were aware of the signs to look out for that might mean a person was at risk. Staff knew the procedure to follow if they identified any concerns. One member of staff told us, "I would report any abuse or mistreatment either to the manager or to the local authority."

Records showed that staff had undertaken training to support their knowledge and understanding of how to keep people safe. One member of staff told us, "I did safeguarding training during my induction which also covered whistleblowing." Whistle blowing is the process for staff to raise concerns about poor practices.

Another member of staff told us, "It is everyone's duty to report abuse." We saw information was on display in the office providing information to staff regarding safeguarding and the local authority contact numbers.

Risk assessments had been carried out in order to minimise the potential risks to people's safety in relation to both the physical environment and to individual people. The registered manager carried out reviews on how best to support people, this information was then recorded. Where people used specialist equipment to assist with their mobility, such as a hoist, we found that equipment had been assessed to ensure it was fit for purpose, and control measures identified to reduce the risk of harm to people.

Some people were supported with their medicines as part of the overall care package they received. We saw records within care plans which highlighted who supported people with their medicines and also if people were able to self-administer their own medicines. Information in people's care plans included their preference for how they took their medicine. We saw that assessments were completed of the level of support the person needed to take their medicine so that staff could support the person according to their needs.

Safe and effective recruitment practices were followed to help ensure that staff were of good character, physically and mentally fit for the role and sufficiently experienced, skilled and qualified to meet the needs of people who used the service. We saw that satisfactory references were received, criminal record checks completed and identification checks and permanent address checks of applicants had been undertaken prior to people starting to work at the service.

Is the service effective?

Our findings

All of the people we spoke with were happy with the support they received from staff. People told us they felt staff were trained and had the skills required to support them. One person said, "I am fully confident with the way they handle me. It's exactly like the nurse said it should be done." Another person told us, "They do a lovely job with everything I need."

Staff told us they received training relevant to their role. One staff member said, "We are always being offered training, which is good." Staff told us they received an induction when they first started working at the service and this included working alongside more experienced staff members as they learned about people's individual needs. One staff member said, "I thought my induction was good, I could repeat things if I needed to."

Staff had also been trained in a range of subjects relevant to their roles. One person told us, "Staff are good with the hoist as they've had the training for it." Staff told us that the training offered to them by the provider helped them carry out their roles effectively. A member of staff said, "Regular training keeps me up to date with best practice in areas such as; safeguarding people, moving and handling, health and safety, fire, food hygiene, infection control and medicines." We reviewed the service's training records which showed that staff training was up to date.

Staff told us that they had supervision meetings with the management team as a way of supporting them in their roles. One member of staff said to us, "I have a one to one meeting with my line manager which I find useful because I can discuss any aspect of my work or development." The staff records we looked at showed that supervision meetings were carried out on a six monthly basis.

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 people 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 can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The training records showed that staff had undertaken training in relation to the MCA. Staff knew about people's individual capacity to make decisions and understood their responsibilities for supporting people to make their own decisions. Staff told us they obtained people's consent before they supported them. People confirmed that staff explained what they were doing and sought their consent before they provided them with personal care. One person said, "Staff explain and ask if you want help with something, they also ask permission before doing anything."

Where people were supported with food and drink this was recorded as part of their plan of care. People's specific preferences and diets were recorded, to ensure their needs could be met. We saw that where people

had been identified at nutritional risk, staff monitored what they ate and drank to enable them to alert the person's family or seek professional guidance as needed.

Is the service caring?

Our findings

People we spoke with were complimentary about the caring nature of the staff. People were happy with the care and support they received. One person told us, "Staff are caring, I value the time they are here." Another person said, "Sometimes they (staff) are a little early or late but I don't mind." A staff member told us, "Carrying out tasks is necessary but it is important to build up a relationship."

People told us that staff supported and encouraged them to maintain their independence. One person said, "The carers help me when I need them to. They let me manage myself as long as I can." Another person said, "They help me, I like to do what I can myself but they help when needed."

People told us staff respected their privacy and dignity. We received positive comments about how respectful care workers were when they worked with people in their own homes. One person said, "They are very respectful and make sure that anything they do, such as washing me, is done in a dignified way." One care worker said, "I always make people understand what I want to do and get an agreement before I do it." Another care worker told us how important it was that they reassured people and made sure they were comfortable. We saw records that showed privacy and dignity was covered during staff supervisions so staff understood the importance of it.

