

Victoria Community Care Limited

Victoria Community Care

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

What life is like for people using this service:

Medication was safely stored and administered and medication administration records (MARs) were properly maintained. People told us they received all their prescribed medication at the right time.

Risks people faced were identified and measures were put in place to reduce the likelihood of harm occurring.

People were protected from abuse and the risk of abuse. Staff knew the different types of abuse and how to recognise and report any concerns they had.

People were kept safe by the right amount of suitable staff. The process for recruiting new staff was safe and thorough.

People commented that in the past they had experienced late visits. However, they told us that this had improved. They told us that staff arrived on time and stayed with them for the full duration of their planned visit.

Care plans clearly identified people's needs, how they were to be met and what the expected outcome was for the person. People told us they received the right care and support which was outlined in their care plan.

People received care and support from staff who received training and supervision for their role.

People's right to make their own decisions was respected and staff obtained their consent prior to the delivery of any care and support.

People were treated with dignity and respect and their privacy was promoted. Positive relationships had been formed between people who used the service and staff. People commented that staff often went over and above what was expected of them.

People's needs were assessed and a care plan was developed instructing staff on how best to meet people's needs. People were fully involved in the development of their care plan and ongoing reviews of them.

People were provided with information about how to complain and they were confident about complaining should they need to.

Managers worked in partnership with other stakeholders to mitigate risks and make improvements to the quality and safety of the service.

Lessons were learnt from mistakes and the registered manager and registered provider made a commitment to maintain improvements and further develop the service.

Systems for assessing and monitoring the quality and safety of the service were strengthened following feedback from others. The systems were effective in identifying and making improvements to the service people received.

People, family members and staff were invited to share their views about the service and how it was run.

More information is in Detailed Findings below

Rating at last inspection: Good (report published 16 June 2015)

About the service: Victoria Community Care is a domiciliary care service that provides personal care to people living in their own home. At the time of the inspection 127 people were using the service.

Why we inspected: This was a planned inspection based on the rating at the last inspection. The service remained rated Good overall.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

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 safe

Details are in our findings below.

Good ●

Is the service effective?

The service was effective

Details are in our findings below.

Good ●

Is the service caring?

The service was caring

Details are in our findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our findings below.

Good ●

Is the service well-led?

The service was well-led

Details are in our findings below.

Good ●

Victoria Community Care

Detailed findings

Background to this inspection

The 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.

Inspection team: The inspection was carried out by one adult social care inspector and an 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: Victoria Community Care is a domiciliary care agency, providing personal care and support to people living in their own homes. The service operates from an office based in Prescot, Knowsley close to the town centre. At the time of this inspection 127 people were using the service.

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

Notice of inspection: We gave the service 48 hours' notice of the inspection visit because we needed to be sure that someone would be in the office to support our inspection.

What we did when preparing for and carrying out this inspection: We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as abuse. We obtained feedback from local authority commissioners and safeguarding teams and other professionals who work with the service. We also reviewed the Provider Information Return (PIR). The PIR provides key information about the service, what the service does well and the improvements the registered provider plan to make. We used all this information to plan our inspection.

During the inspection, we spoke with seven people who used the service and 10 family members to ask about their experience of the care provided. We spoke with five care workers, four office staff, the registered manager and registered provider, the training manager and a group of four care workers on induction.

We reviewed ten people's care records and recruitment, supervision and training records for five staff. We also reviewed a range of quality assurance records.

Is the service safe?

Our findings

People were safe and protected from avoidable harm.

Using medicines safely

- Information received prior to this inspection from the local authority commissioning and safeguarding teams showed that the management of medication had not always been safe. However, we evidenced during this inspection that improvements had been made and medication was managed safely.
- The registered provider had recently developed their medication policy and procedure in line with good practice guidance.
- Staff responsible for administering medication had completed the relevant training and underwent a check to ensure that they were competent to carry out the task.
- Medication administration records (MARs) were appropriately completed. Handwritten information entered onto MARs was initialled by the member of staff who made the record. The registered manager agreed as good practice to arrange for a second member of staff to check and initial handwritten information at the earliest opportunity.
- Regular audits were carried out on people's medication and MARs as a way of checking that medicines were safely stored, administered and recorded.
- People and family members told us that staff were careful when administering medication and that it was given on time. Their comments included; "No problems, never missed" and "I always have my tablets on time."

Assessing risk, safety monitoring and management

- Staff understood how to support people from the risk of avoidable harm. Risks were assessed and those identified were set out in care plans along with the control measures for staff to follow to keep people safe. This included instructions for staff on how to safely enter and leave people's homes.
- Plans were in place to guide staff on how to support people safely in the event of an emergency such as fire or breakdown of essential equipment.
- The registered provider had a business continuity plan which provided staff with information on how to avoid and mitigate risks to people, themselves and others in the event of a disruption to the service. For example, adverse weather conditions or a breakdown of electronic communication systems.

