

Virtue Care Ltd

42 Alexandra Road

### Inspection report

Suite 3, 42 Alexandra Road  
Farnborough  
GU14 6DA

Tel: 07950904023

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

Date of inspection visit:  
12 June 2023

Date of publication:  
06 July 2023

### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

42 Alexandra Road is a domiciliary care agency providing personal care to people through either live-in or domiciliary care. The service provides support to both younger and older adults, who may have a disability, mental health needs, a learning disability or be living with dementia. At the time of our inspection there were 8 people using the service.

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

At the time of the inspection, the location did not provide care or support for anyone with a learning disability or an autistic person. However, we assessed the care provision under Right Support, Right Care, Right Culture, as it is registered as a specialist service for this population group.

### People's experience of using this service and what we found

People and their relatives were satisfied overall with the care provided. They were happy with the care staff.

People were protected from the risk of abuse as staff had received relevant safeguarding training and understood what to report, to whom and how. Staff assessed and managed potential risks to people. They understood the importance of reporting incidents which were then reviewed. The registered manager operated safe staff recruitment processes and there were enough staff. Processes were in place to ensure people received their medicines safely from trained and competent staff. People were protected from the risk of getting an infection.

The registered manager understood their role and had worked to improve communications with both people and staff. Overall people told us improvements had been made, but this was still being worked on. The registered manager was working with staff to promote a person centred focus from staff, to improve people's experience. People's views on the care provided were sought by the registered manager and used to make improvements. Processes were in place to monitor the quality of the service provided.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection and update

The last rating for this service was requires improvement (published 03 February 2023).

### Why we inspected

This inspection was prompted by a review of the information we held about this service.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for 42 Alexandra Road on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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.

Details are in our safe findings below.

### **Is the service well-led?**

**Good** ●

The service was well-led.

Details are in our well-led findings below.

# 42 Alexandra Road

## 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

#### Inspection team

The inspection was completed by an 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

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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. At the time of our inspection there was a registered manager in post. The registered manager is also the provider for this service.

#### Notice of inspection

We gave the service short notice of the inspection. This was because it is a small service and we needed to be sure the registered manager would be in the office to support the inspection.

Inspection activity started on 12 June 2023 and ended on 20 June 2023. We visited the location's office on 12 June 2023.

#### What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information

providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We sought feedback from professionals involved with the service. We used all this information to plan our inspection. We sought feedback from commissioners of the service.

During the inspection

We spoke with 1 person and 5 relatives about the care provided. We also spoke with the registered manager and 6 members of staff. We reviewed the risk assessments for 4 people and their medicine records. We reviewed 3 staff recruitment records and records relating to the management of the service.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff received safeguarding training. Staff updated their knowledge yearly as per good practice guidance. Staff understood the types of abuse people might experience and their duty to report any concerns. They also had access to the provider's safeguarding policies and guidance.
- The registered manager had not needed to raise any safeguarding alerts for people since our previous inspection. They understood what to report, to whom and how. They maintained a log of incidents and safeguarding's to allow them to identify any emerging trends. The registered manager had also arranged for themselves and the 3 office staff to attend safeguarding for manager's training, to further develop their knowledge.
- There were effective systems, policies and processes in place to safeguard people from the risk of abuse. Processes were in place to ensure if staff supported people with any shopping, records of transactions were completed. To ensure there was a written record. Staff wore a uniform and carried an ID badge, to ensure people could identify them.

Assessing risk, safety monitoring and management

- Staff's training included how to transfer people safely and risk management. A person told us, the staff member who supported them to walk, ensured they had their equipment and understood the difference between this and the equipment they used to walk outside their home.
- Staff assessed potential risks to people in areas such as their home environment, mobility, moving and handling, falls, finances, personal care and fire. There was written guidance for staff about how potential risks to people were to be managed, for example, how risks associated with skin breakdown were reduced. People's risk assessments had been reviewed to ensure they remained current.
- Staff knew the importance of understanding risks related to people's protected characteristics, such as disability, and respected how people wanted risks to be managed. Staff understood people had the right to take risks and to make unwise decisions.
- Relatives told us they felt their loved ones were safe in the care of staff. A relative said, "The live in carer is great now [name of loved one] is fine and safe. The carer knows what they are doing." Relatives said staff understood how to use any equipment needed to provide their loved one's care safely. If people's care needs changed then staff informed the relevant parties, to allow any actions to be taken.
- People's daily notes were complete and readable. Overall they provided a good level of detail about the care people received from staff and how they spent their time. People's care records were stored securely.

Staffing and recruitment

- The provider operated safe staff recruitment processes and ensured the required pre-employment checks were completed to check staff's suitability for their role.

- There were enough male and female staff to provide care and cover staff's breaks, holiday or sickness. The registered manager had new staff in their recruitment pipeline, which would allow them to take on additional care packages in the future. New staff completed an induction and the industry standard Care Certificate. Staff also completed training to understand how to support people with a learning disability. Staff updated their knowledge and skills yearly.
- Records showed people receiving homecare had the full time commissioned. A person confirmed, "They [staff] are very punctual indeed and I always know who is coming, they come at a suitable time for me."

