Verina Daly Care Ltd

# Verina Daly Care

## Inspection report

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Date of inspection visit:
16 May 2017
02 June 2017

Date of publication:
04 July 2017

## Ratings

| | |
|---|---|
| Overall rating for this service | Requires Improvement |

| | |
|---|---|
| Is the service safe? | **Requires Improvement** |
| Is the service effective? | **Requires Improvement** |
| Is the service caring? | **Good** |
| Is the service responsive? | **Good** |
| Is the service well-led? | **Requires Improvement** |

# Summary of findings

## Overall summary

Verina Daly Care provides a domiciliary care service to people living in their own homes. Services range from 30 minute 'pop ins' to 24 hour care. There were 22 people receiving a personal care service at the time of this inspection.

At the time of this inspection the provider was in the process of moving the agency office to another location.

The service has a registered manager, who is also the service provider. 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.

We received positive feedback about the service, the provider and the staff. People and their relatives felt the agency supported them in a kind and caring manner to meet their needs.

Staff recruitment processes were not robust. All the information required to inform safe recruitment decisions was not readily available prior to applicants starting in their role.

Staff had not all received appropriate training updates in a timely manner to ensure they could deliver effective care to people.

The provider had not implemented effective quality assurance systems to assess, monitor and continuously improve the quality and safety of the service.

People received a personal care service that was responsive to their needs. They and their relatives were confident to share any concerns and that these would be acted on. Systems were in place to help ensure any concerns or complaints were responded to appropriately.

Staff understood how to identify, report and manage any concerns related to people's safety and welfare. There were systems and processes in place to protect people from risk of harm, including how medicines were managed.

There were sufficient numbers of staff deployed to meet people's needs.

People were supported to have enough to eat and drink. The agency assisted people to obtain advice and support from other health professionals to maintain and improve their health or when their needs changed.

There was an open and inclusive culture within the service and staff felt supported in their roles by the management team.

We found three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement**

The service was not always safe.

Staff recruitment processes were not robust. All the information required to inform safe recruitment decisions was not readily available prior to applicants starting in their role.

Risks associated with the provision of care were assessed and care workers had a clear understanding of their responsibilities for reporting any concerns.

Staffing levels were sufficient and organised to take account of people's needs and where they lived.

Care workers were aware of their responsibilities in relation to assisting people with medicines.

### Is the service effective?

**Requires Improvement**

The service was not always effective.

Staff had not all received appropriate training updates in a timely manner to ensure they could deliver safe and effective care to people.

People were supported to have enough to eat and drink.

People were supported to access healthcare services when required.

### Is the service caring?

**Good**

The service was caring.

People received support from compassionate and caring staff.

People and their relatives were involved in decisions about their care and their privacy, dignity and confidentiality was respected.

### Is the service responsive?

**Good**

The service was responsive.

People received a personal care service that was responsive to their needs.

People and their relatives were confident to share any concerns and these would be acted on.

## Is the service well-led?

**Requires Improvement**

The service was not always well led.

The provider had not implemented effective quality assurance systems to assess, monitor and continuously improve the quality and safety of the service.

There was an open and positive culture and staff felt well supported.

# Verina Daly 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 was planned to check 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 16 May and 2 June 2017 and were announced. The provider was given 24 hours' notice because the location provides a domiciliary care service; we needed to be sure that someone would be available in the office. The inspection was carried out by one inspector and an expert by experience. The expert by experience had personal experience of caring for people who used domiciliary care services.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also checked other information that we held about the service and the service provider, including notifications we received from the service. A notification is information about important events which the provider is required to tell us about by law.

During the inspection we spoke with eleven people who used the service and two relatives by telephone. We also spoke with a senior care worker and three care workers by telephone.
We met and spoke with the provider who is also the registered manager, the recently appointed care manager and the team leader. We looked at care records for six people. We also reviewed records about how the service was managed, including staff training and recruitment records, risk assessments and quality assurance.

Requires Improvement

# Is the service safe?

## Our findings

People confirmed they felt safe with the way care and support was provided.

