

Violets Homecare Services Ltd

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Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

Violets Homecare is a domiciliary care agency which provides personal care to people in their own homes. At the time of our inspection approximately 75 people were receiving support with personal care.

The inspection was announced and took place on 7 and 9 June 2016.

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 providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

People were kept safe by staff that had a good understanding of how to identify abuse, and knew how to respond appropriately to any concerns that arose. Risks to people's safety had been assessed so as to minimise the potential for reoccurrence, and had been measured against people's right to take risks and remain independent.

Staff numbers were based upon the amount of care that people required, and were flexible to ensure that people were kept safe. Robust recruitment procedures ensured that only staff who were considered suitable to support people worked within the service.

Safe systems were in place to ensure that people received their medication in line with their prescriptions. Staff ensured that medication was administered and recorded in accordance with best practice guidelines.

An induction programme was in place for new staff which prepared them suitably for their role and assessed their competencies against essential standards. Staff were also provided with a range of training to help them to carry out their roles and meet people's needs. Regular supervision and annual appraisals, to further support and develop staff were also provided.

Staff complied with the requirements of the Mental Capacity Act 2005 (MCA) and the associated Deprivation of Liberty Safeguards (DoLS). Wherever possible people were actively involved in decision about their care and support needs.

People were supported to take an adequate dietary intake, based upon their specific dietary needs, if this was an assessed part of their care package. Liaison with healthcare professionals took place when needed and prompt action was taken in response to illness or changes in people's physical and mental health.

Staff treated people in a friendly and caring manner, with kindness and compassion, and cared for them according to their individual needs. They had a good understanding of people's individual needs and worked hard to ensure they had choices based upon their personal preferences. Staff were very knowledgeable about the specific needs of the people they supported and used this

information to ensure that people received person centred care, which ensured their privacy and dignity was maintained.

People's needs were assessed prior to them being provided with care and support. Care plans were updated on a regular basis, or as and when people's care needs changed. People knew how to make a complaint if they needed to and were confident that the service would listen to them. Where action was required to be taken to address complaints, we found that lessons were learnt from this to drive future improvement.

The registered manager was visible and accessible and staff and people had confidence in the way the service was run. The culture within the service was forward thinking, open and positive, with all staff striving to provide the best care and support they could. The registered manager and provider regularly assessed and monitored the quality of care provided to people so that they could drive future improvement and make changes for the better. Staff were encouraged to contribute to the development of the service and understood the provider's visions and values.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Staff were aware of the principles of safeguarding, and used this knowledge to protect people from harm.

Where risks to individuals were identified, specific plans were in place to minimise any adverse effects from these.

Staffing arrangements meant there were sufficient staff to meet people's needs and the service followed robust procedures to recruit staff safely.

Medicines were managed safely in accordance with prescribed guidelines.

Is the service effective?

Good ●

The service was effective.

People were supported by staff that had appropriate skills and had received the training they required to perform their role.

The service was meeting the requirements of the Mental Capacity Act 2005 and staff were aware of their responsibilities to always act in a person's best interests.

Staff provided people with support with meals where required.

People's health needs were monitored closely and the service sought advice and up to date information from relevant healthcare professionals.

Is the service caring?

Good ●

The service was caring.

People were happy with the care provided and had good relationships with staff.

Staff demonstrated they had a good understanding of the people they were supporting. People were treated with respect.

Systems were in place to make sure staff had all the information they needed to meet people's assessed needs.

People and their relatives were consulted about their assessments and involved in developing their care plans.

Is the service responsive?

Good ●

This service was responsive.

People and their relatives were involved in decisions about their care.

People had their needs assessed and staff knew how to meet them. The service was flexible in the way it provided care.

There was an effective complaints procedure in place. Complaints and concerns were discussed with staff to identify lessons learned and improve the service.

Is the service well-led?

Good ●

This service was well led.

The service was led by a registered manager who had vision and values that were shared by staff, for the development of the service.

There was an open and positive culture at the service.

Systems were in place to ensure people and staff were supported by the management and the provider.

Quality control systems were in place to ensure care was delivered to a good standard and areas for development and improvement were identified.

Violets Homecare 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 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 7 and 9 June 2016, and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure staff would be available for us to talk to, and that records would be accessible. The inspection was undertaken by two inspectors.

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 the information we held about the service and the provider and saw that no recent concerns had been raised. We had received information about events that the provider was required to inform us about by law, for example, where safeguarding referrals had been made to the local authority to investigate and for incidents of serious injuries or events that stop the service. We also contacted the local authority that commissions the service to obtain their views about the provision of care to people.

