

Virtue Care Ltd

# Virtue Care

## Inspection report

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

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 14 May 2018 and was announced. We gave the provider prior notice because the location provides a domiciliary care service and we needed to make sure someone would be in the office.

Virtue Care is a domiciliary care agency that provides personal care to people in their own homes. It provides a service to older adults, people living with dementia, with a physical or learning disability and mental health. The Care Quality Commission (CQC) only inspects the service being received by people provided with the regulated activity 'personal care'; help with tasks related to personal hygiene and eating. Not everyone using the service receives the regulated activity. Where they do, we also take into account any wider social care provided. At the time of our inspection the service was providing personal care to 14 people.

The service had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission 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.

During this inspection we found a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The service did not follow their recruitment procedure to carry out checks before new staff were employed to work with people. They did not gather necessary information to ensure staff were suitable for their role.

You can see what action we have asked the provider to take at the end of the full version of this report.

The registered manager had quality assurance systems in place to monitor the running of the service and the quality of the service being delivered. However, they were not able to evidence these systems were effective at all times to identify issues and improvements necessary and what actions they would take. We made a recommendation about how to use and record the quality assurance system to assess and monitor quality of the service.

Staff supported people with taking their medicine by prompting them. Only the registered manager and one staff had medicine training. We could not be sure all staff knew the safe systems of medicine management without appropriate training. We asked the registered manager to address this. They confirmed they had booked staff for training after the inspection.

The registered manager had planned and booked all other training when necessary to ensure all staff had the appropriate knowledge to support people. Staff training records such as training matrix and policy indicated which training was considered mandatory.

Staff had received ongoing support however regular supervision and appraisals were not recorded. Staff felt supported by the registered manager and maintained great team work. People were complimentary of the staff support and care they provided.

People felt safe while supported by the staff. Staff had the knowledge and confidence to identify safeguarding concerns and acted on these when necessary. Staff had a good understanding of how to keep people safe and their responsibilities for reporting accidents, incidents or concerns.

People were supported by sufficient numbers of staff to meet their individual needs. People were informed about the changes to their visits as necessary. People received support that was individualised to their specific needs. Their plans of care were kept under review and amended as changes occurred. People's rights to make their own decisions, where possible, were protected and respected. Staff were aware of their responsibilities to ensure people's rights were promoted.

People were treated with respect, and their privacy and dignity were promoted. People and relatives felt the staff supported them in the way they wanted. Staff were responsive to the needs of the people and enabled them to improve and maintain their independence with personal care.

The staff monitored people's health and wellbeing and took appropriate action when required to address concerns. The service assessed risks to people's personal safety, as well as staff and visitors, and plans were in place to minimise those risks.

Staff felt the registered manager was supportive and approachable. They had good communication, worked well together and supported each other, which benefitted the people. People and relatives felt they could contact the registered manager if they needed to and their concerns would be addressed.

Further information is in the detailed findings below.

## 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 not always safe. The provider did not follow their recruitment process to ensure they employ fit and appropriate staff.

Medicines management was not always in line with the provider's procedures.

Staff knew the correct procedures to follow if they thought someone was being abused. People felt safe and would report any concerns to staff.

There were sufficient numbers of staff to keep people safe and meet their needs at the right time.

**Requires Improvement** ●

### Is the service effective?

The service was effective. Staff had training to maintain skills and knowledge. They could quickly identify any changes in a person's condition.

Staff communicated with relatives and other professionals to make sure people's health was monitored and any issues responded to. People were supported to eat or drink appropriately to maintain their health.

Staff and management acted within the requirements of the Mental Capacity Act 2005. People were protected and supported appropriately when they needed help with making decisions.

**Good** ●

### Is the service caring?

The staff were caring. People were treated with kindness and respect. People's privacy and dignity was respected.

Staff responded in a caring way when visiting people or if they needed help or support. People were encouraged and supported to be as independent as possible.

People were encouraged to express their views about the support they received.

**Good** ●

### Is the service responsive?

The service was responsive. Staff supported people with their needs and wishes when visiting at the time specified in the care plan.

Staff were knowledgeable about people's daily needs and how to provide support. Support plans recorded people's likes, dislikes and preferences.

People knew how to make a complaint if they wanted to or share concerns with staff.

Good 

### Is the service well-led?

The service was not always well-led.

The service had systems to monitor the quality of the service and make improvements. However, the registered manager had little evidence to support their monitoring and assessing of the quality of the service. There was no accurate overview of the quality of the service.

Staff were happy working at the service. They felt supported by the registered manager to do their job.

Requires Improvement 

# Virtue Care

## **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 checked whether the provider is meeting 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 for the service under the Care Act 2014.

