

Village Homecare Limited

Village Homecare

Inspection report

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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

About the service

Village Homecare is a domiciliary care agency providing personal care to older and younger adults, living with physical disability, mental health conditions, learning disabilities and autistic spectrum disorder, dementia and people who misuse drugs and alcohol. People are supported in their own houses. At the time of our inspection there were 47 people using the service.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

At the time of our inspection the service was not supporting anyone with a learning disability or with autistic spectrum disorder this meant that we could not validate outcomes for people.

People's experience of using this service and what we found

Medicines were not always given safely and in line with current best practice guidance. Medicine records lacked detail for as and when required medicines and individualised support plans for these medicines were not available. Staff were trained to recognise signs of abuse and knew how to report it. However, the registered manager had not fully understood their responsibility to notify CQC or the local authority of safeguarding concerns. Risk assessments were reviewed regularly to ensure safe care. Safe recruitment procedures meant that suitable staff were employed. Staff used Protective personal equipment (PPE) and good hygiene practices to prevent the spread of infection.

We found errors in record keeping that had not been identified through the internal auditing processes. The provider was in the process of implementing an electronic system to ensure better quality monitoring and oversight of the service. The registered manager worked in partnership with other professionals to ensure people were well supported and people received person centred care. Staff were well supported in their role and there was continuous learning and improvement.

People's choices, lifestyle, religion and culture as well as their personal and health care needs were all included in the care planning process and the service worked in partnership with healthcare professionals. A training program meant people could be assured staff had the knowledge, skills and confidence to do their job.

Staff had a good understanding of working within the principles of the mental capacity act. However, we found records supporting people with decision making where it was felt they did not have capacity to make decisions were not in place. This meant people were not always supported to have maximum choice and control of their lives and staff did not always support them in the least restrictive way possible and in their best interests; the systems in the service did not support this practice.

People's needs were met by good planning and coordination of care. Regular reviews of care meant the

service could respond to changes in people's needs promptly. People had received a service user guide and knew how to make a complaint if they needed to. The service considered people's preferences and choices around end of life decisions and was supported by other professionals with end of life care when needed.

Staff and the management team knew people well and had developed good relationships. People were respected, received dignified care and independence was promoted and supported.

Rating at last inspection

The last rating for this service was Good (published 11 November 2016).

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We identified a breach of regulation in relation to the registered managers understanding of making safeguarding referrals.

Please see the action we have told the provider to take at the end of this report.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Village Homecare

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was carried out by one inspector and one Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection. We contacted Healthwatch Leicestershire. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We also contacted the local authority for feedback. We used all this information to plan our inspection.

During the inspection

We spoke with four people who used the service and one relative about their experience of the care provided. We spoke with six members of staff including, the registered manager, the care coordinator, three care workers and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included four peoples care records and multiple medication records. We looked at records in relation to staff training and supervision. We looked at a range of records relating to the management of the service, including policies and procedures.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at medicine records and the medicines policy. Further information around complaints and mental capacity records.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Systems and processes to safeguard people from the risk of abuse

- People felt safe with the staff who supported them. One relative said, "[relative] is absolutely safe."
- Staff were trained in how to recognise signs of abuse and how to report concerns. One staff member competently explained action to take if the abuser was a family member and felt confident that the registered manager would action promptly.
- A safeguarding concern for one person had been investigated internally and substantiated by the registered manager. This had not been reported to the Local Authority or CQC.

We found no evidence that the person had been harmed. However, the registered manager had not understood their responsibility to make a referral to the local authority and notify CQC. This placed people at risk of harm. This was a breach of Regulation 13(2) Safeguarding service users from abuse and improper treatment, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Using medicines safely

- Medicines were not always managed safely and in line with best practice guidance. For example. During our inspection we identified that medicine charts for as and when required medicines (PRN) were not always detailed with dosage and frequency. We also found that Staff did not have access to individualised plans for people's PRN medicines. This put people at risk of not getting their medicines as prescribed. We discussed this with the registered manager and nominated individual who agreed to review the medicines charts to include further details.

We recommend that the registered manager and provider consider current guidance on managing medicines safely and individualised PRN protocols for people and act to update their practice accordingly.

Assessing risk, safety monitoring and management

- Risk assessments were completed before people received care to ensure their needs could be met safely, these included risk around people's homes, mobility and the delivery of personal care such as shaving.
- Risk Assessments were reviewed and updated regularly. Staff and people confirmed that current risk assessments were in people's home files.

