

Villa Care Homes Limited

# Villa Care Agency

## Inspection report

340A Aldridge Road  
Streetly  
Sutton Coldfield  
West Midlands  
B74 2DT

Tel: 01213533073

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19 June 2019  
25 June 2019

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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

Villa Care Agency is a domiciliary care service which is registered to provide personal care to people living in their own homes. 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 inspection, 17 people were receiving a regulated service.

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

Relatives told us they felt people were safe and staff knew how to identify and report concerns relating to people's safety and well-being. Risks were assessed and managed to reduce the risk of avoidable harm. People received timely support by a consistent staff team. Systems used for the management of medicines were safe and people received their medicines as prescribed.

People's needs were assessed and reviewed to ensure their care needs were met. Staff received training relevant to their role and felt supported by the management team. Staff sought people's consent before providing care and decisions about people's care and treatment were made in line with law and guidance. People received sufficient amounts to eat and drink to maintain their health. People were supported to access healthcare agencies when required.

People were supported by a caring and compassionate staff team. People were supported to maintain their independence and their dignity was valued and respected.

People's care was responsive to their changing needs. People, and those close to them, were involving in the assessment and planning of their care. People knew how to raise a concern if they were unhappy about the service they received.

People, relatives and staff felt the service was well managed. The registered manager had made improvements since the last inspection. People, relatives and staff were given opportunities to share their views about the service. The registered manager carried out auditing to ensure the quality of care provided.

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.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)  
Rating at last inspection The last rating for this service was good (published 30 November 2016).

### Why we inspected

This was a planned inspection based on the previous rating.

### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information 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 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 

# Villa Care Agency

## 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 carried out 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. 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.

Inspection activity started on 19 June and ended on 25 June 2019. We visited the office location on 19 June 2019.

#### What we did before the inspection

We used the information we held about the service to plan the inspection. This included checking for any statutory notifications that the provider had sent to us. A statutory notification is information about important events which the provider is required to send us by law. 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

During the inspection we spoke with three relatives of people who received a service. We also spoke with four staff members and the registered manager who was also the provider. We reviewed a range of records. This included four people's care records and medicine administration records. We also looked at records of accidents, incidents and complaints and quality assurance records, as well as three staff recruitment records and staff training 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 remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Some of the people receiving support from Villa Care Agency were unable to tell us about their experiences due to their communication needs. However, relatives told us they felt confident their family members were safe when receiving support. One relative told us, "[Person's name] is very safe, the staff understand their needs and I never need to worry, not even when I am away."
- Staff had received training in protecting people from harm and knew how to recognise potential signs of abuse and how to raise any concerns for people's safety.
- At the last inspection we found the provider had not followed the local authority reporting procedure for allegations of abuse or harm nor had they notified CQC, as required by law. However at this inspection improvements had been made. The provider had submitted notifications to CQC and had notified the relevant local authority where there were concerns for people's safety.

Assessing risk, safety monitoring and management

- Relatives told us they felt staff knew people's risks and supported them safely. One relative said, "The staff use a hoist and a stair lift to support [person's name]. They all know how to do this and they never feel uncomfortable."
- Care records reflected that people's risks had been assessed and guidance was available to staff to ensure they acted safely and consistently.
- Risk assessments had been reviewed when people's needs changed and included information shared by other healthcare professionals about how to keep people safe.

Staffing and recruitment

- Relatives told us there were staff available to support people at the times they needed. One relative told us, "The staff are always prompt, never have they come either early or late more than 5 minutes and even then, they ring."
- The registered manager told us they tried to ensure people received support from a small, consistent group of staff. Relatives confirmed this, with one commenting, "There is such good continuity, they even employed a member of staff from a previous care agency so that [person's name] would have a familiar face."
- Staff had been recruited safely. The registered manager had carried out appropriate checks on staff members to ensure they were safe to work with vulnerable people.

Using medicines safely

- People received their medicines as prescribed.

- Relatives we spoke with told us they had no concerns about people receiving their medicines. One relative said, "The staff administer medicines and there has never been a problem everything is done right."
- Systems used to manage medicines were safe and the registered manager told us they were developing a more robust audit system to ensure people received their medicines safely.
- An external agency had recently reviewed the medicines administration records (MAR) and the registered manager had implemented their advice for improvement.

#### Preventing and controlling infection

- We received mixed feedback from relatives about infection control. One relative expressed concern about staff wearing jewellery and having long nails, which could pose a risk of infection. We shared this feedback with the registered manager who took immediate action to ensure staff were aware of their expected standards.
- Relatives and staff told us gloves and aprons were available for use when needed.
- Staff had received training in safe practices to control the risk of infection.

#### Learning lessons when things go wrong

- Staff understood their responsibility to report incidents and accidents involving people they supported. Staff shared example with us of occasions when they had contacted senior staff to report concerns. Action had then been taken by senior staff or the registered manager to ensure the person was safe and any potentially on-going risk was reduced.
- Where things went wrong, for example, a support call was missed, the registered manager took action to reduce the risk of future occurrence. This included reviewing processes used when call times or rotas were changed at short notice.

# 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 remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Relatives told us they, and their family members, were involved in the assessment and planning of their care. One relative said, "The manager went through all the needs with us at the start and formed a care plan which is reviewed and this details everything [person's name] needs help with."
- People's needs and preferences were assessed before they started to receive support to ensure their needs could be met. This included information about people's life experiences and religious preferences.
- Care plans detailed people's needs and preferences and reflected recent changes. For example, where a person had mental health needs, up to date guidance was available to staff about how best to support the person.

