

Verrolyne Services Ltd

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Inspection report

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Ratings

Overall rating for this service

Good ●

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?

Good ●

Summary of findings

Overall summary

Verrolyne Services Limited is a domiciliary care service based in Romford, Essex. The service is registered to provide personal care for people in their own home, within the county of Essex. At the time of our inspection, the service provided a service to 13 people, who received personal care and support. The inspection was carried out on 18 December 2015 and was the first comprehensive inspection since the service registered with the Care Quality Commission in April 2014.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered care homes, 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.

People were supported and cared for by staff who had an understanding of people's needs and who demonstrated knowledge of safeguarding people from different types of potential abuse and how to respond. People had their individual risks assessed and had plans in place to manage them. Medicines were administered by staff that had received training to do this. The provider had procedures in place to check that people received their medicines as prescribed to effectively and safely meet their health needs.

Staff had been recruited following appropriate checks and the provider had arrangements in place to make sure that there was sufficient care workers to provide support to people in their own homes. People told us they received care from care workers who understood their preferences for care and support. However, some people had concerns about the consistency of care and the reliability of the service as there had been a number of staff changes and they were not receiving support from the same carers. We have made a recommendation about ensuring people are kept up to date with changes to their service.

People were listened to and were involved in making decisions about their care and support. Care workers were caring and supportive in the support they provided. Care workers provided support that ensured people were treated with privacy and dignity. People were supported by care workers to maintain their independence. People were encouraged to express their views and give feedback about their care. They told us that care workers listened to them and they felt confident they could raise any issues should the need arise and that action would be taken. Care workers felt supported by the registered manager and that the registered provider gave them opportunities to develop in their roles. The registered manager was committed to improving the service and developing new initiatives to support the care provided to people. The provider ensured regular checks were completed to monitor the quality of care that people received and look at where improvements could be made.

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. Staffing disruptions had led to some people not receiving care and support when required. The service was in the process of recruiting more staff and we made a recommendation about keeping people and their relatives updated about changes to staffing and the rota.

Staff understood how to protect people from harm and abuse. Staff were recruited appropriately.

Staff supported people to take their medicines safely.

Requires Improvement 

Is the service effective?

The service was effective.

Staff received regular supervision and training relevant to their roles.

Staff had knowledge of the Mental Capacity Act 2005.

People had access to healthcare professionals when they required them.

Good 

Is the service caring?

The service was caring.

Staff had developed positive caring relationships with the people they supported and promoted their independence.

People were involved in making decisions about their care and their families were appropriately involved. Staff respected people's individual needs and preferences.

Good 

Is the service responsive?

The service was responsive.

Care plans were detailed and provided guidance for staff to meet people's individual needs.

Good 

There was a complaints policy and procedure in place which enabled people to raise complaints.

Is the service well-led?

Good ●

The service was well-led. The management team were approachable and provided strong leadership.

Staff were valued and received the necessary support and guidance.

The service had an effective quality assurance system. The quality of the service provided was monitored regularly. People were able to provide their views on the service so that improvements could be made.

Verrolyne Services 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 took place on 18 December 2015 and was planned to check whether the provider was 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 under the Care Act 2014. It was an announced inspection, which meant the provider knew we would be visiting. This was because it was a small domiciliary care agency and we wanted to make sure that the registered manager or someone who could act on their behalf would be available to support our inspection.

The inspection team consisted of one inspector. Before the inspection, we reviewed the information that we held about the service. This included any complaints we received and statutory notifications sent to us by the provider. A notification is information about important events which the provider is required to tell us about by law. The service was registered with the Care Quality Commission in April 2014 but had not received a full inspection.

During the inspection, we spoke with the registered manager in the office and with three care workers by telephone. As part of the inspection process we also spoke, by telephone, with three people who used the service and two relatives. We also spoke with a social care professional from the local authority. We looked at documentation, which included five people's care plans, including risk assessments, five care worker recruitment and training files and records relating to the management of the service.