We spoke with seven people who used the service and three relatives and reviewed written comments from five further people. We also spoke with the registered manager, one director and four members of care staff, as well as two members of office staff.

We looked at nine people's care records to see if they were reflective of their current needs. We reviewed seven staff recruitment files, staff duty rotas and staff training records. We also looked at further records relating to the management of the service, including quality audits, in order to ensure that robust quality

monitoring systems were in place.

Is the service safe?

Our findings

People told us they felt safe and that staff protected them from harm or abuse. One person said, "I feel so safe. So well looked after." Another person told us, "All is ok with that. I do feel safe with them." We were also told, "Of course I feel safe. They are all lovely to me." A relative stated, "It's not always the same carer but we know who's coming. We feel safe with all of them." Written comments we reviewed stated, "He feels safe 24/7." The support provided to people enabled them to remain safe.

Staff demonstrated a clear understanding of the types of abuse that could occur, the signs they would look for, and explained what they would do if they thought someone was at risk of abuse. They spoke to us about the reporting process that they would use, and were confident that any allegations would be fully investigated by the registered manager and the provider. One member of staff said, "I always report things as we have to back things up, to protect people. We are vigilant in raising any issues." Staff also told us that where required, they would escalate concerns to external bodies; including the local authority safeguarding team, the police and the Care Quality Commission (CQC). We found that staff attended regular training on protecting people from abuse, and also had their competency checked, so that where there were any gaps in knowledge, these could be addressed. Records confirmed that staff worked in conjunction with local authority to ensure that people were kept safe.

Staff told us that they would report any accidents or incidents to the registered manager, should these occur because they wanted people to be as safe as possible. Where necessary, we found that incidents were reported to external organisations, such as the local authority or Care Quality Commission (CQC.) Records confirmed that accident or incidents were investigated and appropriate action taken as a result.

People told us they were aware that staff had written information that they used to help keep them safe but felt that they were empowered to take controlled risks. Staff considered that risk assessments were valuable tools in supporting people, especially when used in conjunction with care plans. Risk assessments had been completed for people in such areas including moving and handling and the environmental aspects of the home environment. The information in these documents was detailed, up to date and reviewed regularly, but more frequently when someone was new to the service or their needs had changed. Where risks had been identified, practical guidance was included in the written record to direct staff as to how risks could be minimised. People had individual risk assessments in place to promote and protect their safety.

People told us there was enough staff on duty. One person told us, "I have the same three people in the week and different ones on the weekend. Always the people they tell me on the rota." A relative said, "All of our timings are very good, just when we need them. They have never missed a call." Staff also said there were enough of them to meet people's needs safely. One said, "We have enough time to get to visits and do what we need to do. If we face an emergency situation then we always have back up and are well supported." Another staff member said, "We have the same group of people to visit for consistency and we get travel time built in, they try and keep our visits near to each other which really makes things easier for us." Where possible, staff were kept to a particular geographical region for continuity of care. Records confirmed that staffing levels within the service were flexible to accommodate busy periods or cover

sickness, and were reviewed regularly and adjusted when people's needs changed.

The registered manager and senior staff told us that there was an out of hours on call system in operation, that ensured that support and advice was available for staff when needed. There was always a senior person available to support staff and give advice in times of emergencies. We found that there were sufficient numbers of staff available to keep the current group of people who used the service safe.

People were protected because there were effective recruitment procedures in place. Records were well organised and new staff had completed application forms, which included a full employment history. We saw interview questions and answers and completed skills tests with evidence of Disclosure and Barring Service (DBS) checks, proof of identification and two references. There was an effective recruitment and selection process in place which ensured staff were checked before they began working with people who used the service.

People told us they were supported to take their medicines as prescribed, and medication administration records (MARs) confirmed this. One person said, "They do all my tablets as long as they are in the boxes. I get them always, no problems." The level of support people required with medicines varied, some required minimal prompting and some more support and guidance. Staff told us they could only administer medication following training to ensure they were equipped with all the required knowledge to keep people safe. One staff member explained to us how they had recently been given a new role as medication supervisor. They told us, "I make sure that medication is reviewed and up to date and am trying to make changes to improve the medication systems and make them easier for us to use. To have colour coded medication charts." They went on to say that this role gave them the opportunity to spend time, making sure that all staff were up to date with their knowledge and to overview the medication systems and processes in place to ensure a safer medication system, to minimise potential for errors in recording to occur.

