

Miss Victoria Christine Pook

Victoria Pook Care Provider

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

About the service

Victoria Pook Care Provider is a domiciliary care agency which provides support and personal care to people living in their own home. 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 16 people were receiving a regulated activity from Victoria Pook Care Provider.

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

People and their relatives told us they were very happy with the care provided and the registered manager/provider and staff were caring and compassionate.

People were supported to be safe. There were systems and processes in place to ensure people were protected from the risks of avoidable harm. The registered manager/provider had a policy and procedure for safeguarding adults and staff understood their responsibilities.

Staff had completed training in the safe administration of medicines. People were happy with how they were supported around their medicines.

People and their relatives told us staff visited as planned and they were punctual. The registered manager/provider had processes for monitoring visits and ensured they contacted people when they were held up or running late for visits.

Staff received an induction into their role and had received appropriate training that equipped them to support people. They had their competency assessed to help ensure they continued to be sufficiently skilled and knowledgeable. Appropriate recruitment procedures were in place to help ensure only suitable staff were employed.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Care records were written in a sensitive and person-centred way. People told us they felt involved in decisions about their care and staff were caring and kind. Staff were skilled in delivering people's care, listened to their wishes and had formed positive relationships, which improved people's quality of life.

The registered manager/provider demonstrated a high level of commitment and passion to delivering a good service to people. There were systems and processes in place which ensured the safe running of the service and future development.

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

Rating at last inspection

This service was registered with us on 23 July 2020 and this is the first inspection.

Why we inspected

We carried out a comprehensive inspection, so we were able provide a rating for the service.

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 safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

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 well-led.

Details are in our well-Led findings below.

Good ●

Victoria Pook Care Provider

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

The inspection was conducted by one inspector.

Service and service type

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

The service had a manager registered with the Care Quality Commission, they were also the registered provider. This means that they are legally responsible for how the service is run and for the quality and safety of the care provided. They will be referred to as the registered manager/provider throughout this report.

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 registered manager/provider would be in the office to support the inspection.

Inspection activity started on 20 October 2021 and ended on 22 October 2021. We visited the office location on 20 October 2021.

What we did before the inspection

We reviewed information we had received about the service since they were registered, including notifications. Notifications are information about specific important events the service is legally required to send to us. 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 of this information to plan our inspection.

During the inspection

We spoke with the registered manager/provider. We reviewed a range of records. This included seven people's care records and medication records. We looked at three staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We spoke with three relatives and two people who used the service about their experience of the care provided. We sought feedback from external professionals involved with the service and two members of care staff. We reviewed records relating to staff training and supervision, quality assurance records and staff meetings.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- Risks to people were assessed, recorded clearly in their care plans, and updated when people's needs changed. For example, one person was at risk of falls and their care plan described how staff should support them, whilst retaining as much independence for the person as possible. However, some additional information was needed to ensure staff had all the information required to safely meet people's needs. We discussed this with the registered manager/provider who took immediate action to review people's risk assessments and add additional information.
- People and their relatives told us they felt staff provided safe care and understood risks. One relative told us, "Staff know what they're doing and recognise any risks."
- People's home and environmental risk assessments had been completed by the management team to promote the safety of both people and staff. These considered the immediate living environment of the person, including lighting, the condition of property and security.
- Business continuity plans were in place to ensure that individuals were prioritised in terms of risk during crisis situations.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe and the staff looked after them well. Comments we received included, "I absolutely feel very safe with them [staff]," and "I feel safe and they check my backdoor, so I feel that I'm secured."
- Staff had received safeguarding training and told us they would report any concerns to the registered manager/provider or local authority. Staff knew how to recognise abuse and protect people, although there had been no recent safeguarding concerns.
- The provider had appropriate policies and procedures in place to protect people from abuse.
- The registered manager/provider was clear about their safeguarding responsibilities. There were processes in place for investigating any safeguarding incidents if they occurred and reporting these to CQC and the local authority safeguarding team.

Staffing and recruitment

- There were sufficient staff available for people to meet their needs and keep them safe. Staff were introduced to people before they started supporting them and records showed people were supported by a regular team of care staff who knew them well.
- People and their relatives told us staff arrived on time and stayed as long as was needed. Comments included, "I know they're [staff] on time because I get the app and I can see they check in and out. I'm completely satisfied they are there for the time they need to be" and "They're [staff] brilliant at being on

time, the only time if they're running really late is if it's an emergency, but they always ring me if they're going to be late."