Is the service safe?

Our findings

People told us that they felt safe using the service. One person told us, "Yes I feel very safe." Another person said, "the carers are polite and look after me." We spoke with a relative who also told us "the service has improved and is better than before. They keep my mum safe. They are never rude and are always nice."

People told us that care workers entered and left their home safely. Care workers told us they carried a mobile phone and had direct contact to the office or to the registered manager any time if they needed. One member of staff told us, "I can contact the office if I have a problem or I send a message from my phone." Care workers told us they had been provided with training in safeguarding people from abuse, which was confirmed in the records we looked at. Care workers understood their roles and responsibilities regarding safeguarding. They were able to describe the process for reporting any potential, or actual, abuse and who their concerns could be escalated to. Staff were aware of the provider's whistle-blowing policy and knew of the procedures to report concerns about practice within the organisation.

People and their relatives told us that there were sufficient care workers to provide cover for their care needs if their regular carer was on annual leave or was no longer working for the service. One person told us, "I get help when I need it, so I do feel safe." Care workers told us there were always two care workers or "double ups", for example, to assist someone in using a hoist when required. Care workers told us they had sufficient time to deliver the support that was detailed in people's care and support plans. During our inspection, the registered manager told us that they had "a high turnover of staff" and that some had left recently because they were unhappy. The service was in the process of recruiting more care workers.

Most people told us that their care visits were usually on time and they were contacted if the care worker was going to be late. However, people told us that there were occasions when care workers arrived late and they were not contacted by the care coordinators in the office who manage the rota. During our inspection, the registered manager informed us of serious incidents involving their staff which had affected the rota and calls to people's homes. This led to some missed calls or late calls. We asked what action the provider took and they told us that people were contacted by the office and apologised to. They also took disciplinary action and some care coordinators no longer worked for the service. This meant that the service had a shortage of staff.

People also told us that they were not satisfied that the service was providing different care workers who were not always arriving at the time agreed in the person's care plan. A relative said, "They are sometimes too early and that is not suitable" and another relative told us, "They don't arrive on time, they can be late, which means I have to fill in for them. They are supposed to take the pressure off of relatives but this does not always happen." Another person told us, "They try to fit everyone in but they can't. It is not fair on people because they turn up late." People and their relatives also told us about care workers having to travel long distances by bus in between call outs throughout the day which meant that they sometimes arrived late.

We spoke with the registered manager about these issues and they told us that they would be recruiting a senior care coordinator to manage the rota and more care workers and bank care workers to cover

shortages. During our inspection the registered manager stepped in to cover the coordination of visits after the previous care coordinator had left their position. The registered manager explained that "the clients were the priority" and they felt it was important that the service was disrupted as little as possible and to ensure that the service was operating effectively. We asked if people using the service would be contacted and they assured us that they, social workers and the local authority would be notified that the service would be "running slower than normal during the Christmas and New Year period. We will not be taking on new care packages until staff are in place."

We recommend that the service continues to ensure that they inform and update people and their relatives of any changes to schedules, rotas and staffing.

Some people also told us that they were concerned about care workers who did not always carry out personal care tasks safely. This included putting on their slings, washing and dressing them and sometimes taking too long to carry out tasks or carrying out too quickly. One person told us, "One of my carers is always in a hurry. And the other carer is a bit slower and gets tired. They fell asleep once." One relative said, "The carers try their best, they muddle through but it seems like hard work for them." We asked them if this was a continuing problem and they told us that the service is "good enough but I sometimes have to make sure that they do things correctly myself."

People had detailed risk assessments which were reviewed every three months. The risk assessments were personalised and based on the needs of the person. The assessments were completed with the person and identified what the risks might be to them, what type of harm may occur and what steps were needed in order to reduce the risk. These included risks around falls, manual handling and also the behaviour of the person, where this was applicable.