#### Using medicines safely

- At the last inspection we found people's topical cream charts had not always been updated following changes. At this inspection we saw people's topical cream charts and medicine administration records (MARs) provided staff with accurate guidance to apply people's creams. Some people were prescribed emollients, these are creams which have an associated fire risk. Staff had assessed the risks associated with their use for people.
- People who chose to administer their own medicines had a risk assessment to identify and reduce any associated risks. There was guidance for staff about the administration of medicines people took 'as required'. People's electronic (MARs) were completed by staff following the administration of their medicines. This provided a record of the medicines people had taken.
- People received their medicines from staff who had completed medicines training and had their competency assessed. This ensured their knowledge and skills were up to date.

#### Preventing and controlling infection

- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection. Staff had received relevant training.
- We were not totally assured that the provider's infection prevention and control policy was up to date. We raised this with the provider who told us they would update their copy of the policy which was produced by an external company.

#### Learning lessons when things go wrong

- Staff had written guidance about the requirement to report any incidents or concerns about people's care to the office.
- The registered manager had arranged a staff workshop to discuss learning from an incident and the changes needed to reduce the risk of another similar incident. This showed learning from incidents was identified and shared with staff.



# 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.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager had taken action to create a more person-centre culture among the staff team, focused on improving outcomes for people. Office staff told us they were expected to identify people's interests and how these could be met. Staff had talked to a person's family and friends to explore opportunities for them to be taken out on trips, and audio books had been arranged for another person. People and relatives reported staff were caring. A relative told us, when their loved one was in hospital, staff visited and sat with them daily. Staff understood the importance of providing people with additional stimulation and sought out opportunities for this to be provided.
- The registered manager recognised the importance of good communication with people and their relatives, who mostly told us they felt they had more contact with the registered manager. A relative felt communications from the office could be clearer sometimes. This was fed back to the registered manager for them to act on, which they did.
- The registered manager had worked to ensure staff understood the responsibilities of their role. Staff had attended a workshop in January 2023 which covered the need for staff to take pride in their work and ensure the accuracy of records. People's daily care records were more accurate and detailed in their content about people's care delivery.
- The staff team had been recruited from overseas. Office staff told us how they worked with new care staff to help them to understand any cultural differences in practices which may impact the delivery of people's care. Such as the importance of noting and reporting changes to people's prescribed creams.
- Office staff were involved in providing cover for both live in care and domiciliary care staff. This allowed them to work with people and their families and have practical oversight of their care needs. This provided them with a greater level of understanding of people's needs and care staff's work.
- Office staff told us they had been delegated more responsibility by the registered manager since the last inspection and reported they felt happy in their work. Overall care staff were satisfied in their work with people.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their duties under the duty of candour.

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

- The registered manager had completed a training day which focused on staff recruitment, retention and medicines management with a nationally recognised organisation, to update their knowledge and skills. They continued to receive external guidance from a management consultancy to guide and inform their practice. Although no-one with a learning disability was currently supported, the provider understood the staff training requirements and had ensured staff had completed it. The registered manager informed us they now felt more confident in their role.
- Office staff told us care staff now understood their responsibility to communicate any changes in people's topical creams, to enable their records to be updated.
- The 3 office staff had all completed, or were completing, a level 3 professional qualification in social care. They told us they felt supported by the registered manager in their professional development. Care staff were also offered career development and a member of the care staff team was due to start a level 3 social care qualification shortly.
- Since the last inspection, we saw the previous CQC report was clearly displayed on the premises as per legal requirements.

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

- The registered manager sought feedback from people and relatives on the service, through feedback forms, spot checks on staff's practice and reviews. We were told by 1 person and 2 relatives the registered manager visited them to discuss the care provided and whether it met their requirements. We saw from people's feedback forms they had highlighted the need for more stimulation, and the registered manager had ensured actions had been taken.
- There were regular staff meetings, where feedback was shared with staff so they knew the areas which needed action. For example, at the April 2023 meeting, it was discussed with staff how to involve people in activities such as meal preparation. A member of staff had been appointed as dementia champion for the service to recognise and promote the rights of people with dementia.

Continuous learning and improving care

- The registered manager had processes to monitor the quality of the service provided through incident and safeguarding logs, call monitoring data, people's reviews, feedback forms, spot checks, staff supervisions and audits. The office staff were each allocated a different aspect of the service and completed monthly audits of medicine records, daily records and staff recruitment records. When issues were identified from an audit, relevant actions were taken. Office staff told us when auditing people's MARs, they were identifying less issues as there had been improvements in staff's completion of the records.
- The registered manager had a service improvement plan with defined outcomes for the delivery of people's care. The plan outlined areas for improvement, how they were to be addressed, by whom and by when. The registered manager told us about their progress with actions, but needed to record when they were completed. We brought this to their attention for them to address.

Working in partnership with others

- Staff worked with a range of stakeholders to support the delivery of people's care. This included working with health and social professionals and safeguarding teams.