Volcare Canterbury and Thanet

# Volcare Canterbury and Thanet

## Inspection report

16 Reculver Road
Herne Bay
Kent
CT6 6LE

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14 October 2016

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30 November 2016

## Ratings

| | |
|---|---|
| Overall rating for this service | Good |

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|---|---|
| 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

This inspection took place on 14 October 2016 and was announced.

Volcare care agency provides personalised respite care to people in their own homes to give families and main carers respite breaks. This inspection took place at the agencies office in Herne Bay. The care provided was tailored to people's needs with a volunteer staying at the persons home with them from occasional day visits for a minimum of 6 hours each visit, to overnight stays and/or for holidays of up to two weeks at a time. People could have up to 21 days volunteer respite care a year. Over a 12 month period the service had been provided for 80 people. In September 2016, the month before the inspection, 34 people were using the service.

The volunteers complimented other paid services that people had in their homes. For example, most people had care packages from other community domiciliary agencies for washing and dressing, the administration of medicines and other identified care needs. Volcare's role is to take over from the family carer, therefore any other agencies or services involved with these families continued delivering care packages whilst the cares respite takes place. In the absence of any other agencies being involved, or in between visits, volunteers carry out all necessary personal care tasks.

There was a registered manager employed at the service. 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. The registered manager was not available during the inspection. However, the inspection process was supported by the deputy manager and the service director from a partner organisation.

People's needs were fully assessed and care was planned with the main carer to maintain people's safety, health and wellbeing. There were systems in place to monitor incidents and accidents. Risks were assessed before volunteers started to deliver care. However, the recorded hazards and control measures were not clearly defined in the risk management recording process.
We made a recommendation about this.

People thought that volunteers were caring and compassionate. Volunteers were trusted and well thought of by the families they provided respite for. People said the care was safe.

Volunteers had received intensive training and induction that included protecting people from abuse and showed a good understanding of what their responsibilities were in preventing abuse. Procedures for reporting any concerns were in place. The management knew how and when they should escalate concerns following the local authorities safeguarding protocols.

Other training included information about the Mental Capacity Act 2005, safe moving and handling,

infection control and first aid.

Working in community settings volunteers often had to work on their own, but they were provided with good support and an 'Outside Office Hours' number to call during evenings and at weekends if they had concerns about people. The service could continue to run in the event of emergencies arising so that people's care would continue. For example, if a respite volunteer became ill or if there was a power failure at the main office.

Recruitment policies were in place that had been followed. Volunteers were recruited safely and had been through a thorough selection process that ensured they were suitable to work with people who needed safeguarding. Safe recruitment practices included background and criminal records checks prior to volunteers starting work.

People experienced care from volunteers who were well trained and understood their needs. They told us that volunteers followed the agreed care routines and they trusted them in their own homes.
Volunteers had been trained to administer medicines safely and volunteers spoke confidently about their skills and abilities to do this well.

Volunteers were given guidance about supporting people to eat and drink enough and how to use equipment in people's homes. Care plans were kept reviewed and updated.

There were policies in place, which ensured people would be listened to and treated fairly if they complained. The registered manager ensured that people's care met their most up to date needs and any issues raised were dealt with to people's satisfaction.

People were happy with the leadership and approachability of the service's registered manager who was also the provider of the service. They had a clear quality based vision of the service they wanted to provide and understood how to achieve this. Volunteers felt well supported by the registered manager. Audits were effective and risks were monitored by the registered manager to keep people safe.

## 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.

People experienced safe care. The systems in place to manage risk and recruitment had ensured that people were kept safe.

The registered manager and volunteers were committed to preventing abuse.

Medicines were safely administered by competent volunteers.

### Is the service effective?

Good

The service was effective.

People were cared for by volunteers who knew their needs and routines well.

Volunteers received comprehensive induction and training. They met with the registered manager to discuss their work performance.

The registered manager and volunteers followed the principals of the Mental Capacity Act 2005.

### Is the service caring?

Good

The service was caring.

People could forge good relationships with volunteers so that they were comfortable and felt well treated.

People were treated as individuals, able to make choices about their care.

People had been involved in planning their care and their views were taken into account.

People experienced care from volunteers who respected their privacy and dignity.

### Is the service responsive?

Good

The service was responsive.

People were provided with care when they needed it based on assessments and the development of a care plan about them.

Volunteers spoke to other health and social care professionals if they had concerns about people's health and wellbeing.

People were consistently asked what they thought of the care provided.

## Is the service well-led?

Good

The service was well led.

The service had benefited from consistent and stable management so that systems and policies were effective and focused on service delivery.

Volunteers were informed and enthusiastic about delivering high quality care. They were supported to do this on a day-to-day basis.