Staffing and recruitment

- There were enough staff to meet people's needs. A contingency plan meant in the unlikely event of high levels of staff absence the service would still operate safely.
- Safe recruitment processes ensured only suitable staff were recruited by the service. Disclosure and

Barring Service (DBS) checks were completed prior to working with people and were repeated regularly. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions.

Preventing and controlling infection

- Staff had access to protective personal equipment (PPE) such as gloves and aprons. Staff told us gloves were colour coded as blue for food preparation and white for personal care to prevent cross contamination.

Learning lessons when things go wrong

- There was a system in place to record accidents and incidents, the registered manager told us that lessons learnt were shared with staff via team meetings. The providers policies and procedures regarding staff performance were implemented where shortfalls were identified.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always ensure good outcomes or was inconsistent.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty.

We checked whether the service was working within the principles of the MCA and found that they weren't always.

- Evidence of lasting power of attorney was available for some people. However, some people's relatives signed plans of support and consent records when there was no evidence available that they had the legal authority to do so. We discussed this with the registered manager who took action following our feedback to develop a form for people to sign, confirming their consent for information about their care to be shared with people who were important to them.
- Care staff had received training and had a good understanding of mental capacity and supporting people in the least restrictive way possible. One staff member told us, "Sometimes people refuse care, at the end of the day you can't force them. We can try to encourage people but if they refuse that's up to them." We found that the service had identified that two people may lack capacity to make decisions for themselves. Paperwork to establish what decisions people would and would not be able to make for themselves was not in use. Following the inspection, the registered manager arranged mental capacity assessments for people who required them. This would need to be continued and embedded in practice.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People were involved in the assessment process to determine their needs. Initial assessments included personal history, likes, dislikes, religion, communication needs and cultural backgrounds. One person told us, "[The manager] went through a lot of paperwork, [the manager] did a risk assessment, I got a copy in the booklet that [they] left."

Staff support: induction, training, skills and experience

- Staff had received an induction and regular training that ensured they had the skills they needed to do their job.
- Staff received regular support through supervision, appraisals and spot checks and told us a member of the management team was available on call for support outside of office hours.

Supporting people to eat and drink enough to maintain a balanced diet

- Care plans included details of how best to support people with eating and drinking such as, likes and dislikes, texture and consistency of foods, level of support needed and preferences of where people like to sit.

Staff working with agencies to provide consistent, effective, timely care

- Records showed that the registered manager worked in partnership with other professionals to ensure they had the right information for an effective and timely transition into the service following referral.

Supporting people to live healthier lives, access healthcare services and support

- Staff worked in partnership with other professionals such as GP's, district nurses and social workers. For example, one person told us that they had a regular medical procedure from the district nurse that was not always at the same time each day. The service had been flexible and adapted the rota as much as possible to ensure care needs did not clash with the district nurse visit.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same, good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us they had built good relationships with their staff. One person said, "They are a good bunch of girls, I have a laugh with them." A relative said, "I can't praise them enough they are fantastic."
- Care planning considered people's religion, lifestyle choices, culture and life history. One relative said, "They (staff) know my [relative], they just know them, they listen to the stories, they know all about them."

Supporting people to express their views and be involved in making decisions about their care

- People told us they and people important to them were involved in planning their care. One person said. "Been with them (a few) years they always ask me if there are changes." A relative told us, "They've [staff] absolutely took on board everything I have said and listened, they speak to [relative] respectfully."

Respecting and promoting people's privacy, dignity and independence

- Staff were respectful and supported people to be as independent as possible. One person said, "I wash my front they wash the rest of me, I like to keep some independence as far as I can, they are good with that." A staff member said, "You encourage people to do things, I never take over the role. I have a couple of people that struggle with things, but I don't step in and take over I wait till they ask me."
- Staff ensured people received dignified care. One person told us, "They [staff] are definitely respectful, they close the curtains." A relative told us they had recently met with staff to plan how to support their relative in a dignified manner prior to increased personal care assistance starting.
- People's records were stored securely and only care plans and risk assessments were kept in people's homes to reduce the risk of a breach of confidentiality. Staff had a good understanding of maintaining confidentiality. One staff member said, "Whatever anybody says I keep that to myself, unless you are talking in a meeting with other professionals and you have concerns about the persons safety."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same, good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received consistent, flexible, timely care. An electronic rota and call monitoring system was in place. This ensured the registered manager had good oversight of staff availability, timekeeping and consistency of staff. One person said, "I asked to change my times and spoke to [staff member] they changed my times." A relative of a person with dementia told us, "It was important to me to have consistency, they [staff] are lovely to [relative] he has made some good friends."
- Staff demonstrated a good understanding of person-centred care. One staff member told us, "It's what people want, for example some people like soap some people like shower gels or they have preference on towels etc." Another staff member said that they were informed by the office if people's needs or preferences changed and care plans in people's homes were updated promptly.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Communication needs were considered and planned into care. One person's care plan detailed, listening carefully to the person and being prepared to repeat information for them.
- Information could be made available to people in other formats when required such as pictorial or large print.