Staff support: induction, training, skills and experience

- Staff told us they felt equipped to meet people's need through the support and training they received. New staff received an induction and worked alongside experienced staff to enable them to receive training and support.
- Relatives told us they felt staff had the required skills to support people effectively. One relative told us, "They [staff] seem to be trained well enough." Another relative felt staff would benefit from more information at induction to improve their understanding of people's needs. However, they did not feel this had impacted the person's care and support.
- The staff team were supported by a senior worker and the registered manager and told us they received feedback on their practice through spot checks and supervision.

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

- Where people received support from staff to eat and drink they received sufficient amounts to maintain their health. One relative told us, "The staff have to assist [person's name] with making meals and to eat. They prompt them to drink and make sure there are drinks and snacks in easy reach at each call."
- Where people had specific dietary needs, staff were aware of these and care plans offered detailed guidance about how people's meals should be prepared and the support people required to eat safely.

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

- Relatives told us support was available to help people access healthcare services when needed.
- The registered manager described how they worked with other partner agencies to ensure people received care that met their changing health needs. For example, working with occupational therapy teams to ensure people's mobility needs were met.

## 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. 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.

- Relatives told us they felt confident staff asked people for their consent before providing care and support. One relative said, "Staff are all good at explaining what is happening and making sure [person] is happy with what they are about to do."
- Records reflected appropriate assessments of people's capacity to make decisions about their care had been carried out and recorded. Where people were unable to consent to their care this had been recorded and explained so that staff were aware.

# 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. 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

- The registered manager and staff respected people's equality and diversity. Staff were recruited based on their values and experiences.
- Relatives told us they felt people were treated well by the staff who supported them. One relative said, "All the staff are caring, they are nice and friendly."
- Staff were aware of people's cultural and religious needs and these were reflected in care planning and delivery.
- Staff shared examples with us of how they treated each person individually and adapted their approach according to the person's specific needs or personality. For example, using different voice tones for people who may become anxious.

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

- Relatives told us they felt their family members were supported to be involved in decisions about their care. One relative said, "The staff support [person's name] with making decisions for themselves where they can."
- Staff described how they offered people choices and delivered care with consideration for people's personal preferences and routines. For example, staff described how one person preferred to take their medicines while seated and explained how they encouraged the person by offering them their preferred choice of food prior to taking their medicines.

Respecting and promoting people's privacy, dignity and independence

- Relatives told us staff respected people's privacy and dignity. One relative said, "The staff are really respectful, they are always mindful they are in our home."
- Staff spoke respectfully about people and described their personalities with fondness. One staff member told us, "Everyone has a history and learning about that helps us provide better care. Understanding people means you can encourage their independence as much as possible."
- Staff shared examples with us of how they promoted people's independence by encouraging them to assist with washing and dressing where they were able.

# 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. 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

- Care was planned in accordance with people's needs and preferences. Care records reflected people's individual wishes and included details about people's preferences.
- Care was planned with each individual person and, if appropriate, their relatives. This meant support was based on their choice of how they wished to be supported.
- Where people's needs changed, for example, due to a decline in health, their needs were promptly reassessed.

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.

- The provider met the accessible information standard. Where people were unable to read written information due to sensory loss, appropriate arrangements were in place to enable them to understand the information provided. For example, staff shared examples of how they verbally explained information where a person was unable to read it.

Improving care quality in response to complaints or concerns

- Relatives told us they knew how to raise a concern about the support they received if they were unhappy. One relative said, "I have never had to complain, but I am confident this would be dealt with by the manager if needed, they are so approachable."
- The provider had a system in place to ensure the effective management of complaints and the registered manager oversaw any concerns escalated to them by staff. We reviewed complaint records and found the registered manager had an open and honest approach when things had gone wrong. They had taken responsibility for any errors and apologised to people where there were failings.

End of life care and support

- At the time of this inspection no-one was receiving end of life care. However, people's care plans reflected how they would like to be cared for at the end of their life. This included information about whether a person wished to remain at home as well as any relevant information about the person's spiritual or religious wishes.

# 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 requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- At the last inspection we found the provider had not submitted notifications to us about specific incidents, as required by law. However, at this inspection the provider had made the required improvements and notifications relating to incidents such as safeguarding concerns had been submitted.
- The registered manager regularly reviewed the quality of care people received. They had identified they needed additional support to improve the quality of audits of medicines records and had recently appointed a staff member to assist with this oversight.
- The registered manager regularly undertook care and support calls, so they worked alongside their staff team on a regular basis. This enabled them to maintain a good oversight of the needs of both people and staff.

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

- Relatives spoke positively about the registered manager. One relative said, "The manager is really good, always around and knows what is happening. I have no doubt they keep us well informed."
- Staff told us they felt the registered manager was supportive and approachable. We reviewed the findings of staff feedback and one staff member had said, "I feel management are approachable and I also feel my welfare as a carer is thought of as well as people's."
- When things went wrong the registered manager apologised to people and their family members and took action to reduce the risk of any repeated incidents.

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

- Relatives told us they, and their family members, had been asked to give feedback about the support they received. One relative told us, "They [registered manager] continually check in to see how things are going, I have to say this is the best care company we have ever used and we have recommended them to other people."
- Staff were able to share concerns with the registered manager and told us they found them to be approachable. One staff member said, "It's always easy to contact [name of registered manager] or our team leader. They can always answer your questions; this makes you feel supported."
- Staff received supervision and feedback about their role.

Continuous learning and improving care; Working in partnership with others

- The registered manager had made the required improvements following the last inspection. They had recently identified they required more support in relation to auditing and quality assurance. At the time of the inspection a staff member had been identified who would be supporting the registered manager with care quality audits.
- The registered manager was open about where further improvements could be made and told us they worked alongside the provider to further develop the service.
- The registered manager and staff worked in partnership with healthcare professionals to ensure people received the support they required.