- Safe recruitment practices were followed before new staff were employed to work with people. The provider had a recruitment process in place to help ensure staff they recruited were suitable to work with the people they supported. All of the appropriate pre-employment checks were completed for all staff. This included disclosure and barring service (DBS) checks, obtaining up to date references and investigating any gaps in employment. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable people.
- The registered manager /provider told us they would only increase the amount of people they provided support to, if they had sufficient staff available to ensure they would be able to meet people's needs. This demonstrated people's safety was prioritised when accepting new referrals.

Using medicines safely

- People were supported to be as independent as possible in managing and administering their own medicines. Safe systems were in place for people who required support with their medicines.
- Staff had been trained to administer medicines safely. In addition, the registered manager/provider completed medicines spot checks with staff, and they completed twice yearly competency assessments.
- People's care records included specific information about the level of support they required with their medicines as well as details of their prescribed medicines and information about who was responsible for ordering them. There was clear guidance for medicines that were prescribed, 'as and when required' (PRN), so staff knew when they should give these. There were safe systems in place for people who had been prescribed topical creams.
- Staff recorded when they had administered medicines on the electronic recording system. This information was immediately available for the registered manager/provider to review. This meant they would be alerted if staff had failed to administer prescribed medicines, meaning prompt action would be taken to rectify this if required.

Preventing and controlling infection

- People were protected against the risk of infection. Staff had access to protective clothing and had received training in infection control and food hygiene.
- We were assured that the provider was using PPE effectively and safely. People confirmed care staff used PPE when necessary. One person told us, "The [care staff] when they come, they have their masks on, put on the apron and always come looking clean and tidy, washing their hands."
- We were assured that the provider was accessing testing for staff.
- We were assured that the provider's infection prevention and control policy was up to date.

Learning lessons when things go wrong

- Systems were in place to monitor people's safety. The registered manager/provider was proactive in ensuring they could monitor any incidents, accidents or issues of concern so action was taken where required.
- Audits were in place to review all incidents and accidents to ensure any trends or themes identified could be acted upon, to help mitigate risk and prevent reoccurrence.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed 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 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.

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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- The service had a consent record in people's care plans, which people had signed. This clearly described different areas of people's care and support and that the person was able to consent to their care.
- Staff had completed MCA training and recognised people should be supported to make their own choices. One staff member said, "I always ask [people] what they want, it's their choice."
- When we spoke with the registered manager/provider it was clear they understood their responsibilities under the MCA and around protecting people's rights. However, where some people had fluctuating capacity around specific decisions, these had not been identified or recorded in people's care plans. We discussed this with the registered manager/provider who took immediate action and updated their electronic care record system, to ensure that decisions made under the MCA were properly recorded.
- The registered manager/provider was aware of their responsibilities in respect of community deprivation of liberty Safeguards (DoLS), although at the time of our inspection no one using the service required one.

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

- People's needs were assessed before the service started supporting them. The assessment considered all aspects of people's needs and the information was used to develop people's care plans and risk assessments. Assessments demonstrated people's protected characteristics under the Equality Act had been considered.
- People's care plans contained details of their background, any medical conditions, and information about choices and preferences and were updated if people's needs changed. Information had been sought from relatives and other professionals involved in their care. This meant that staff understood people well and

supported them in line with their wishes.

- The registered manager/provider told us they were proactive in contacting health and social care professionals if people's health deteriorated, so a re-assessment of their needs could be completed, if needed.

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

- People's care plans showed their needs had been assessed in relation to nutrition and hydration and took into consideration their preferences and dietary requirements. Plans for eating and drinking were developed jointly with people, where appropriate.
- Where people were assessed as requiring support to eat and drink enough, staff made records to demonstrate this had been done. However, some additional information in relation to risks around nutritional needs were needed, to ensure staff had the information they required. For example, one person was diabetic, and this information was not included in their nutrition care plan. We discussed this with the registered manager/provider who took immediate action to add this information.