We found that MAR charts had been signed following medication administration and that there were no gaps in the records. The correct codes had been used and when medication had not been administered, the reasons were recorded. Regular audits were maintained to ensure that there was oversight of the medication systems and processes used within the service. People received their medicines when they should and were kept protected by the safe administration of medicines.

Is the service effective?

Our findings

People were happy with the support they received from staff and felt that staff had the right skills, and the knowledge they needed to care for them properly. One person said, "I am so well looked after. They can't do enough for me. Always ask me what help I need."

Staff had received an induction and explained that this was beneficial in giving them experience of the work they had been employed to do. We were told that there was no set period of time for the induction process, which meant it could be tailored to the individual needs of staff members. The initial shadowing visits with experienced members of staff helped them to understand people's needs and to get to know them before they began to work independently. The registered manager said that new staff attended an induction training programme, which provided all the mandatory training expected by the provider. Records confirmed that the provider induction programme accommodated the essential standards within the Care Certificate. Competency was assessed through a series of observations, in areas such as administration of medication and moving and handling people, during spot checks in people's homes.

Staff told us they received regular training to maintain their skills and keep their knowledge current and up-to-date. They said that the training was good and helped them to develop new skills and provide appropriate care for people. One staff member said, "We are always kept up to date with training. The training is really good." Another staff member told us, "We have moving and handling training, safeguarding and medication. We always get questionnaires to get us thinking about what we have learnt." We were also told, "Training is really good, and it stops you from messing up, it makes you do things as they should be done." The registered manager told us, and records confirmed that staff had been supported to undertake additional vocational training. Records showed that staff had attended training which included safeguarding, infection control and manual handling which was appropriate for their role.

Staff received supervision on a three monthly basis. One staff member said, "Supervisions are really useful and give us the chance to talk about training, development needs or anything we need to." Those that had worked at the service for more than a year said they had an annual review of their work performance, during which their training needs were identified. If they had any problems or questions between supervisions, they could go to the registered manager and other senior members of staff, who they said were very supportive and always accessible to them. One staff member said, "The support we have is great, there is an open door policy and we can come in at any time." Staff were also subject to unannounced checks carried out by senior staff, where working practices were evaluated and they received feedback on the findings.

People acknowledged that staff asked for their permission before they carried out a task or offered them support. Staff told us that it was really important to seek people's consent, and to provide care and support in line with their wishes. One staff member said, "I would treat people like I want to be treated myself." Records confirmed that people's consent had been sought and documented, for example, in respect of medication and provision of care.

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 registered manager and staff told us they had received training on the requirements of the Mental Capacity Act 2005 (MCA) and advised that they would always liaise with the local authority if they had any concerns about a person's fluctuating capacity. Records confirmed that staff understood people's rights to make decisions about their own care and support, for example, in respect of their finances.

People told us that that the support they required with nutrition and meal preparation was assessed as part of their care package. One person said, "I do my own dinner but they help with everything else." One relative told us, "They do prepare some lunch or tea. Always just what he likes." Staff said that when required, information was incorporated into people's care plans so that the food they received was to their preference. Details of people's dietary needs and eating and drinking needs assessments were recorded within care records and indicated people's food likes and dislikes and if they needed any support with eating and drinking. Much of the food preparation at mealtimes was completed by the person themselves or their family members and staff were required to support people by reheating meals and to ensure they were accessible for people.

People's health and wellbeing was monitored by staff although it was generally considered that it was people's own responsibility to manage their health appointments. One relative said, "They've worked wonderfully with the district nurses. He's absolutely thriving now." Staff told us if they had any concerns about people's health that would assess the situation and either contact the GP or ambulance service, or contact the office for further advice. Records showed that staff had taken appropriate steps if they had any concerns and liaised with other health professionals.

Is the service caring?

Our findings

People and their relatives were extremely happy with the care they received and the kind and caring way in which staff treated them. One person said, "All my carers are lovely." Another person told us, "They do absolute wonders for me. They have given me so much care, so much encouragement." A relative told us, "Carers are all very friendly, very supportive, and very professional." The written comments that we reviewed also confirmed that people were very satisfied with the quality of care they received from the service. One read, "Thank you for the excellent care. Your agency will be highly recommended by us." Another stated, "We have nothing but praise." In a recent local authority survey, one person commented, "I like the fact that carers take time to sit and chat with me for a while." People felt that staff gave them the time they needed and valued them as people.