Staff recruitment files we looked at showed that the service had a clear safer recruitment in place. Care workers completed application forms outlining their previous experience, provided references and attended an interview as part of their recruitment. We saw that a Disclosure and Barring service (DBS) check had been undertaken before the member of care workers could be employed. This was carried out by the DBS to ensure that the applicant was safe and did not have any conditions placed on them if they were applying to work with people who required care and support.

People who needed support with their medicines told us that they were satisfied with the arrangements and confirmed that they were asked for consent by care workers before taking their medicines. One person told us, "The care workers ask me before they give me my medicine." A care workers member told us, "I know how to deal with medicines and how to complete the MAR (medicines administration record) sheet." A relative expressed some concern that care workers did not always prompt their relative to take their medicine at the required intervals and said, "I would do it myself instead". However, when we looked at medicine records, we saw that people were prompted to take their medicines when required. We also looked at daily notes, rotas and time logs and saw that care workers were able to cover shifts, take breaks and complete tasks most of the time. We saw that some visits were late or missed which confirmed what the registered manager told us.

Is the service effective?

Our findings

People and their relatives told us the care workers met their individual needs and that they were happy with the care provided. One person told us, "The care workers are top quality, they are very good at their job."

The registered manager told us that they were following best practice of the Mental Capacity Act (2005). The 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. 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. We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

People's consent was sought before any care and treatment was provided and the care workers acted on their wishes. People told us that care workers asked for their consent before they provided any care. Care plans had been signed to give permission for the information in them to be shared. People were able to make their own decisions and were helped to do so when needed. Care workers understood their responsibilities under the Mental Capacity Act and what this meant in ways that they cared for people. They said they would recognise if a person's capacity deteriorated and that they would discuss this with their manager.

Care workers told us they received the training and support they needed to do their job well. We looked at the care workers training and monitoring records which confirmed this. Care workers had received training in a range of areas which included safeguarding adults, medicines management, moving and handling, health and safety and the MCA. They received annual refresher training of important topics and were also enrolled on to National Vocational Qualifications (NVQ) in health and social care.

Newly recruited care workers completed an initial induction and could shadow more experienced workers to learn about people's individual care needs and preferences. Care workers told us the induction training they received provided them with the knowledge they needed. Some care workers told us that they did not always have access to a rota or timetable because they only received information on their personal phones via social media applications. Care workers would keep in contact with each other and with the office using specially created group messaging services. The registered manager told us that they would be issuing new smartphones and tablets to all care workers from which they could better access the secure system and group messages. The registered manager said, "Our staff had problems using their own phones because they could not always receive our messages or their rota, so we have bought them new devices for work."

Care workers were well supported and monitored. They told us that supervision took place every quarter,

which they found helpful and supportive. Staff received appraisals annually. Records we saw confirmed that one-to-one supervisions took place every three months. Care workers confirmed that any training needs, or areas of concern were discussed in order for them to develop and gain further skills. A care worker told us, "I have received supervision from time to time. The manager is always available for advice and support." We saw that care workers received personal development plans which enabled them to discuss what they would like to achieve and what skills they wanted to be provided with or developed.

People confirmed that care workers carried out their work in a way that was satisfactory but indicated that care workers would benefit from additional training. One person who received care told us, "The carers are generally good but sometimes they could be more careful in what they do, their training could be better. I think they should do more in house training so they know more about my needs." We looked at training records and saw that care workers had completed their mandatory training. The registered manager also told us that they would be providing specific training to staff for people with more clinical needs because "we want more complex care packages." Staff were able to attend in house training which was provided by the service, as the registered provider was licenced to supply training from their location.

Where needed, people were supported to have sufficient amounts to eat and drink and had their nutritional needs met by care workers. One person told us, "They make food for me if I ask them to." A relative told us that "the care workers prepare porridge and give her a drink when my (relative) needs one." When a person's health was of concern they would refer to health professionals if needed. One care workers member told us "We talk to service users to make sure they are ok. We can call the doctor if they are needed and we log it." Records confirmed that care workers had taken the appropriate steps when a person had been unwell.