Staff support: induction, training, skills and experience

- All staff completed robust training which included: moving people, infection control, medicines, health and safety, first aid, food safety and safeguarding. This meant, people were supported by staff who had the skills and knowledge to carry out their roles and responsibilities. A relative told us, "Staff know what they're doing and are well trained."
- Staff applied learning effectively in line with best practice, which led to good outcomes for people and supported a good quality of life. Comprehensive checks of staff practice helped to ensure people received good quality care.
- Staff completed an induction which they felt gave them the skills and knowledge they needed to undertake their role. Staff were supported to achieve the Care Certificate if they did not already have this. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of staff working in health and social care.
- Staff had regular supervision, annual appraisals and had the opportunity to develop personal development plans, so they could be supported to increase their skills and knowledge in specific areas. This enabled the registered manager/provider to monitor and support staff in their role and to identify any new training opportunities.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People's health was monitored by staff and they were supported to access healthcare when needed. For example, GPs and community nurses were contacted with people's permission when needs changed or staff were concerned about people's wellbeing.
- Information about people's health needs was recorded in their care plans and included information about people's general health, social information and abilities and level of assistance required. This could be shared should a person be admitted to hospital or another service and enabled person-centred care to be provided consistently.
- Relatives told us they felt staff were very attentive and checked how people were at each visit. One relative told us, "Staff check [person] over every day report back to myself if there are any problems or if [person] has any blemishes anywhere, as my [relative] falls down quite often and they check them over for any bruises."

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.

This is the first inspection for this newly registered service. This key question has been rated 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 and their relatives told us they felt the staff were kind and caring. Comments included, "The staff are all lovely", "I feel like I've fallen on my feet with them, they will bend over backwards to help", "I think they're [staff] very caring they really do go out of their way to create a friendly atmosphere" and "It's like a ray of sunshine when they [staff] come in, they always greet with how are you [person's name] how you feeling today?"
- Staff had built positive relationships with people and told us they enjoyed their work. One staff member told us, "I have had the opportunity to get to know people. I love listening to people's history, one person used to go through all their old photos with me, I love looking what people looked like when they were younger and talking about what music they liked." A person said, "They [staff] know me and my likes and dislikes, they make the time to get to know me."
- Staff had completed equality and diversity training and understood how to ensure people's human rights were met.
- Information about people's individual care needs was shared with staff before they started supporting them. A staff member told us, "We are always introduced by another carer or [registered manager/provider] or [senior staff] and we've got guidelines about what we're expected to do for each person's needs." This meant staff would know important information about each person, such as any equality and diversity or protected characteristics before supporting them. This information was seen in care plans we viewed during the inspection.

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

- People and their families views and wishes were captured by the registered manager/provider during the care planning process and through individual contact. Care plans we viewed demonstrated that people were involved in making decisions about their own care and support needs. A relative told us, "I think what they [staff team] do particularly well is treating each person as an individual, it's not a tick box exercise at all. You feel they [staff] actually enjoy doing what they do."
- The registered manager/provider regularly visited people to seek their views and check if they were happy with the service they were receiving. Records we reviewed showed formal reviews of people's needs were completed periodically or when people's needs changed.
- Staff understood how to support people to be involved in decisions about their care. Comments included, "I would always respect everyone's wishes" and "That's how I get to know what they [people] like and don't like, chatting and listening about their life."

Respecting and promoting people's privacy, dignity and independence

- People's confidentiality was maintained in the way information was handled. Care plans were stored securely within an electronic system that staff accessed safely. Staff were aware not to share confidential information with people that were not authorised.
- Relatives told us they felt the registered manager/provider and staff always treated people with dignity and supported them to do as much as possible. One relative said, "They [staff] treat [person] as a unique individual, they're all about ensuring [person's] dignity they're great they really are."
- Staff treated people with respect and recognised the importance of maintaining their privacy. A staff member told us, "We always think about their privacy and I make sure I shut the curtains so no one can see them from outside."
- The registered manager/provider was committed to helping people remain independent living in their own homes. They regularly engaged with external professionals, seeking their expertise to ensure people had access to the most up to date support. A person told us, "They [staff] always encourage me to do things for myself."

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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

- Initial assessments were completed to capture essential information about people's needs. This enabled the registered manager/provider to be clear they could provide a service that met people's individual needs.
- Care plans were written in a person-centred way that gave staff clear guidance about how to support people. They incorporated people's likes and dislikes, preferences, physical, social and emotional needs and risks to their safety and wellbeing.
- Care plans were reviewed regularly and were a continually developing record of people's needs. The electronic system the registered manager/provider used, meant that as people's needs changed, or they shared new information about how they wanted to be supported, this could be quickly added to their care plan. For example, one person had returned from a hospital stay with increased needs. Their care plan was reviewed and updated promptly to ensure they received the care they required on their return.
- Relatives felt involved and with permission from the person, were able to access the electronic care record system. One relative told us, "They're [staff team] extremely responsive, they have a care app, so I can actually see each visit how things are going. If there's been a change [to person's needs], they [staff] let each other know via the app, like if something's not right or they are not drinking. If [person's] had a fall I will get a phone call to say that's happened."