This inspection took place on 14 May 2018. It was carried out by one inspector and was announced. We gave the provider prior notice because the location provides a domiciliary care service and we needed to make sure someone would be in the office.

We reviewed the information the provider sent us in the Provider Information Return (PIR). This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. Prior to the inspection we looked at the PIR and all the information we had collected about the service. We also contacted five community professionals for feedback. However, we did not receive any feedback from professionals.

During the inspection we spoke with three people who use the service and one relative. We spoke with the registered manager and received feedback from the staff. We looked at records relating to the management of the service including four people's care plans and associated records. We reviewed recruitment records for five staff, training records, quality assurance records, the compliments/complaints and policies relating to the running of the service.

## Is the service safe?

### Our findings

The registered manager did not ensure they followed robust recruitment process to ensure suitable staff were employed. We looked at five recruitment files which included Disclosure and Barring Service checks to confirm candidates did not have a criminal conviction that prevented them from working with vulnerable adults. However, none of the staff had any health check completed to ensure they were fit to carry out their role. All staff had gaps in their employment history which had not been explored. The registered manager did not always seek evidence of conduct from previous employers relating to health and/or social care, vulnerable adults or children. The registered manager did not always seek verification of the reasons for leaving from those employments. We listed all discrepancies to the registered manager so they could rectify it. However, we only received further information on references for two staff. The provider's recruitment practices meant people were at risk of having staff providing their care who may not be suitable to do so.

This was a breach of Regulation 19 and Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had not established recruitment procedures to ensure the suitability of staff employed.

People's needs in relation to managing their medicines were assessed and recorded in detail. The registered manager said they only supported one person with administration of the medicine. The registered manager carried out this role. They said most people they support needed only prompting. However, the policy of medicine and training indicated that medicine awareness was mandatory. Weekly emails sent to staff referred to medicine and how to fill in medicine administration record sheets. The staff were carrying out tasks involving prompting and recording medicine. However, only one staff out of five had this training completed at the time of the inspection. Therefore, the provider did not adhere to medicine policies and procedures fully in order to manage and administer peoples' medicines safely. This placed people who use the service at risk of being supported inappropriately because we could not be sure staff were aware of appropriate management of medicine and errors. We asked the registered manager to address this and they confirmed that training had been booked for all staff.

People felt safe in their homes and liked the staff who supported them. People could speak with staff if they were worried. Staff undertook safeguarding awareness training to understand their responsibilities in keeping people safe. Staff had a good understanding of when to report concerns, accidents and/or incidents to the registered manager. The provider had a whistleblowing policy to ensure staff were aware of how to raise concerns and staff confirmed they were aware of it. The registered manager understood their responsibilities in regards to safeguarding people who use the service and reporting concerns to external professionals accordingly such as the local authority. The registered manager confirmed they had no safeguarding cases. However, we had to remind them they had to inform the Care Quality Commission about any abuse or allegations of abuse, or other incidents without any delay.

The registered manager assessed the risks to people's personal safety and put plans in place to minimise these risks. Risk assessments included information about people's needs and skills, and provided information for staff to monitor their safety. As people's needs changed, risk assessments were also adjusted

to reflect this. As part of the care plan, the service carried out a health and safety assessment of the environment to ensure the person, their family and staff were safe while carrying on the regulated activity.

The registered manager determined the number of staff required according to the needs of the people using the service. They monitored the length of the visits to ensure people received care on time. The registered manager said he was looking to recruit more staff so they could take on more care packages. The registered manager also attended the visits to help staff and checked if people were happy with their care. There were no missed visits and staff stayed the right amount of time to support people. People confirmed if staff were late to visit them they were informed about it. The staff confirmed they had time to visit and support people and helped each other to cover absences. The registered manager also ensured the same staff visiting the same people to ensure continuity as much as possible.

There was a system for recording accidents and incidents. There had been no incidents or accidents at the time of inspection. The registered manager explained how they would address it and the support that would be provided to the people who use the service. Staff were aware of how to report any issues to the registered manager and how to record on appropriate forms. They would also discuss this with the team for ideas of improvements, any themes or if things could have been done differently. The service had continuity plans to ensure the service could continue in the event of an emergency. Staff were provided with and used personal protective equipment and were aware of how to prevent the spread of infection.

## Is the service effective?

### Our findings

People spoke positively about staff and told us they were skilled and able to meet their needs. We received complimentary comments from people and relatives about the support they valued most. They said, "I am completely satisfied with everything" and "They were a jolly and uplifting team". People received effective care and support from staff who knew how they liked things done. Each care plan was based on a full assessment and demonstrated the person had been involved in drawing up their plan. The care plans were kept under review and amended when changes occurred or new information was received.