People told us that they were treated with kindness and compassion by staff that had their best interests at heart. One person said, "The carers mean such a lot to me, like friends coming to visit me." A relative told us, "Myself and my husband have a good relationship with the carers." Where specific carers were requested, we were told by staff that this would always be accommodated where possible. People appreciated that this might not always be achievable but expressed that when they saw the same staff members, this made them feel valued. Staff told us that the office staff worked hard to ensure that people were known to them and regularly attempted to allocate the same group of staff to people, so that people received continuity of care from the service and were supported to build up meaningful and caring relationships.

Staff were positive about the service and the relationships they had developed with people. One staff member told us, "I really enjoy my work; it makes it all worthwhile coming in and seeing people, being able to chat to them and make them happy." Staff also told us that they tried hard to ensure that people had a good quality of life. One said, "They become like part of the family, we want them to have the very best." Staff were passionate and enthusiastic when talking to us about the care they provided people with. They were very motivated to provide good care for people and to ensure they felt valued and cared for.

People said they had provided the service with information used to compile their care plans and were enabled to make decisions about the support they wanted from the staff. They felt that care plans enabled staff to provide the care that they wanted. Records showed that people had been asked about if they wished to be cared for by a male or female staff member, their language preference, smoker or non-smoker and uniform or no uniform. Where specific requests had been made the registered manager told us, and records confirmed, that appropriate staff would be provided.

People had care plans in place which recorded their individual needs, wishes and preferences. These had been produced with each individual so that the information within them focussed on them and their wishes. For example, they were specific enough to say things like, "I like porridge for breakfast with one scoop." Care plans were updated regularly and relatives were provided with information on a regular basis, whenever things changed. We looked at people's care plans and saw that they had been individualised to meet people's specific needs. There was evidence of people's involvement in their care plans and signatures to state they agreed with the content of them.

The registered manager told us that they provided people and their families with information about the service when they were assessed. This included a welcome pack which provided information about the services, the costings of the care and the support offered and provided people with sufficient information to determine if the service was right for them.

People's dignity and privacy was respected. One person told us that staff always knocked on their door before entering. Another person told us that staff made sure their curtains were closed when they were being supported. Staff said that when providing personal care they would respect the person's dignity and communicate with them about the care they were providing. When we spoke with staff they demonstrated their understanding of how they could maintain people's privacy and dignity while providing them with the care and support they required. For example, staff confirmed they would always cover people when providing them with personal care. Staff worked hard to promote people's independence, privacy and dignity whilst providing care and to protect people's confidentiality.

Is the service responsive?

Our findings

People felt they received personalised care because of their involvement within their care planning before the service commenced. They told us they were asked for their views about how they wanted their support to be provided, for example, about their preferences for their daily routine or whether they required support with meal preparation. Records confirmed this to be the case and helped the service to ensure they could meet people's needs appropriately.

People told us they had been visited prior to the package of care being commenced. One person told us, "We had an assessment meeting with the team and the social worker before the care began." A written comment we reviewed stated, "Thank you so much for [Name of Person] visit to talk things through the care package. It was really helpful and caused mum and I to talk through where she's at now." Staff and the registered manager told us that pre-admission assessments of people's needs were carried out prior to a package of care being commenced. The registered manager and one member of care staff, who undertook pre assessments, told us that people and their relatives were given appropriate information and the opportunity to see if the service was right for them before support was commenced. People's likes, dislikes and preferences for how care was to be carried out were all assessed at the time of admission and reviewed on a regular basis. Records confirmed that pre-admission assessments were completed for people prior to a package being agreed.

Assessments that had been undertaken detailed peoples' past medical histories, their likes and dislikes, preferred routines and any care needs that they required support with. We found that information was obtained about people's allergies and that their level of independence was assessed, so that suitable care could be delivered. People were consulted and were able to tell the service what their needs were and how they wanted them to be met, including what time of the day they required their support. Care was person-centred to ensure it was representative of people's choices and decisions.

People told us that staff were aware of how they wanted their care and treatment to be given to them, for example, in respect of support with medication. During our conversations with staff it was evident that they had a good awareness of people's needs and they told us that they were involved in reviews of care along with the person and their relative if appropriate. One staff member said, "If there are any changes with someone, then I report back to the office. They always listen and we get the changes made, which then helps people have the care they need." Care plans were specific to people as individuals and provided staff with information on how to manage people's individual needs. They were reviewed on a regular basis and updated as and when people's needs changed. People had the opportunity to contribute to their care and tell the agency if the support still met their needs.