There were clear structures in place to monitor and review the risks.

# Volcare Canterbury and Thanet

**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 14 October 2016 and was announced. Notice of the inspection was given because the service was small and the management were often out of the office supporting volunteers. We needed a manager to be available during the inspection. The inspection was carried out by one inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). The PIR 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 looked at reports and notifications about important events that had taken place at the service, which the provider is required to tell us by law.

We made telephone calls to one family carer to gain their views about the service. We spoke with three staff including the registered manager, deputy manager, service director and a volunteer to gain their views about the service.

We spent time looking at records, policies and procedures, complaint and incident and accident monitoring systems. We looked at two people's care files, two volunteer record files, the volunteers training programme and medicine records.

At the previous inspection on 28 November 2013, the service had met the standards of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Good

# Is the service safe?

## Our findings

People's close relatives and main carers told us they had confidence in the service and felt safe when volunteers were in their homes delivering care. They said, "I would not leave my husband with them if I did not think he was safe." Other relatives comments included, 'I have the upmost trust in our volunteer, I am more than happy leaving Mum in the volunteers hands."

The volunteers complimented other paid services that people had in their homes. For example, most people had care packages from other community domiciliary agencies for washing and dressing, the administration of medicines and other identified care needs.

Volunteers followed the provider's medicines policies and the registered manager checked that this happened by spot-checking volunteers when they were providing care. (Spot checks are unannounced supervisions of volunteers in the field.) The majority of people were independent with their medicines, but they were protected as the service had up to date medicines administration procedures in place and provided training for volunteers so that if they were asked to take on the administration of medicine's for people they could do this.

People were protected by volunteers who understood their responsibility to record the administration of medicines. The medicine administration record (MAR) sheets showed that people received their medicines at the right times. The system of MAR records allowed for the checking and recording of medicines, which showed that the medicine had been administered and signed for by the volunteers visiting the person's home. Volunteers were clear that if there had been any changes to people's medicines or they were unsure about anything to do with medicines they would seek advice from the registered manager. This protected people from potential medicine errors.

The registered manager protected people's health and safety. Safe working practices and the risks of delivering the care were assessed and recorded to keep people safe. Environmental risks and potential hazards were assessed and equipment was checked by volunteers before they used it. For example, lighting and working space availability. There was guidance and procedures for volunteers about what actions to take in relation to health and safety matters. However, information about the identified hazards and how these were managed was not clearly set out on risk assessments. This made it harder for volunteers to understand what the risk was and what actions they needed to take to minimise the risk. During the inspection, the service director introduced a new format for risk assessments that broke down hazards and control measures. This would clearly show how risk were managed and minimised.

We have recommended that the registered manager researches published guidance about effective risk management systems.

Volunteers received training about the risks relating to their work. The registered manager had ensured that risks relating to people's individual needs had been assessed and that safe working practices were recorded and followed by volunteers. For example, people had been assessed to see if they were at any risk from falls

or not eating and drinking enough. If they were at risk, the steps volunteers needed to follow to keep people safe were documented in people's care plan files. Risk assessments were in place before people started to receive the service. This ensured that from day one volunteers understood how to protect people from harm.

The registered manager had comprehensive policies about dealing with incidents and accidents. This ensured that should any incidents occur they would be fully investigated by the registered manager and steps would be taken to prevent them from happening again.

People were protected from the risk of receiving care from unsuitable volunteers. The registered manager provided volunteers based on individual needs with the right skills and experience to keep people safe. Volunteers had been through an interview and selection process. The registered manager followed a policy, which addressed all of the things they needed to consider when recruiting a new employee. Volunteers told us the policy was followed when they had been recruited and their records confirmed this. Applicants for placements had completed applications and been interviewed for roles within the service. New volunteers could not be offered positions unless they had proof of identity, written references, and confirmation of previous training and qualifications. All new volunteers had been checked against the disclosure and barring service (DBS) records. This would highlight any issues there may be about new volunteers having previous criminal convictions or if they were barred from working with people who needed safeguarding.

The registered manager understood how to protect people by reporting concerns they had to the local authority and protecting people from harm. Volunteers followed the provider's policy about safeguarding people and this was up to date with current practice. Volunteers were trained and had access to information so they understood how abuse could occur. Volunteers understood how they reported concerns in line with the providers safeguarding policy if they suspected or saw abuse taking place. Volunteers gave us examples of the tell-tale signs they would look out for that would cause them concern. For example bruising. Volunteers understood that they could blow-the-whistle to care managers or others about their concerns if they needed to. (Blowing the whistle enables employees to contact people with their concerns outside of the organisation they work for, like social services.)