We reviewed the latest training information provided to us which recorded mandatory training. Not all staff had medicine training and dementia care training and there was no information to indicate they were booked to attend it. The registered manager said they monitored the attendance of staff to ensure they were all up to date and planned to book staff onto the training. There had been no identified negative impact on people or their care at this time. Following our inspection the registered manager booked medicine and dementia care training for staff to attend.

When new staff started they had an induction that included classroom training and a period of shadowing experienced staff before working on their own. New staff were introduced to people before they started supporting them. Staff completed the Care Certificate as part of their role. It is a set of 15 standards that new health and social care workers need to complete during their induction period. Staff felt they received enough training to help them carry out their roles effectively.

People were supported by staff who did not have regular supervisions (one to one meetings) with their line manager. The registered manager told us they spoke with staff on the regular basis but they could not evidence they recorded these conversations. They also have not had a chance to carry out appraisals as the staff had not yet worked in the service for a year. Staff felt they could contact the registered manager any time to discuss various topics or to ask for advice. The registered manager and staff said they kept in touch with each other and it helped them work well as a team.

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.

People and relatives agreed staff respected people's wishes. They said, "They are always reassuring me and I am very much respected". Staff knew it was important to communicate with the person and ensure they always had a choice and the right to make decisions about their care and support. The registered manager demonstrated a good understanding of mental capacity considerations and presuming capacity to ensure people could make their own decisions. They would seek further help as necessary from professionals.

Some people needed support with eating and drinking as part of their care package. The level of support

each person needed was identified in their support plan. For example, if someone needed encouragement with drinking and having a balanced diet, there was guidance available for staff. Staff were aware of how to monitor people's food and fluid intake if there were any concerns regarding their diet.

Staff made sure people's health and care needs were met in a consistent way. They communicated with each other and the registered manager reporting any changes or issues. If needed, health or social care professionals were involved. Each person had individual needs assessments that identified their health and care needs. The registered manager and staff communicated with GPs, local authority, community nurses, occupational therapist, palliative care team, and families for guidance and support. People were checked to make sure they were supported effectively and changes were identified quickly.

## Is the service caring?

### Our findings

People felt they were treated with care and kindness by the staff team and the registered manager. People and relatives praised staff's effort and care when supporting people which had a positive effect on people. Where people raised some issues, the registered manager addressed them appropriately to ensure people were happy.

People and relatives said, "They deserve a prize, they were excellent and [family member] looked forward to meeting them" and "They couldn't be more polite and helpful". The registered manager placed importance on ensuring continuous support to people from regular staff. People and staff knew each other well and had well established relationships. The registered manager regularly checked people were happy with their support and listened to any issues or questions. Staff always made sure people were comfortable and relaxed in their own homes and able to share any concerns. People's records included information about their personal circumstances and how they wished to be supported.

Staff supported people to get involved with their care, promoting independence whenever possible. They always tried to enable people to express their own views ensuring people received the care they needed and wanted. Staff understood people's independence was an important aspect of their lives, for example, taking part in their personal care or helping with some activities. Staff were there to help if someone needed assistance. They said, "Encouraging the clients to do what they possibly can do even though it takes time" and "Involving them in daily activities, encouraging them to put on their clothes". People would be supported to express their views and be actively involved in making decisions about their care and support. People and relatives confirmed the registered manager would visit them.

People and relatives agreed staff respected their dignity and privacy at all times. People felt the staff showed kindness and compassion while supporting and caring for them. They said, "If [family member] did not want to do something, they would find a way to do it differently" and "Nothing's too much trouble for them". The registered manager understood and promoted respectful and polite behaviour within the team to ensure people were supported well. They said, "Everybody is treated as individuals. Don't assume everyone is the same and don't assume how people want to be supported. We ask people how to address them and we follow the care plan". Staff were able to give examples of how dignity and privacy was respected. They understood the importance of treating people respectfully. They said, "Treat them with dignity, involve them in decision making and giving them privacy and personal space" and "Respect their choices and give privacy when giving personal care, for example, draw up the curtains and closing the door". People's care was not rushed enabling staff to spend quality time with them. People and relatives felt staff took their time to complete all the tasks and provide support that was needed.

Any private and confidential information relating to the care and treatment of people was kept in their home in a chosen place. This information was also kept securely in the office. Staff were aware of confidential information sharing and discussed it only with relevant people.

## Is the service responsive?

### Our findings

People received the care and support they needed at the time specified in the care plan. People were informed when the visits were late or changes had to be made regarding staff attending the visit. When staff visited, they would make sure people were comfortable and happy before they left. People received care and support that was responsive to their needs because staff had a good knowledge of the people. Staff said, "I find out from them or the families how they would like to have their care given as opposed to one size fits all. I respect their choices" and "I know by listening to what the service user says and how they want it done, and it is all in the care plan".