However, we found the provider did not have robust processes to ensure appropriate checks were made and people employed by the agency were of good character. We looked at recruitment records for six staff and found that some information was not readily available. For one member of staff there was no explanation regarding a gap in employment between 1994 and 2001. There were no references in another two care workers files, one of which contained a copy of a Disclosure and Barring Service (DBS) record issued on 25 March 2015 while the person was with a previous employer. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. There was a separate list of staff DBS reference numbers with the dates applications were submitted and clearance received. However, this member of staff was not included on that list. The Care Manager said the DBS should have been renewed in April 2017.

This was a breach of regulation 19 of Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

On our subsequent visit the Care Manager confirmed that the outstanding references had been sent for and the application for an updated DBS check had also been sent. The Care Manager was introducing a revised checklist for staff recruitment records, in order to improve the organisation of the files. We saw the records of two more recently recruited members of staff and these contained all of the required checks and information.

Staff knew and followed guidance to help keep people safe. This included procedures for making sure that access arrangements to people's homes and other personal information remained confidential and protected people. Care workers wore identity badges when visiting people in their homes. They were aware of the provider's policies and procedures for safeguarding and whistle blowing, which were available in the office. They demonstrated knowledge of the procedures and understood their responsibilities for reporting any poor practice or suspected abuse. Staff were confident any concerns they raised to the Care Manager or provider would be addressed. The Care Manager told us they were booking further, more in depth, training in safeguarding for staff in senior roles.

Risk assessment and management plans were in place in relation to people receiving care in their own homes. Risk assessments were carried out by the senior care workers or team leader. Care workers told us they would report any changes or new risks to the agency office and a new risk assessment would be carried out if necessary. One care worker said "We all assess risk all the time. We would report any changes to a senior (member of staff), record it in the care notes and (take action to) minimise the risk".

People confirmed that care workers arrived on or within 15 minutes of the scheduled times and provided care and support as agreed. Care visits were scheduled via a computer programme, which showed all visits were covered for the day by sufficient staff, for example when two staff were required to support a person.

The team leader said care workers were expected to contact the office if they were unable to make a visit so that alternative cover could be arranged. The team leader told us there were sufficient numbers of staff to meet the current needs of people using the service. There were plans to expand the service and two new care workers and a care coordinator had recently been employed, which provided additional resources before any new clients were taken on.  A staff member said there were currently "More than enough" staff to provide care visits, following the employment of the two new care workers. Another member of staff told us "There are more staff now and it's a bit more manageable".

People who received support with their medicines told us this worked well. Where people required assistance with taking medicines, staff were aware of their care plans and support needs. For example, some people required assistance to read the labels or get medicines out of the packets or bottles. One person had a risk assessment in relation to not taking medicines and staff demonstrated their knowledge and understanding of the issues and agreed support.

Staff told us about infection prevention and control (IPC) procedures they followed during care visits including waste disposal and disinfection. They told us personal protective equipment such as aprons and gloves were always available and used by staff.

Requires Improvement

# Is the service effective?

## Our findings

People we spoke with confirmed that care workers understood their or their relatives care and support needs and had the skills to provide this. Some people more than others felt there was continuity of care workers providing their care and support. People's comments included: "I have the same carer every week"; "One carer comes more than the other three carers"; "Don't always get the same carers"; "Occasionally…..but care is good"; "Yes, and well trained".

The staff team consisted of eighteen members. The Care Manager told us that one member of staff was up to date with all of their refresher training. The other staff were overdue training updates in various subjects and this was being addressed. We saw records confirming this. Records showed further refresher training in moving and handling, administration of medicines, safeguarding and the Mental Capacity Act 2005 had been requested in April 2017 and were scheduled to take place. The provider had also made arrangements for all staff to complete the Care Certificate. The Care Certificate is a nationally recognised set of induction standards for health and social care staff.