Staff were knowledgeable about the people they supported and were aware of their preferences and interests, as well as their health and support needs. They understood the support each person required to meet their assessed needs, even when they were visiting people they did not see on a regular basis because of the regular updates they received from senior staff. One staff member said, "There is enough information in the care plans to guide us." Any changes in people's needs were passed on to staff through phone calls,

handovers and supervisions. This enabled them to provide an individual service that was reflective of people's current needs.

People's care and support plans, as well as reviews of care, were agreed by the person or their representative. People confirmed that they had been involved in these reviews. One person told us, "We had a meeting to plan the care and I've recently increased the visits on the weekend. Just superb." Another person said, "They were great. I didn't want to go to bed too early so they changed my call to 9pm. Suits me much better." People told us that staff were flexible and gave them an opportunity to give feedback. They also said they were also supported to make any suggestions they may have regarding the care and support provided.

People and their relatives were aware of the formal complaints procedure and knew how to make a complaint, if they needed to. One person said, "I know to ring the office if I need to, but have never had any complaints." A relative told us, "I've complained twice about simple things and they've been changed immediately." People told us that they would tell a member of staff if they had anything to complain about and were confident the service would listen to them if they had to make a formal complaint. There was an effective complaints system in place that enabled improvements to be made. We looked at the complaints file and saw that the registered manager had dealt with complaints in a timely manner and in line with the provider policy. A system was in place to analyse the complaints, so the provider could learn lessons and act to prevent similar complaints from occurring in the future.

People were also supported to express their views about the provision of service through means of annual questionnaires. The registered manager told us they sent out questionnaires to each person who used the service to determine how the service was performing. An analysis of the results on any areas that had been highlighted as requiring improvement was completed and used to make improvements. People were welcome to contact the office at any time if they wished to discuss anything about their support with the registered manager.

Is the service well-led?

Our findings

The service had a registered manager in post. Staff told us that the registered manager offered support and advice and was accessible to both staff and people. We were told that they were based in the office and we observed that the registered manager was flexible and 'hands on' in their approach, willing to work in the field and support staff at any time. This approach was appreciated by people, relatives and staff who were positive in their comments.

We found that the registered manager was supported by a manager and administration staff along with a team of care staff. Staff said that the management structure within the service promoted a positive feeling as they gave on-going advice and support and ensured that staff knew what was expected of them. The service had a positive and open culture. People told us they were treated as individuals and that staff were committed to their role. One person said, "My relationship with the office is such I feel I could call anyone about anything." They explained that they felt valued by the service. Staff told us that there was positive leadership in place, which encouraged a transparent culture for staff to work in and meant that staff were fully aware of their roles and responsibilities. One staff member said, "It's run lovely here, we are a lovely group of staff. It's a lovely company." Another staff member told us, "It's a team effort working here; we all pitch in to make sure people get the best care."

All of the staff we spoke with understood their aims and objectives and how to work to achieve these. None of the staff we spoke with had any issues or concerns about how the service was being run and were positive about working for the provider. One staff member told us, "Its great management here." We were also told, "I feel very valued here, I am listened to and given all the support that I need to do my job well."

Staff told us that they regularly had the opportunity to discuss people's care and share information with their colleagues. This was undertaken formally, in staff meetings, and informally, through discussions by phone or face-to-face. During our inspection we observed a number of staff passing in and out of the office, to collect paperwork or equipment. We saw that they were relaxed and exchanged jokes and positive communication with one another. They also used these opportunities to share information about people and their care with the senior staff and registered manager. We saw records to show that staff meetings took place and that staff had the opportunity to discuss any areas of concern or give feedback about people's care. Throughout our visit there was an open, honest and positive atmosphere at the service and amongst the staff. Records showed staff meetings were held for all staff and the minutes showed that management openly discussed issues and concerns.

The registered manager and director told us that they wanted to provide good quality care and it was evident they were continually working to improve the service provided. We were told, "We try and look after people like we would want our family to be cared for." In order to ensure that this took place, we saw that they worked closely with staff, working in cooperation to achieve good quality care and providing hands on care to people when this was required. The registered manager and deputy manager told us that by working alongside staff, this enabled them to understand what staff faced and to determine ways to improve things for them.

We found that the registered manager provided the Care Quality Commission (CQC) with required information, such as notifications of safeguarding incidents, as per their regulatory requirements.

We saw that a variety of audits were carried out on areas which included health and safety, infection control, catering and medication. We found that when required, there were actions plans in place to address any areas for improvement. This showed that the service undertook regular reviews of its performance so that continued efforts could be made to drive future improvement.