Is the service caring?

Our findings

People told us that the care workers always treated them with respect and kindness. One person said, "I think they are very pleasant and very respectful." Another said, "The care workers are nice people." A relative told us, "The carers were lovely. My mum got on really well with them."

People confirmed their privacy and dignity was respected at all times. Care workers understood the importance of respecting and promoting people's privacy and dignity. Care workers knew about people's individual needs and preferences and spoke with us about the people they cared for in a compassionate way. One staff member told us "I make sure that I close the door before I give personal care. I respect their needs and dignity."

Care workers told us it was important to have regular schedules so that they saw the same people as this enabled them to build up positive relationships. One person told us, "It is really nice to have the same carer, we can have a nice chat." However, one person told us that they were not able to relate to their new carers because of cultural and language differences between them.

People and their relatives told us they "were able to make decisions about how we wanted to be treated." People told us that they were asked for consent before receiving any treatment. One relative told us that care workers "would ask my relative first and then call me if needed before putting on some cream or helping them with dressing." People confirmed that they signed consent forms confirming they had received, understood and agreed the care they were provided. Staff told us that information was shared with the person receiving care and support. We looked at records held in the office and the registered manager told us that care plans would be "discussed with clients" before commencing their period of care. The registered manager said that consent was confirmed with clients and records showed that clients signed care plans prior to receiving care and support. Records showed that people had been involved in their care planning and they had agreed with the contents.

Files held in the office for monitoring the quality of the service provided indicated when reviews were due, when they were completed and any subsequent changes to their individual care plan. Reviews were undertaken and where people's needs or preferences had changed these were reflected in their records. This ensured people received support which reflected their current care needs. People's care records identified people's specific needs and how they were met. The records also provided guidance to care workers on people's preferences regarding how their care was delivered.

People told us that they felt the care workers listened to what they said and provided them with the ability to be as independent as possible. One person said, "The care workers always look out for me, they make sure I am ok but let me do things by myself." This confirmed to us that the care workers promoted and respected people's independence. This told us that people's comments were listened to and respected.

Is the service caring

Is the service responsive?

Our findings

People told us the service was responsive to their needs for care, and support. One person told us, "They always do their best and respond quickly." Each person had a support plan which was personalised and reflected in detail their personal choices and preferences regarding how they wished to be cared for.

The service received referrals from the local authority or from hospitals for people who required emergency support following their discharge from hospital. During our inspection we saw evidence that initial assessments were carried out prior to the person receiving a service from the agency, to determine whether the service could provide the necessary required support. The assessment established what specific personal care and support needs the person had and incorporated personal risk assessments and risk management guidelines. This was supported by completed assessments and confirmed through discussions with people and their relatives. A personalised care and support plan was then developed from the discussions which outlined their needs with the involvement and agreement of the person. People had care and support plans in their homes and a copy was held in the office. Support plans were regularly reviewed and updated to reflect people's changing needs. People spoke positively about the service and said that their care and support needs were met. The care plans contained personal details about each person, for example, family life and details of significant relationships, friends and relatives. People had a copy of their support plans in their homes. We saw that care plans contained details of what support they wanted for each part of the day when a care worker was scheduled to visit, for example in the morning, at lunchtime and in the evening.

People told us they were involved in the compilation of their support plan and they had involvement in it being reviewed and updated. People told us that they were happy with the care and support they received from care workers. One person told us, "[The registered manager] is really good. I would talk to her if I needed the care workers to do anything more for me." Care workers were able to outline the needs of the people they were supporting and how they would check if there had been any changes to their needs. People's wishes were listened to and acted upon. For example, one person told us they preferred a care workers member who was no longer providing care for them. They told us, "I got on really well with them. I was sad they did not come to see me anymore." The service later reinstated the care worker to work with the person, which meant that the service was responding to people's preferences.