Staff had a good understanding of issues around privacy and confidentiality. They were able to outline how they demonstrated this when supporting individuals. Staff knocked on people's doors and waited to be asked before entering people's home or rooms.

Everyone we spoke with, had reviews of their care and were confident to call the management team at any time if they wanted to discuss their support needs. The registered manager contacted people using the service on a regular basis to ensure they were happy with their care and that their needs were being met.

Is the service responsive?

Our findings

People told us that the service was responsive to their health and care needs. A person we spoke with told us, "I'm happy, the carers give me the support I need." Another person told us that carer workers understood their needs and were capable of delivering the service that they required in their preferred way. One person said, "I like things done a certain way and the staff are happy to do it."

The provider had carried out assessments of people's needs before they started using the service. People's needs assessment records covered areas such as their history, their healthcare needs and medicines, their interests and hobbies, their care needs around mobility, communication, nutrition, personal care and relationships. These assessments identified the level of care people needed and were reviewed annually or sooner if required. People's needs assessments formed the basis by which their care plans were developed. Care plans were individualised and contained information and clear guidance about all aspects of a person's health, social and personal care needs at each care visit. This helped staff to meet people's needs as the objectives, methods and outcomes of each visit were clearly defined. They included guidance about people's specific daily living routines, health and medical information, communication, life histories and interests.

Discussions with people and their care records showed they had been involved in their care and their views had been gained about what was working and any changes they felt were needed. One person told us, "The manager and staff check with me that I get the support I want." Another person said, "The manager phones up every so often to make sure everything is still OK."

People we spoke with were aware of the procedure for making complaints and told us they would feel comfortable if they ever had the need to do this. One person said, "I don't have any complaints but if I did I would phone the office."

Is the service well-led?

Our findings

The service had a quality auditing system in place which identified areas where improvements were required. However where shortfalls were identified there was not a plan to rectify the issues. For example, an audit of care plan notes identified that some care calls were early by up to two hours or had been missed, yet there were no action points or plans recorded to address the shortfalls identified in the audit.

The checks in place to ensure that staff were supporting people correctly with their care were not effective. Given the concerns noted during our inspection, this meant that the manager was not always proactive in identifying and resolving shortcomings in the service. For example, people did not always receive their care and support as planned as staff had missed some people's calls and did not always spend the agreed time on the calls. The service had failed to identify gaps in recording and reporting that we found during the inspection. For example, the local authority safeguarding team reported that the service had, on one day, missed all four calls to one person resulting in missed medication. However the medication administration record (MAR) stated that medication had been given on three occasions on that day. There was no documented investigation into this discrepancy.

The provider's systems to monitor and assess the quality of service provision were not effective.

This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

One staff member told us that they felt valued and supported by the manager and other members of the management team. They told us that the registered manager was approachable and there was an 'open culture' at the service. They also confirmed that they enjoyed working at the service and stated, "I think it's good here, with a good team."

Staff meetings were held at regular intervals and minutes of these meetings were readily available and showed that these had been undertaken. Staff told us that they had a 'voice' and were able to express their views freely.

People using the service and those acting on their behalf were given the opportunity to provide feedback to the provider about the quality of the service delivered. Records showed that 'Customer Reviews' were completed at regular times throughout a 12 month period. The majority of comments were very positive about the quality of the service provided.

Records we looked at showed incidents had occurred which included missed medication and missing money of someone who used the service. Whilst some of these had been investigated, the provider has a legal obligation to notify the CQC without delay about incidents that adversely affect the health and welfare of people. This meant the CQC might not take prompt action to follow up what the provider has done to deal with such incidents or events because we were not notified about their occurrence in a timely way. We have informed the provider who has committed to improve their reporting of incidents. We will consider

their improvements at our next inspection.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>People who used the service were at risk of inappropriate or unsafe care because the provider did not produce actions to be taken following shortfalls identified in audits.</p> <p>Regulation 17 (2) (a) HSCA 2008 (Regulated Activities) Regulations 2014</p>