Staffing levels

- People and their family members told us they received care by the right amount of staff with the right skills, knowledge and experience.
- The registered provider had a robust procedure in place which they had followed when recruiting new staff. A series of pre-employment checks were carried out on applicants to assess their suitability for the role prior to an offer of employment being made.

Safeguarding systems and processes

- The registered provider had systems in place to safeguard people from abuse and the risk of abuse. Staff were provided with training and information about what was meant by abuse and how to report any

safeguarding concerns. They understood what constituted abuse and what action they were required to take should they witness, suspect or were told about abuse.

- People and their family members told us that staff provided safe care and support. People told us "Quite safe, I'm comfortable with them all" and "I trust them 100%." Family members told us "Oh yes they always make sure [relative] is safe" and "There's never been any accidents or anything untoward."

Preventing and controlling infection

- Staff were provided with training and information about the prevention and control of infections.
- The registered provider maintained a good stock of personal protective equipment (PPE) which was easily accessible to staff.
- Staff followed good infection control practices. They explained the circumstances when they would use PPE to help minimise the spread of infection.

Learning lessons when things go wrong

- Evidence was available to show that when something had gone wrong the registered manager and registered provider responded appropriately and used any incidents as a learning opportunity.

Is the service effective?

Our findings

People's care, treatment and support achieved good outcomes, promoted a good quality of life and was based on best available evidence.

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

- Assessments of people's needs were completed and expected outcomes and how they were to be achieved were clearly set out in care plans.
- Staff applied learning effectively in line with best practice, which led to good outcomes for people. People told us staff had a good understanding of their needs and that they received all the care and support they needed.
- Some people told us that they had experienced late visits in the past and that they were not informed when staff were running late. They did however tell us that this had improved recently. One person said, "For the last six weeks things have improved." Other people told us "Always on time, perfect," "They let me know if running late. They stay the full amount of time and always ask if I want anything else," "There have been a few hiccups along the way but it's sorted out now" and "They are more or less to a few minutes, stay the full amount of time and don't rush we always have a little chat." The registered manager agreed to continuously monitor timeliness of visits and ensure people are informed when staff are running late.

Staff skills, knowledge and experience

- Staff were competent, knowledgeable and skilled and carried out their roles effectively. People's comments included; "I'm comfortable with them all," "They sure know what they are doing" and "Very professional." A family member told us; "[Relatives] regular carer is excellent" and another told us "They are very good indeed."
- New staff completed a detailed induction which was in line with the nationally recognised qualification the Care Certificate. Ongoing training was provided to all staff in topics relevant to their role and people's needs. The registered manager monitored staff training to ensure staff completed training within the required timescale.
- Staff were provided with opportunities to discuss their work and training needs through regular supervisions and an annual appraisal. Staff told us they felt supported by managers.

Eating, drinking, balanced diet

- People nutritional and hydration needs were assessed and planned for. People received the support they needed to eat and drink. They told us they had a choice of food and drink and that it was prepared how they liked it.
- Staff had a good understanding of the importance of good nutrition and hydration.

Healthcare support

- People received the support they needed with their healthcare. Details of any support people needed to stay healthy and any support they needed to access healthcare services was outlined in their care plan.
- Staff contacted relevant others such as healthcare professionals and family members when they noted any changes or concerns in a person's health or wellbeing. A family member told us; "[Staff member] noticed

that [relative] had a rash on her body and told me to ask the District Nurse to have a look at it" and another family member told us, "They [staff] check [relatives] body and tell me if she needs medical help."

Adapting service to meet people's needs

- Technology and equipment was used to meet people's care and support needs. An electronic system was in use to schedule and monitor visits to people's homes.
- Prior to this inspection the local authority commissioning team notified us about concerns they had identified in relation to the timeliness, duration and planning of visits to people's homes. The data taken from the system at the time of this inspection and feedback obtained from people and family members showed improvements had been made. The registered manager assured us that they would continue to monitor this.

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

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 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. 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. In community care settings applications to deprive people of their liberty must be made to the Court of Protection (CoP). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. At the time of our inspection there was no one at this service subject to a CoP

- Managers and staff had completed MCA training and had access to associated information and guidance. They understood the principles of the Mental Capacity Act 2005 and how it impacted on their work. They understood the importance of gaining people's consent prior to providing care and support and respected people's rights to make their own decisions.
- Care records included people's wishes, choices and preferences about their care and support and it was to be provided.

Is the service caring?

Our findings

The service involved and treated people with compassion, kindness, dignity and respect.