We looked at daily records and found that they were well written by staff and contained a good level of detail about the care that had been provided. Any issues that other members of staff needed to be aware of were recorded clearly. The service had a policy and procedure for reporting complaints. People were provided with information about how they could raise complaints in an easy to read service user guide book left in their homes. A person told us, "I know how to complain but not that I have needed to." Another person said, "I would speak to the manager, she is very good. She listens and takes action." The service had not received any formal complaints but we saw evidence that the registered manager dealt with all issues and concerns seriously and took the appropriate action.

Is the service well-led?

Our findings

Our findings

The service had a clear management structure in place. The service was managed by the registered provider (operations manager) and the registered manager, who was also one of the owners. The registered manager was able to demonstrate a good understanding and knowledge of the people who received the service and the staff who worked there. They were also knowledgeable of their responsibilities in notifying the relevant supervisory bodies, such as the local authority, Clinical Commissioning Groups (CCG) and the CQC of any incidents, risks and complaints.

The provider had appointed two care coordinators who were office based locations but they were relieved of their positions after only a few weeks, which placed some pressure on the service. The registered manager told us that they were dismissed for inappropriate or gross misconduct. The registered manager took on their roles in the interim with the support of the operations manager, while they went through the process of recruiting to fill these vacancies. The registered manager told us of difficulties they were experiencing with retaining staff following the recent dismissals. We looked at what actions were taken to resolve the situation and saw that the provider followed its disciplinary procedures. We also saw that a team meeting took place for staff to air their views and concerns. The managers of the service also reassured staff that they would be supported to carry out their roles and would not be adversely affected by the disciplinary case of one of the dismissed employees. The registered manager told us, "We are demanding on our staff, we expect clients to get the best service, so we want the best carers and staff. It is hard to find quality staff. We don't tolerate unacceptable behaviour." We asked if this placed additional pressure on staff and the registered manager appreciated that the job could be stressful but said that the provider had "high standards and strives for excellence. We provide a lot of support and pay more than other providers. We value our staff."

Care workers told us the service was well organised and they enjoyed working at the service. One staff member told us, "The manager is fine, she is helpful and I can approach her." Another said, "She is very good, she knows the job and takes things seriously." People confirmed that the registered manager was very helpful and kept people up to date with any changes. They told us that they were treated fairly, listened to and that they could call the service at any time if they had a problem. However, there were some concerns about office based staff "who do not always listen." We spoke with the registered manager about this and they reassured us that new staff would do better and listen more. This would also be discussed in training, supervision and team meetings.

The care workers told us they had team meetings which enabled them to discuss any issues or concerns and this was confirmed by the records we looked at. Care workers said they had regular supervisions where they had the opportunity to discuss the support they needed, guidance about their work and to discuss their training needs. The registered manager told us they had recently delivered in-house training to improve the quality of the service.

Quality audits were completed to identify where any necessary improvements were needed. Daily notes which included what medicines were administered were brought back to the office each month to be

audited and quality checked to ensure that care workers completed them thoroughly. If any discrepancies were found then the manager would have a discussion with the care workers member and take any necessary action for improvements to be made. The registered manager told us about initiatives they were introducing, such as paperless daily log recording tools and using smartphone technology so that carer staff could report and log in remotely when they were on a visit instead of logging in using a person's house phone. We saw that there was a current online system which contained information on schedules for each staff member. The registered manager told us that they would also be looking to recruit more carers that could drive to reduce the reliance on public transport when travelling between visits.

The provider sought the views of people who used the service. They sent surveys to relatives and professionals to seek their views and opinions. We saw the latest questionnaires which had been sent out. People made positive comments about the service they received. The registered manager told us they listened to people's feedback and looked at ways they could make improvements. There were no formal complaints, however, we saw that the service took any concerns seriously and acted on them promptly so that the service could improve. Care files and other confidential information about people were kept in the main office securely. This ensured people's private information was only accessible to authorised people.