End of life care and support

- The provider had an advanced care planning policy. This meant when people were near the end of their life, care planning was reviewed and captured their needs to ensure they had the support they required.
- At the time of our inspection no one was receiving end of life care. However, people's care plans had not fully captured or evidenced their future end of life wishes. We discussed this with the registered manager/provider who told us they were booked on training to increase their knowledge and skills in this area, so they could develop people's end of life plans.

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.

- People's communication needs had been identified, recorded and highlighted so that staff had access to relevant information about how people should be supported with these. We saw evidence that communication needs were met for individuals and staff knew how to effectively communicate with people.

- The provider had an Accessible Information Standard policy, which staff understood.

Improving care quality in response to complaints or concerns

- People and their relatives knew how to contact the office to raise any concerns if they needed to. One relative told us, "I'm 100% sure if I ever did have a concern it would be addressed immediately absolutely."
- The provider had a policy and systems in place to review any concern or complaint. These provided detailed information on the action people could take if they were not satisfied with the service being provided, however, no complaints had been received.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager/provider clearly demonstrated a commitment to providing good person-centred care and they had a good understanding of their legal responsibilities towards the people they supported. This was clearly reflected in the staff team who knew people and their relatives well.
- People and their relatives told us the service met their needs and was delivered to a high standard. Comments included, "I couldn't sing their praises highly enough", "I rate it [the service] as at least as good as family would do and probably better. It's as good as you could possibly want" and "They've [staff] done exactly to the letter what we've asked them to do, I'm so happy [with the service]."
- It was clear from our discussions with staff, that they enjoyed caring for people, knew them well and they found it rewarding.
- The systems in place ensured people received care which met their needs and reflected their preferences. The registered manager/provider led by example, treating people as individuals and encouraging people, relatives and staff to be involved in the service.
- Staff were aware of the provider's values and told us they enjoyed working for the service. Comments from staff included, "I'm really proud that I picked the right company to work for. I couldn't ask for a better boss in [registered manager/provider name]" and "I love working for this agency, I've been a community carer for over 20 odd years, I absolutely love it. I love the organisation; I love how they work with their clients and the staff are absolutely brilliant."

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

- The registered manager/provider understood their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that requires registered persons to act in an open and transparent way with people in relation to the care and treatment they receive. The registered manager/provider was working in accordance with this regulation within their practice.
- The registered manager/provider promoted a culture of openness and were committed to ongoing service development. This included seeking the views of people using the service and developing systems to enable improved communication between them, so they could address concerns quickly.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There was a registered manager who was also the provider for the service and was responsible for the day

to day running of the service.

- Staff were clear about their roles and responsibilities.
- Systems were in place which identified if there were any risks to the quality of the service being provided. For example, we saw evidence of audits for staff recruitment, care plans, risk assessments and medicine administration records.
- The registered manager/provider had a system to ensure any accidents and incidents were recorded. Although there had not been any recent accidents or incidents, the registered manager/provider told us any data would be analysed by them to highlight any recurring themes.
- The registered manager/provider understood their responsibilities to notify us of significant events promptly and were aware of their responsibility to report to other partner agencies.

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

- Protected characteristics, including sexuality, religion, race and disability, were respected and supported.
- People and families were involved in planning care and support and the registered manager/provider was actively involved in the delivery of care and support to people. It was clear that they knew people well and had developed positive relationships. They told us, "It is really important to me that I know people well and can deliver a service that really meets their needs and also enables us to have a positive relationship with them."
- Effective communication between the registered manager/provider and staff supported a well organised service for people. Staff told us they felt supported in their role and listened to. One staff member said, "I always feel supported, there's always someone at the end of the phone if you need anything."
- Surveys were sent out to assess people's level of satisfaction with the service. All people and their relatives we spoke with were very positive about the service. One relative said, "We seem to be a part of a big family [with the service], like we're never on our own."

Continuous learning and improving care; Working in partnership with others

- The registered manager/provider and staff team worked well with external professional and sought advice and support to ensure they were meeting people's needs.
- Feedback was gathered from professionals to ensure they captured any advice to improve or develop the service. An external professional who had recently given feedback about the service stated, 'The team supports people with exceptional care.' Another described the service as, 'A leading light in the carer community.'
- The registered manager/provider regularly visited people to monitor the quality and safety of the service provided. This included a review of areas such as; health and safety, medicines, people's support plans and delivery of care. The registered manager/provider developed an action plan for any identified areas of improvement if needed.
- The registered manager/provider met with all staff regularly to ensure there was a shared understanding of the vision, values, challenges, concerns, achievements, and good practices of the service.