Ensuring people are well treated and supported

- People were treated with kindness, respect and compassion. People and family members made positive comments about the care provided and were all happy with the service they received. People described staff as doing "Over and above" and going the "Extra mile doing other jobs outside of their care plan."
- People's comments included; "They are extremely good, angels, always talk to me if I'm feeling upset, I can tell them anything," "I'm very happy and overwhelmed with the care. The first thing [staff member] asks when comes through the door is how I am today, we have a nice chat, very kind and gentle when putting my stockings on, excellent,"
- Family members comments included; "[Staff member] is fantastic; she goes the extra mile, puts a bit of washing in does a few other jobs." Another family member explained how a staff member had reassured their relative when they were upset. They said, "I heard [staff member] talking to [relative] this morning telling him not to worry" and "[Relative] has a regular carer who's more like an extension of the family. She knows [relative] what she likes and dislikes. She extremely accommodating and understanding." "They're pleasant, chatty, we have some banter and a lot of laughs."

Respecting and promoting people's privacy, dignity and independence

- Staff showed genuine concern for people and were keen to ensure people's rights were upheld and that they were not discriminated against in any way.
- People's right to privacy and confidentiality was respected. Staff understood the importance of ensuring people's privacy, dignity and independence and they promoted this through their practice.
- People and family members made the following comments. "He [staff member] always knocks before he comes in, wipes his feet then waits for me to tell him what needs doing," "We have grandchildren calling on the way to school every morning. They [staff] shut the door when [relative] is getting washed so they can't see anything" and "They [staff] are discreet, don't wash [relative] and leave him, always put a towel over him."

Is the service responsive?

Our findings

People received personalised care that responded to their needs.

Personalised care

- People were empowered to make choices and have as much control and independence as possible. Care plans detailed people's abilities and their level of independence. Staff described ways in which they promoted people's choice and independence.
- People and where appropriate relevant others such as family members were involved in the development and reviewing of care plans. Care plans provided staff with a good amount of detail about people's wishes, choices and preferences, likes and dislikes and things of importance.
- Staff understood people's needs and how they were to be met. They explained in detail the care and support people needed and how they provided it. Their explanations demonstrated that they followed care plans to care and support people in the way they wanted.
- People's needs were identified, including those related to protected equality characteristics, and their choices and preferences were regularly met and reviewed. For example, reasonable adjustments were made where appropriate; and the service identified, recorded, shared and met the information and communication needs of people with a disability or sensory loss, as required by the Accessible Information Standard.

Improving care quality in response to complaints or concerns

- People knew how to provide feedback to the management team about their experiences of care and the service provided a range of accessible ways to do this.
- People and family members were provided with information about how to complain and they told us were confident about complaining should they need to. They told us they believed they would be listened to and that their complaint would be listened to and dealt with.
- People and family members told us; "There were early teething troubles but they were very helpful and we persevered it's all sorted now." "If I had a problem I would speak to [staff member], she is very professional and friendly. I am confident she would sort it out."

End of life care and support

- Where appropriate people were supported to make decisions about their preferences for end of life care. An appropriate care plan was developed for staff to follow and they worked closely with other professionals to ensure people remained comfortable and pain free as they approached the end of their life.
- Staff had completed training in end of life care and were aware of good practice and guidance in end of life care.

Is the service well-led?

Our findings

Leadership and management assured person-centred, high quality care and a fair and open culture.

Manager's and staff roles, understanding of quality performance, risks and regulatory requirements.
Continuous improvements and improving care.

- The quality assurance system included a range of checks carried out by the registered manager, the registered provider and senior staff. Information received from other stakeholders prior to the inspection showed systems for checking on the quality of the service had not always been effective. However, during inspection, we saw evidence that the management team had acknowledged and acted upon areas identified as requiring improvement. Lessons were learnt and the registered manager and registered provider showed a commitment to maintaining improvements and further developing the service.
- The service was well-run. Staff at all levels understood their roles and responsibilities and managers were accountable for their staff and understood the importance of their roles. They were held to account for their performance where required.

Engaging and involving people using the service, the public and staff. Working in partnership with others

- The service involved people and their relatives in day to day discussions about their care in a meaningful way.
- People and family members had completed a survey of their views and the feedback had been used to help improve the service.
- The service worked in partnership with others including local authority commissioners and safeguarding team and lessons were learnt and improvements were made to the service based on their feedback.
- Staff told us they felt listened to and that the registered manager and registered provider were approachable and communicated well with them.
- Staff felt valued, they told us that managers regularly provided them with positive feedback about their work. Each month a member of staff was nominated by the registered manager for their good work and presented with an award.

Promotion of person-centred, high-quality care and good outcomes for people

- Staff understood the registered provider's vision for the service and they described how they worked as a team to deliver person centred care to people.
- The registered manager and registered provider demonstrated a commitment to provide person-centred, high-quality care by engaging with everyone using the service and stakeholders.
- The management team positively encouraged feedback and acted on it to continuously improve the service.