People's care could continue if there was disruption to the service, for example in periods of extreme weather conditions or illness. The registered manager had robust back up contingency policies in place to protect people's continuity of care. For example, if the volunteer was unwell their work would be covered or if the cared for person was ill agreements were in place with people's families to rally round.

Good

# Is the service effective?

## Our findings

Volunteers understood people's needs, followed people's care plan and were trained for their roles. People's close relatives and main carers said, "The hands on induction of volunteers works really well." And, "The volunteers work well, I think this is a really good service." Relatives commended, 'The volunteers are willing and eager to learn how to care for Mum.' And, 'Mum feels confident with the volunteers abilities, given the extent of Mums disabilities, this is really important.'

Volunteers said, "We definitely get good induction and lots training, but we get so much help from the persons main carer, we know lots of details about the person before we provide respite."

The volunteers complimented other paid services that people had in their homes. For example, most people had care packages from other community domiciliary agencies for washing and dressing, the administration of medicines and other identified care needs.

Volunteers understood the care they should be providing to individual people as they followed detailed care plans. Care plans were left with people at home for volunteers to follow and volunteers and people's relatives confirmed to us that these were in place and kept up to date. People's relatives told us that volunteers followed their care plan and we saw that this was checked by the registered manager through spot checks on volunteers. (Spot checks enable the registered manager to visit people at home whilst the care is being provided so that they can confirm volunteers are meeting people's needs effectively.)

The care people received was fully recorded by volunteers. We could see that their notes reflected the care required in people's assessment of need. Volunteers told us they read people's care notes before they started delivering care so that they were up to date with people's needs. Volunteers were provided with hands on practice so that they could use equipment safely in the home.

Volunteers were helping people to maintain their health and wellbeing through an awareness of making sure people had access to drinks and food when they provided respite care. Volunteers told us how they maintained people's dietary routine in line with people's assessed needs, likes and dislikes. Food hygiene training was provided to volunteers.

The registered manager had a good understanding of the Mental Capacity Act (MCA) 2005. There was an up to date policy in place covering mental capacity. Volunteers had received training in relation to protecting people's rights. This prepared them for any situation where they may think the MCA needed to be considered as part of someone's care.

When people needed referring to other health care professionals such as GP's or district nurses, volunteers understood their responsibility to ensure they passed the information onto the registered manager and relatives so that this was organised. In an emergency, volunteers were directly responsible for calling medical or other health professionals.

Records demonstrated that new volunteers were provided with training as soon as they started working at the service. They were able to become familiar with the needs of the people they would be providing care for. They worked with the person main carer for three six hours shifts before their placement commenced. Throughout the volunteer induction process the registered manager consistently checked the smooth operation of the introduction process. New volunteers needed to be signed off as competent by the registered manager at the end of their induction to ensure they had reached an appropriate standard.

The registered manager used a range of methods to ensure that volunteers could develop the right skills for their role. Volunteers completed an induction course that was in line with the nationally recognised 'Skills for Care' care certificate standards. These standards are achieved through assessment and training so that volunteers can gain the skills, they need to work safely with people.

The registered manager also provided competency checks for volunteers which challenged them to say how they would maintain standards in relation to dignity and privacy, administering medicines and keeping people safe. Hands on training was provided for things like safe moving and handling, using a hoist and moving people with slide sheets or other safety aids. We saw documented evidence that volunteers attended training in dementia awareness, challenging behaviours and other training relating to people's specific needs. This ensured volunteers had training relevant to the people they delivered care to.

Registered manager met with volunteers to discuss their training needs and kept a training plan for volunteers to follow so that they could keep up to date with developments in social care. When the registered manager met with volunteers, they asked them questions about their performance. Volunteers had been asked how they deal with health and safety concerns. Volunteers supervisions were recorded and registered manager gave guidance to improve volunteers knowledge.

Good

# Is the service caring?

## Our findings

People's close relatives and main carers described the care that they received very positively. People said, "The volunteers are polite and caring." Other comments included, 'Without the volunteers help and commitment I would not get any time to myself.' And, 'We really enjoy the volunteer coming to provide care, its almost too good to be true.'

What people thought about their care was incorporated into their care plans which were individualised and well written. They clearly set out what care the volunteers would provide. People could vary the care they received from the service and used a mix of care that suited their needs.
Volunteers wanted to treat people well. When they spoke to us they displayed the right attitude, they told us they gave people time to do things, they tried not to rush people. Relatives described volunteers who were attentive to their loved ones needs.

Volunteers encouraged people to do things for themselves and also respected people's privacy and dignity. Volunteers were good at respecting their privacy and dignity. Volunteers told us that they offered people choices about how they wanted their care delivered.