The Care Manager was aware that training in areas such as moving and handling should be updated annually to help ensure staff followed current and good practice. This would also apply to other subjects including the safe administration of medicines and safeguarding adults. The training record we were shown indicated that at least seven staff had not received training in these two subjects since 2014. The training record did not specifically state when these staff had received moving and handling training, referring only to health and safety training between 2012 and 2014. The record also indicated the provider had not had refresher training in the above subject areas since 2014 and earlier.

Senior care workers carried out random spot checks every three months to monitor working practices. We saw a spot check evaluation record for care worker that was carried out on 19 April 2017. The section on the moving and handling competency assessment stated the care worker 'has done moving and handling training at a previous job but feels she would benefit from a refresher'. Similarly the section on the administration of medicines competency assessment stated the care worker 'met the criteria during the activity' and 'would benefit from further training regarding knowledge of procedures regarding storage of medicines, administration policies and medicines awareness training'. The care worker's individual training certificate for care and administration of medicines expired on 22 August 2015. Their other previous training had also expired.

This was a breach of regulation 18 of Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Managers and staff told us that people's mobility support needs were now increasing. Staff confirmed they had received previous training including moving and handling. They were aware there was a need for training to be refreshed and of scheduled dates for moving and handling and safeguarding updates commencing on 26 and 27 May 2017. A care worker told us "There is a lot of training going on at the moment". The new manager also had an action plan for more in-house and face to face training. Staff told

us the new manager was making sure care visits were covered by appropriately trained staff. Training for staff in relation to dementia care and end of life care was also included as part of an on-going service development plan.

The Care Manager told us that two senior staff were always on duty and available to assist with personal care. The provider information return (PIR) that was submitted on 6 April 2017 stated two staff had received moving and handling training in the last 24 months.

A member of staff confirmed that following an interview and police checks, they had received an induction into the service that included shadowing experienced staff. They told us the induction "Explained things well and I was asked if I was comfortable before working on my own. It wasn't rushed". They said they felt they received suitable training and they were aware that training updates were being scheduled. They said if they were not sure of anything "there's someone at the end of the phone", for example if during a visit they noticed someone's needs had changed. They said "There's good team work".

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.

The Care Manager was aware of their responsibilities in relation to the MCA, including reporting any concerns. The provider had received MCA training in 2014. This training was now out of date.

Nine out of ten people told us care workers asked for their consent or permission before providing care. People's comments included: "Done at the beginning of tasks"; "They ask if I am ready for a shower"; and "They are very good with mum". Care plans indicated that people were able to make their own decisions and /or with support from relatives.

A member of staff told us people had signed consent to care forms. They told us, before giving care or support, they "Always ask first, check what they want done"; and added "It's in their own home". They had completed online training in the MCA, which they said had covered the key points. They described a situation where a decision had been made in a person's best interest by a relative who had the relevant power of attorney (POA).

Another member of staff said they had not received any MCA training. They told us how they obtained people's consent before providing care. For example, "Ask them if they want assistance; check if they're alright with it. How you would like to be treated yourself". They spoke about "Respecting people's privacy and dignity" and "Knowing my boundaries".

Where people required support in relation to food and drink this was recorded. Care workers understood the importance of protecting people from the risk of poor nutrition and dehydration. One care worker told us how they had monitored and encouraged a person's intake of food and drink. The person's needs had changed and their appetite had decreased, so they were no longer interested in main meals or large portions of food. In response to this the care workers had offered the person "Lots of snacks throughout the day, finger foods they can pick at" and said "this works well". Another member of staff said "Don't rush people. Explain the benefits" in relation to encouraging people to eat and drink well. People who were supported with meals and drinks told us this worked well. People's comments included: "They will get me a coffee when I need it"; "Excellent cook"; and "It's working well".

The service supported people to receive appropriate health care when required. Staff told us they encouraged people to contact services, for example writing down appointments for them, or the agency scheduled in an earlier visit to assist them with personal care so that they were ready in time. Care workers informed the agency office about any appointments they supported people to make and the outcome so that care records were updated when appropriate. The agency worked in partnership with other health and social care professionals including the community nursing team and social services, for example when people were discharged from hospital.

