

Veraty Care Solutions Ltd

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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?

Good ●

# Summary of findings

## Overall summary

About this service: Veraty Care Solutions Ltd is a domiciliary care agency that provides personal care to people living in their own homes in the community. When we inspected they were providing the regulated activity, personal care, to 22 people.

People's experience of using this service:

People were supported by staff that were caring, compassionate and treated them with dignity and respect. The provider listened to people's concerns and responded to them, using this as an opportunity to improve their service.

People received person centred care and support based on their individual needs and preferences. Staff were aware of people's life history, and their communication needs. They used this information to develop caring relationships with people.

The provider offered a service of flexible support to people and were able to adapt in order to meet people's needs and support them as they wanted.

Staff were recruited in a safe way and there were enough staff to meet people's current needs. Staff were supported by a system of induction, training, one-to-one supervision and appraisals to ensure they were effective in their role.

Staff liaised with other health care professionals to ensure people's safety and meet their health needs. Where people lacked capacity, staff worked with the local authority to make sure they minimised any restrictions on people's freedom for their safety and wellbeing.

The provider worked well to lead the staff team in their roles and ensured people received a good service. Quality checks were in place and used to drive improvement in the service.

The service met the characteristics of Good in all areas; more information is available in the full report below.

Rating at last inspection: Requires improvement (report published 13 February 2018)

Why we inspected: This was a planned inspection based on the rating at the last inspection. The service was rated Good overall.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

## 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 effective?

Good ●

The service was effective.

Details are in our Effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our Caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our Responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our Well-Led findings below.

# Veraty Care Solutions Ltd

## Detailed findings

### Background to this inspection

#### The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (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:

One inspector carried out the inspection supported by an expert by experience who made telephone calls to people who use the service. 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 is a domiciliary care agency. People receive a personal care service in their own home. CQC regulates only the 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:

Inspection site visit activity was announced and started on 5 March 2019 and ended on 18 March 2019. We gave 48 hours short notice of the inspection site visit because we wanted to be sure the management was in the office.

#### What we did:

We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as abuse. We sought feedback from the local authority and professionals who work with the service. We used all this information to plan our inspection.

During the inspection, we spoke with five people who used the service and three relatives to ask about their experience of the care provided.

We spoke with four members of staff including the registered manager, administrator and two care staff.

We reviewed a range of records. These included four people's care records. We looked at records relating to the general management of the agency.

# Is the service safe?

## Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- Staff were aware of the different types of abuse and how to report it. Staff told us a safeguarding policy was in place with clear instructions for them to follow.

Assessing risk, safety monitoring and management

- People had risks to their health, safety and wellbeing assessed, recorded and plans were in place to mitigate these risks.
- Risk assessments were regularly reviewed alongside the person's care plan to ensure that the care given continued to be safe. One person said, "I had to stop having a shower before the carer started coming in because I was feeling too wobbly and was always concerned that I would fall over and hurt myself. Since the carers have been coming in twice a week, I've been able to have my regular shower again which I really enjoy."
- Risks associated with the safety of the environment and equipment were identified, assessed and managed to ensure that people remained safe in their home while being supported.

Staffing and recruitment

- The registered manager ensured there were enough staff to carry out the visits. People told us they were allocated the same care workers and their needs were met.
- Staff confirmed they had been through a thorough recruitment process prior to starting work at the service. We saw in staff files that all necessary checks had been completed prior to staff members starting to work with people who used the service.
- People had access to staff support 24 hours a day via an on-call system.

Using medicines safely

- Staff provided varied support for people to take their medicines based on people's abilities and wishes. Most of the people we spoke with managed their own medicines.
- One person said, "My chemist delivers my tablets in one of those dossett boxes, so my carer in the morning just has to take the ones out for the day and give them to me with a drink and then once they have seen I've taken them, it gets written in the records."

Preventing and controlling infection

- Staff confirmed they had completed infection control training and followed good infection control practices. They used protective clothing, gloves and aprons during personal care to help prevent the spread of healthcare related infections. One person said, "Their (staff) hygiene standards seem to be excellent. They always wash their hands as soon as they come through the door and they put their gloves on and change

them between tasks and they wash their hands again before they leave."

- People told us staff paid attention to good hygiene when they were in their home.

Learning lessons when things go wrong

- Accidents and incidents were reported and monitored by the registered manager to identify any trends. These were discussed with staff at supervision meetings to enhance their learning.

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

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

- People's needs were assessed before the service began to provide support. People and their relatives confirmed this.
- Assessments were used to develop care plans that were person centred and took account of people's diverse needs, including their religion, ethnicity, sexuality, disabilities and aspects of their life that were important to them.
- One person said, "When they come of an evening to get me ready for bed they will always ask me if I'd like to get undressed while they are here or whether I will do that myself a bit later on. It really depends on how I'm feeling and whether there is anything interesting on the television that I might sit up and watch. It's very much my choice as to when or how things are done."

Staff support: induction, training, skills and experience

- People were supported by staff who received training in a variety of topics to meet their needs. One person told us, "I definitely can't think of anything that would suggest that the carers haven't got enough training to support me properly. We've never had any problems and I've never had a carer who's not been able to do everything I've needed."
- Staff were given opportunities to review their individual work and development needs with senior staff.
- Staff confirmed induction procedures ensured they were trained in the areas the provider identified as relevant to their role.