Information was given to people about how their care would be provided. Each person had received a statement setting out what care the service would provide for them. Arrangements for visits and respites were carefully coordinated and mutually agreed by all parties. These were then confirmed and noted in care plan documents. It was clear what times volunteers would arrive and people had information about a volunteer's skills and experience. People's close relatives and main carers were knowledgeable about the service and told us that there were care plans they could look at in their homes. The care plans enabled them to check they were receiving the agreed care.

The registered manager was interested in what people thought of the service so that they could check people were happy or if changes needed to be made. People and their relatives had been asked about their views and experiences of using the service. We found that the registered manager used a range of methods to collect feedback from people. These included asking people at face-to-face meetings, during volunteers spot checks, calling people by telephone to ask their views and sending people questionnaires. The satisfaction rates from the last survey in 2015 was very high. Out of 51 surveys 45 people said they were very satisfied and 6 people said they were satisfied.

People's personal details were secure and their right to privacy was respected. Information about people was kept securely in the office and the access was restricted to the registered manager and deputy manager. The registered manager ensured that confidential paperwork was regularly collected from people's homes and stored securely at the registered office. Volunteers understood their responsibility to maintain people's confidentiality.

Good

# Is the service responsive?

## Our findings

People's close relatives and main carers felt people's needs were reviewed and kept up to date. Main carers said, "There's lots of communication, I am fully involved in the care planning process." Other comments included, 'I can go out and leave the volunteer to it completely as I am sure all will be well.' And, 'We look forward to our next volunteer respite visit.'

The volunteers complimented other paid services that people had in their homes. For example, most people had care packages from other community domiciliary agencies.

People's needs were assessed using a range of information which was used to develop a care plan for volunteers to follow. Care plans were individualised and focused on areas of care people needed whilst the main carer was away. For example, volunteers maintained people's routines like accessing day services, attending medical appointments and social activities.

There was evidence that when people started using the service their risk assessments were completed as a priority and these were updated before each respite session. This meant that people received individualised care. Volunteers protected people's health and welfare by calling health and social care professionals if people were unwell.

Records showed that people had been asked their views about their care. People and their families had been fully involved in the care planning process and in the reviews of those plans. Reviews of the care plan could be completed at any time if the person's needs changed. Volunteers told us they read people's care plans for any changes that had been recorded and the registered manager reviewed people's care notes to ensure that people's needs were being met.

There was a policy about dealing with complaints that the volunteers and registered manager followed. There had been no formal complaints in the last year. People's main carers told us that they knew how to complain. There were good systems in place to make sure that people's concerns were dealt with promptly before they became complaints. There was regular contact between people using the service and the management team. The registered manager always tried to improve people's experiences of the service by asking for and responding to feedback.

Good

# Is the service well-led?

## Our findings

The registered manager was also the provider and had set-up the service 25 years ago. They maintained their learning and development by holding and revalidating their nursing registration with the Nursing and Midwifery Council (NMC). The registered manager said, "We work best as a small organisation. We have a relationship with a larger organisation that enables us to maintain and develop our quality standards by hosting things like our training and governance support."

The registered manager ensured audits of the service quality had been carried out. These audits assisted the registered manager to maintain a good standard of service for people. Care plans, risk assessments and volunteer's files were kept up to date and reviewed with regularity. Records showed that the registered manager responded to any safety concerns and they ensured that risks affecting volunteers were assessed.

People were provided with enough information to enable them to understand what they could expect from the service and the levels of quality they should expect. The registered manager set out their aims and objectives for the service in their statement of purpose. These were shared with the people who used the service. Volunteers received training and mentoring to enable them to deliver the service to the expected standards. The registered manager had a clear understanding of what the service could provide to people in the way of care. This was an important consideration and demonstrated that people were respected by the registered manager, who wanted to ensure they maintained the quality of the service for people.

Volunteers were committed and passionate about delivering high quality, person centred care to people. Volunteers who were well supported and had regular and effective communications with their manager. Volunteers comments included, 'Volunteering is a good thing, I feel very lucky being able to do it.'

The registered manager ensured that volunteers received consistent training, supervision and appraisal so that they understood their roles and could gain more skills. They also updated their own skills and learning. Team and individual skills development led to the promotion of good working practices within the service. Volunteers told us they enjoyed the work. Volunteers felt they were listened to as part of a team, they were positive about the management team of the service. Volunteers spoke about the importance of the support they got from senior managers.

There were a range of policies and procedures governing how the service needed to be run. They were kept up to date with new developments in social care. The policies protected volunteers who wanted to raise concerns about practice within the service.

The registered manager was proactive in keeping people safe. They discussed safeguarding issues with the local authority safeguarding team. The registered manager understood their responsibilities around meeting their legal obligations. For example, by sending notifications to CQC about events within the service. This ensured that people could raise issues about their safety and the right actions would be taken.