Improving care quality in response to complaints or concerns

- People were given a service user guide when the service started, this included information on how to make a complaint and signposted people to other organisations for support such as the local authority or CQC. One person told us, "There is something in the booklet about complaints, I see it has the CQC details in it."
- Records showed that concerns and complaints were taken seriously and responded to in line with company policy and procedure. We saw examples of changes being made following complaints such as changes in staff allocation.

End of life care and support

- People's preferences and choices in relation to end of life care in the case of a sudden death had been recorded and included emergency information such as who to contact, and the persons religion.
- One person was being supported with end of life care at the time of the inspection. The service accepted

end of life care referrals from other professionals and were provided with care plans to ensure needs were met. Staff took their lead from the community nursing team in these cases and individualised training was provided if required.

- The service did not routinely include end of life care and support as part of its training program. However, the staff we spoke with had previous experience of supporting people at the end of their life. Following the inspection the provider sourced end of life training for staff and told us this would be scheduled into the training program. This would need to be implemented, embedded and continued in practice.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the service management and leadership was not always consistent. Leaders and the culture they created did not always support the delivery of high-quality care. However, the service was providing person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The provider and registered manager did not fully understand their legal obligations to inform the CQC of notifiable events.

We recommend that the registered manager and provider consider current guidance on the regulatory requirement to submit notifications to CQC and act to update their practice accordingly.

- The providers internal audit systems and processes were not robust. The internal audit process had not identified errors in record keeping, including missing dates and signatures. One person's care had changed to include staff giving medicines, the care plan had not been amended to include this information and the error had not been identified at a recent review. This meant there was potential risk of the persons needs not being met. However, staff knew people well and this had not impacted on the delivery of the persons care to date. At the time of the inspection the provider was in the process of implementing a new electronic system. This would be able to produce regular reports and maintain better quality monitoring and oversight of the service. This will need to be implemented, continued and embedded in practice.
- The registered manager and nominated individual were open to learning and suggestions of where they could improve. The provider attended local forums to share and gain learning and experience with other providers. Following the inspection, the provider gave us an update on how they were going to improve in the areas we had identified, this Included additional training for end of life, the implementation of assessment records for MCA and more detailed information on medicine records.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager knew people well which meant they were able to respond to and meet their needs in a personalised way. People told us the registered manager was friendly, approachable and focused on providing good quality person centred care. One relative said, "I found these [staff and management] to be the most person centred, they all have their heart in the right place." One person told us, "I know [registered manager] very well [registered manager] is lovely."
- Staff felt well supported by the registered manager, management team and provider, they told us they enjoyed their role. One staff member told us morale was high and the service was a team effort.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Records showed that the registered manager and nominated individual had been honest and open with people when things had gone wrong. The management team had also been open and transparent with staff members. One staff member said, "If I raise a concern they come back and say what they have done."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People told us they received regular questionnaires. These showed high levels of satisfaction with the service. The provider analysed the results to identify what people had said and what action could be taken to drive improvements. For example. A small percentage of people said they were not aware of the complaints and compliments procedure; the provider had recorded that these people were contacted following the results and advised of the procedure and where to find the supporting information.
- Staff received regular supervisions and appraisal, they attended team meetings to discuss changes and share their ideas. Staff told us they felt listened to. One staff member told us that action was taken if staff raised concerns.
- The service was an active member of the local community and had organised charity coffee mornings and had held craft and activity stalls at local events.

Working in partnership with others

- People and their informal carers were considered part of the care team. The staff and management team worked with them to ensure the best outcomes for people. One relative said, "I would recommend them I wouldn't change my relatives care at all, they have given me so much advice and support especially from the managers. It's meant I have been able to go back to work."
- The service had worked in partnership with other professionals including GP's, social workers and district nurses.
- The registered manager and nominated individual attended provider forums to share learning and experience.

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 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment The registered manager had failed to assure people's safety. The registered manager had not understood their responsibility to alert the local authority and notify the Care Quality Commission of safeguarding concerns.'