Good

# Is the service caring?

## Our findings

It was evident that staff from the agency developed positive relationships with people who used the service. People told us staff were kind and caring and treated them with respect. One person said "Very much so. I am pleased and so reassured that I have people caring for me". A relative commented "The carers are very gentle with my father". We observed staff in the office responded to telephone calls in a professional, friendly and caring manner. They clearly knew people who used the service well and had a good rapport with them.

A member of staff told us "Most people are seen on a daily basis and by the same care workers as much as possible". They said "We get to know people on a more personal level". They added "I think all clients have a good rapport with all staff". They gave an example of caring for a person on end of life care and supporting the person's family at this time. Some staff worked with people receiving 24 hour care packages. They said this enabled them to "Get into a family routine and get to know the person well".

People confirmed that care workers respected and promoted their privacy and dignity when providing personal care. One person told us "Every morning before the carer (provides care) she knocks and announces herself". Another person said "I am quite a private person so am pleased with the carers respect for me". A relative commented "The carers help dad to sit down to wash himself in the shower, in privacy".

Care workers gave examples of how they supported people while respecting their privacy, dignity and confidentiality. For example, making sure doors and curtains were closed, keeping a person covered as much as possible while assisting them to wash. They said "Everyone is different";  "Watch their body language" and "You can tell, from facial expressions, and pick up on certain moods" regarding how people wanted to be supported and what they were comfortable with.  A care worker said they felt it was important to "Treat people how I'd like to be treated. Ask them how they feel about me helping them and see what they're able to do themselves". Staff demonstrated their awareness of the provider's policy on protecting people's confidentiality, for example keeping personal information safe and not talking about other clients or care workers in front of people.

The service supported people to express their views and be actively involved in making decisions about their care and support. People told us they or their relatives participated in the development of their care plans and reviews. They confirmed their preferences, likes and dislikes were considered when the care plan was drawn up and said they felt listened to. People's comments included: "The carer and Verina (provider) came and discussed it all with me"; "Talked through everything"; and "Yes I am listened to". A member of staff said "If people want things done differently, we encourage them to tell us".

Good

# Is the service responsive?

## Our findings

Overall, people we spoke with expressed satisfaction with the care provided and spoke positively about how the service responded to their needs. One person said they were "Absolutely" satisfied with the service. Another said "Extremely satisfied, they are all very helpful".

Care records contained an assessment of the person's needs and a detailed care plan laying out a schedule and methods for meeting their needs. Care and support tasks were broken down into steps providing guidance for staff about what to do from the moment of arrival at a person's house until departure. The care plans supported a personalised approach to the provision of care. People's preferred ways of being assisted with their daily routines were clearly recorded. For example, the guidance for care workers in a person's plan stated: 'Open the wardrobe for me to look at my clothes and I will choose what I would like to wear'. The care plan made clear the aspects of personal care the person could manage independently and those they required support with.

Staff demonstrated knowledge and understanding of people's care and support needs and the of the plans in place for meeting them. Reviews of people's care took place annually or sooner if required, for example if care workers raised concerns about people's support needs. A member of staff told us "People can say how their care is given" through the review process and "Any changes to care plans are explained straight away". Also people had a senior care worker assigned to them who visited regularly. The member of staff said "We're introduced to every new client by the manager or senior care worker".

The service used a recently upgraded computerised scheduling system for coordinating care visits. The system enabled office staff to match care worker's knowledge and training with people's needs. For example, we saw appropriately trained staff were allocated to people with catheter care needs. The system was also used to log details of any telephone calls or issues raised by staff in relation to people who used the service. This included when staff contacted GP or community nurses for people.

Three people we spoke with said they were asked for their views about the service they received.. Two other people said they had completed a questionnaire and another said they had been asked their views via the telephone in the last year. We saw the six responses to the client satisfaction questionnaire carried out in January 2017. The responses were all positive and no actions had been required as a result of the feedback. The Care Manager said the survey would be carried out three times a year.