People received support that was individualised to their personal preferences, needs and cultural identities. Staff used these plans as an important source of information to make sure the support they provided was personalised to each individual. People and relatives felt all staff were approachable, polite and supportive. The care and support provided at each visit was recorded. There was information about people's physical health, emotional wellbeing and how they spent their day. This helped staff monitor people's health and wellbeing, responding to any changes and enabling them to make timely referrals to appropriate professionals.

Each person had an individual care plan which included practical information on maintaining the person's health and wellbeing, emotional support, and their daily routines. People were involved in the care planning process. The staff were responsive to requests and suggestions, and people's needs and wishes. The care plans had been regularly reviewed and updated to ensure they accurately reflected people's current care needs.

We looked at whether the service was compliant with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. Records indicated whether people had disabilities or sensory impairments. There was some guidance in communicating with people in a manner they could understand, for example, speak to the person slowly and clearly. The registered manager said they would review people's communication needs to ensure the information was highlighted and in line with the guidance. This would ensure all information presented was in a format people would be able to receive and understand it.

There had been two complaints recorded and investigated since the registration. The registered manager explained the process of how they would address complaints and concerns seriously and would use it as an opportunity to improve the service. They encouraged people, their relatives and staff to always share any issues or concerns so it would be addressed in a timely manner to avoid further negative impact. People and relatives said, "I've got no complaints and all very nice here" and "Yes I can contact [the registered manager] but I didn't have any complaints". Staff knew it was important to encourage people to raise any concerns with them. They knew how to report concerns or issues to the registered manager to be addressed.

## Is the service well-led?

### Our findings

It is a condition of registration with the Care Quality Commission (CQC) that the service has a registered manager in place and there was one. Notifications had not been sent to the commission over the past 12 months because there had not been any allegations of potential abuse or any other reason for a notification to be submitted. However, the registered manager did not demonstrate a good understanding of when the commission need to be notified.

The registered manager had a quality assurance system to assess and monitor the service delivered. However, they were not able to evidence to us the work they have carried out to ensure their service was adequate and of good quality at all times. They had clear policies in place but these were not always followed to ensure they carried out appropriate practice such as medicine management and staff performance monitoring. The registered manager did not use their quality assurance system to promptly identify shortfalls in the service including missing information in recruitment records and staff not having up to date training. The registered manager sent us some information after inspection indicating plans to book some training and arrange supervisions. However, we could not be sure this would be sustained.

The registered manager said they had not carried out any surveys yet. They showed us only one feedback form returned from a person who uses the service. We did not see any audits carried out. The only audit sent to us was an example template indicating steps to take to ensure they continue providing good quality service. We asked the registered manager to send us an audit they had completed, reviewing all aspects of the service. We did not receive this. The registered manager said they carried out spot checks but these were not recorded. We received a copy of one spot check for one staff. Although we did not receive feedback about issues with the service, we could not be sure the registered manager had an accurate overview of the quality of the service due to the lack of evidence of their quality assurance system.

The registered manager carried out some monitoring of people's experience of care through daily visits, care reviews, and contact with people and their relatives. The registered manager also attended the visits to support people. They used it as an opportunity to observe staff's performance and practice and identify any issues or training needs. However, they could not evidence to us they recorded all these visits.

We recommend the registered manager seeks advice from a reputable source to ensure they fully understand and use their quality assurance system including having records to evidence the work carried out.

People's needs were accurately reflected in detailed care plans and risk assessments. There were no missed visits and people confirmed staff arrived on time. People were complimentary about the care and support and felt their care during visits was managed well. The service's aim was to provide people with person centred care and support. The registered manager and staff ensured people, and what was important to them, were at the centre of their work. People felt respected and involved as per the aims and objectives of the service. The registered manager promoted a positive culture and wanted to ensure staff felt the management was available, approachable and supportive. The service worked with health and social care

professionals to achieve the best care for people they supported.

Staff had team meetings and discussed various topics such as any changes in people's needs or care, best practice and other important information related to the service. Staff had clearly defined roles and understood their responsibilities in ensuring the service met the desired outcomes for people. Staff and the registered manager worked together as a team to provide people with the support and care they wanted. They understood their duty of care and their responsibility to alert the senior staff if they identified any concerns in the quality of care provided. Staff felt there were opportunities to discuss issues or ask for advice. Staff felt they were supported and listened to by senior staff when they approached them. The registered manager encouraged open and transparent communication in the service. They valued how staff worked well together as a team.

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	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed  Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The registered person did not operate effective recruitment procedures to ensure people were safe from risks of being cared for by inappropriate and unfit staff. Not all information specified in Schedule 3 was available. Regulation 19 (1) (2) (3)