Supporting people to eat and drink enough to maintain a balanced diet. Supporting people to live healthier lives, access healthcare services and support

- People who were supported with their specific nutritional needs had this recorded in their care plans.
- People were supported with their health needs. Staff would support people to attend health appointments if required.
- Care plans detailed that staff supported when people needed to make healthy eating choices. For example, healthy diet advice for a person living with diabetes. One person said, "They make all my three meals for me during the day. I have to say that nothing is ever too much trouble for them. They always tell me what meals I've got in the fridge or the freezer so I can choose what I'd like to eat for my main meal before they then make me a sandwich or just a slice of cake for tea."

Staff working with other agencies to provide consistent, effective, timely care

- Staff told us the service worked closely with external professionals such as the district nursing team and memory team to ensure people received the right support.



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 and found they were.
- Information was provided in formats that suited people's needs, with family, friends and advocates involved where appropriate.
- Staff described how they always asked people and gave choices. One member of staff said, "We always assume that people have capacity to understand so we always ask them first."

# 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; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- Staff had developed positive relationships with people and knew them well. People told us that staff were respectful and polite.
- One relative said, "(Person's Alzheimer's is such that they do not really communicate at all as far as you and I would know the term communicate, but that doesn't stop his carers from chatting away to them as if they were just having a normal conversation with any of their clients. As a family, we really value that because to us, although (person) has their problems, they are still our family member."

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

- Some people were not able to express their views and be fully involved in making decisions about their care. Where appropriate, relatives or advocates were included in the decision-making process. An advocate is someone who can offer support to enable a person to express their views and concerns, access information and advice, explore choices and options and defend and promote their rights.
- People told us they were happy with the service. They told us they were consulted on how the service was run to ensure continuity of care.
- One person said, "My care plan is in the folder on the table and the manager comes out to go through it quite regularly to make sure everything is as it should be. She always ask me how I'm feeling and whether there is anything that I'm struggling with more these days that I need help with from the carers. I think the last time it was reviewed was a few months ago but I don't think anything needed changing then."

Respecting and promoting people's privacy, dignity and independence

- One relative commented, "Staff are caring, friendly and they treat (person) with respect."
- People's needs and wishes were at the heart of the service. Staff we spoke with showed they understood the values in relation to respecting privacy and dignity and treating people as individuals.

# 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.

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

- People we spoke with told us they were involved in the development of their care and support plans. The involvement of friends or families was encouraged, when appropriate, to identify how the person would prefer to be supported.
- The provider ensured people's needs could be met in a way they liked. Care and support plans were written with clear guidance to staff to help ensure they delivered care in a way that met people's needs, took account of their preferences and was safe.
- A person told us, "I've been looked after by the agency for a number of years now, and during that time the timings of my visits have changed somewhat but that was because I've asked for them to, as I've got a bit older and don't necessarily want to get out of bed quite so early as I used to. I have to say the girls are all very reliable and they always stay for the time they're supposed to."

Improving care quality in response to complaints or concerns

- People knew how to make a complaint and this information was available to them. One person said, "There is a leaflet in my folder that explains what to do if I have a complaint. Thankfully, there's never been an issue that I needed to raise, but if there was, I would pick up the phone and ask to see the manager so we could talk about it and I'm sure, knowing how professional she is, she would listen and do something about it straight away if I had a problem."
- People felt assured their concerns would be responded to.
- The provider had not received any complaints since our last inspection.

End of life care and support

- People had been involved in discussions about their care and support at the end of their life. Their wishes had been recorded in their care plans to ensure staff would know what to do when the time came.

# Is the service well-led?

## Our findings

We have inspected this key question to follow up the concerns found during our previous inspection on 20 and 22 September 2017. At the last inspection we asked the provider to act to make improvements to their quality assurance systems and to display their quality current rating. This action has been completed.

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.

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

- The provider informed us that care calls were monitored by a mobile phone monitoring system to ensure staff had attended at the required time. This identified if staff were running late and required extra support.
- The management team were aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent and it sets out specific guidelines providers must follow if things go wrong with care and treatment.
- A person told us, "Everything just runs like clockwork, so in my opinion that has to be down to good management."

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

- The registered manager understood the responsibilities of their role. The previous inspection rating was on display at the entrance to the building. The provider did not have a website.
- Notifications of incidents, events or changes that happen to the service were sent to us within a reasonable timescale and as required by law. These included safeguarding referrals and death notifications.
- The provider had audit and quality monitoring systems in place that identified any concerns relating to the safety and quality of the service.

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

- Staff discussions were held regularly and staff told us that they could approach any member of the management team at any time.
- The manager ensured that incidents were reviewed and discussed in detail.
- A person told us, "The manager is always keen to hear our views whether that's in person when they are here for a review meeting, over the telephone when they phone me, or by way of a survey to complete. They're certainly not short of ways of getting feedback to them."

#### Continuous learning and improving care

- Staff told us that they could contribute to the development of the service and their ideas were welcomed.
- Surveys showed that management sought people's views about the service. One comment stated, "We could not have selected a better care company and would recommend them to anyone."

#### Working in partnership with others

- The manager worked in partnership with health and social care professionals to achieve good outcomes for the people who received a service. These included the local authority safeguarding team, GP's and community nurses.
- All professionals contacted said referrals to them were appropriate and that staff were keen to learn and followed their suggestions.