People told us they knew who to speak to if they had concerns or complaints and would feel comfortable doing so. Nine out of ten people said they had never needed to make a complaint. One person said they had once raised a complaint and the provider had taken appropriate action. A complaints policy was in place with a procedure for investigations and timescales for actions. There had been no recent complaints. The provider also kept a record of compliments received about the service.

Requires Improvement

# Is the service well-led?

## Our findings

The feedback we received from people and their relatives was overall very positive about the management of the service. We asked people what the service did well and their responses included: "I think being kind and caring"; "Carers are cheerful and will do anything I want"; "Looking after me"; "Particularly helpful when needed care at the beginning"; "Always nice carers"; and "Everything". When asked if there was anything that could be improved, the responses included: "No I don't think so"; "All is good"; and "They have been very kind".

People received information about the service and knew who to contact in the care agency if they needed to. A person told us "I have a card with details". Another person said they kept in contact via email. A member of staff told us "People have the landline, mobile and out of office numbers. Calls are always answered". A management on call system was in place when the office was closed.

A service commissioner told us "In all of my dealings with Verina, I have found her to be professional, responsive and trustworthy. She says what she will do and she does what she says".

However, we found the provider had not implemented robust quality assurance systems to assess, monitor and improve the quality and safety of the service. The provider had not always maintained records relating to people employed to provide care; and had not ensured that staff training needs were met in a timely manner and without undue delay.

The recently appointed Care Manager was implementing an action plan for the continuous development and improvement of the service. The plan included reviewing and updating client and staff records, policies and procedures, carrying out staff supervisions, arranging appraisals and staff refresher training, maintaining on-going client satisfaction questionnaires, and developing a business continuity plan. These improvements would need to be embedded in service delivery and sustained over time.

This was a breach of regulation 17 of Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider told us they had been providing care along with care staff and used this as an opportunity to monitor the care service that people received. The provider was now stepping back from direct care and had recruited a Care Manager who was in the process of developing a more formal quality assurance system. This included an audit tool and checklist to assist them in monitoring the quality and safety of the service. The Care Manager had been visiting people in their homes to introduce herself.

Senior care workers carried out random spot checks of staff working practice every three months. This included checking that proper equipment was being used in the correct way and if any further training was needed. For example, the need for moving and handling updates had been identified as more people required support with their mobility and repositioning.

The Care Manager had facilitated a meeting with the office staff to discuss the changes to the service and planned to have meetings with care staff. They told us the first priority had been supervisions with care staff. Appraisals were planned for the end of the year. A member of staff told us the new Care Manager had already made improvements, particularly "A lot more organisation and structure".

Staff said they felt it was a well-managed service. For example, rotas were written up a week in advance to ensure cover. They said the management team were open to feedback. "They ask how things are going and about any concerns. They will ask 'How can we deal with this?' and there will be an action plan going forward". A member of staff said "Someone will come out and have a look" if they reported any concerns; "They don't ignore anything". They had supervision every six months but "It's on-going. If I phone I get a response there and then". They said they felt supported in their role and said "It's a good team". Two other members of staff confirmed the service was well led and said the management team were supportive and open to feedback. One told us "They're very approachable".

Staff we spoke with demonstrated commitment to the values of respecting and promoting people's dignity and independence and providing quality care. These values were reflected in the provider's statement of purpose for the service.

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 17 HSCA RA Regulations 2014 Good governance<br><br>The provider had not implemented robust quality assurance systems to assess, monitor and improve the quality and safety of the service. Regulation 17(1)(2)(a)(b)(d) |

| Regulated activity | Regulation |
|---|---|
| Personal care | Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed<br><br>The provider did not have robust processes to ensure appropriate checks were made and people employed by the agency were of good character. Regulation 19 (1) (a) and (2) |

| Regulated activity | Regulation |
|---|---|
| Personal care | Regulation 18 HSCA RA Regulations 2014 Staffing<br><br>The provider had not ensured that all staff had received appropriate training, learning and development to enable them to fulfil the requirements of their role confidently and continue to safely meet people's changing needs. Regulation 18(2)(a) |