

Village Care and Support Limited

# Village Care and Support Limited

## Inspection report

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Date of inspection visit:  
16 January 2020  
22 January 2020

Date of publication:  
21 February 2020

## 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

Village Care and Support Limited is a domiciliary care agency providing personal care to people living in their own homes. The service supports people who have a learning disability and/or mental health needs. At the time of our inspection the service supported 16 people with personal care. 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.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

People felt safe with staff and there were systems in place to safeguard people from the risk of abuse. One person said, "Absolutely, I am safe." Staff were safely recruited by the service and efforts were made to match staff's skills and personality to the people they supported.

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.

People and their relatives said all the staff from the service were caring, kind and treated them with dignity and respect. Comments included, "They're brilliant [the staff], we have a laugh and get on great, I absolutely trust them" and "I know them [staff] like old friends, they're a brilliant bunch, very kind and respectful."

People's care plans were person-centred and detailed. People and their relatives were involved in the care planning and review process, ensuring people received the right support in line with their choices. Staff supported people to develop and maintain relationships with friends and family, access their local community and enjoy active social lives.

People and their relatives had confidence in the service and felt it was well-led. One relative said, "[The service] is a well-oiled machine, it's good, good communication and organised." Staff felt happy and positive about their roles at the service and the support they provided to people.

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

This service was registered with us on 16/01/2019 and this is the first inspection.

Why we inspected

This was a planned inspection based on our approach to inspecting newly registered services.

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 ●

# Village Care and Support Limited

## **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.

#### Service and service type

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

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 24 hours' notice of the inspection. This was because we needed to be sure that the registered manager would be in the office to assist with the inspection.

Inspection activity started on 16 January 2020 and ended on 22 January 2020. We made telephone calls to people supported and their relatives on 16 January 2020 and visited the office location on 22 January 2020.

#### What we did before inspection

We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. However, we reviewed the information we had received about the service since it registered with us. We used all this information to

plan our inspection.

During the inspection

We spoke with three people supported by the service and two people's relative about their experience of the care provided. We spoke with six members of staff including the registered manager, business partner, service manager and support workers.

We reviewed a range of records. This included four people's support plans and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision and appraisal records. A variety of records relating to the management of the service, including policies and procedures were also reviewed.

# 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.

Systems and processes to safeguard people from the risk of abuse

- People and relatives felt safe with the staff and commented, "Absolutely, I am safe" and "Oh yes very safe, we've known the staff for a long time now and get on well."
- The service had systems in place to safeguard people from the risk of abuse and took appropriate action when any such concerns arose.
- Staff had received training on safeguarding vulnerable adults and they understood their role and responsibilities in this area.

Assessing risk, safety monitoring and management

- People had personalised risk assessments which were reviewed regularly and gave staff the information needed to manage the risks associated with people's care.
- Staff were confident they had the information and skills required to support people safely. Staff also explained they could always seek additional support and advice if needed.

Staffing and recruitment

- People received the right amount of support from the right staff helping them to live as independently as possible. One relative commented, "They've put the right person with [Relative], they're matched to [Relative's] needs."
- Staff were safely recruited by the service, ensuring that only people who were suitable to work with vulnerable adults were employed.

Using medicines safely

- People received their medicines safely and as prescribed.
- Staff had the required knowledge and skills to support people with their medicines and had their competence regularly assessed.
- The service carried out regular checks to ensure the quality and safety of medicines administration was maintained.

Preventing and controlling infection

- People were supported by staff to keep their homes safe and clean.
- Staff had received training on infection prevention and control and used personal protective equipment (PPE) when this was needed.

Learning lessons when things go wrong

- Accidents and incidents were appropriately recorded and responded to by staff.

- This information was regularly reviewed to reflect and learn from what had occurred and to identify any emerging patterns or trends that needed addressing.
- Relevant policies and procedures were in place to help guide staff.

# 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.

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

- People's needs and preferences were assessed before they were supported by the service. This information was used to create people's personalised care plans and risk assessments.
- People's needs in relation to equality and diversity were considered during the assessment and care planning process, such as age, disability and religion.

Staff support: induction, training, skills and experience

- New staff were inducted into their role at the service and given appropriate support from more experienced and senior staff during this process. This included shadow-working, helping new staff get to know the people they would be supporting.
- Staff completed regular training to ensure they had the knowledge and skills to meet people's needs. Staff gave us positive feedback about the training available to them.
- Staff felt well-supported in their roles both personally and professionally through regular supervisions and annual appraisals.

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

- People and their relatives were happy with the support staff provided them with their food and drink. They told us staff were helpful and knew people's preferences.
- People's care plans gave staff clear information about their individual needs and preferences relating to food and drink. For example, one person's GP had recommended a low salt diet and their care plan gave staff guidance on how to best support the person with this.

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

- People were supported to access healthcare services when needed to maintain their health and wellbeing. This included giving people the encouragement and reassurance they needed to attend their appointments.
- Staff were also respectful of people's individual health needs and understood the sensitivity required when speaking with people about some of these issues.

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 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 whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People's consent was sought and obtained in line with the principles of the MCA.
- Staff understood their responsibilities under the principles of the MCA and ensure people's rights were protected.

# 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 said all the staff from the service were caring and kind. Comments included, "They're brilliant [the staff], we have a laugh and get on great, I absolutely trust them" and "I'm happy, the staff are very nice and friendly."
- Staff knew the people they supported well and were able to tell us about them, including their individual support needs, like and dislikes.
- People's equality and diversity needs were appropriately considered in the care planning process and gave people any required support with this. For example, staff supported one person to attend their place of worship when they wanted to go.

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

- People and their relatives were involved in making decisions about their care, such as during care plan review meetings.
- Staff respected people's choices about their care and day-to-day choices, such as how they wanted to spend their time or where they wanted to go.
- When necessary staff supported people to access additional support from independent advocacy services.

Respecting and promoting people's privacy, dignity and independence

- People told us staff treated them with dignity and respect. One person said, "I know them [staff] like old friends, they're a brilliant bunch, very kind and respectful."
- Staff respected people's privacy and were knowledgeable about how they ensured people's dignity was maintained.
- Staff encouraged people's independence in a variety of ways and they understood the importance of doing so. One relative commented, "The staff are intuitive and very caring, they encourage [Relative] to be as independent as possible. [Relative's] independence has improved and they're going on holiday with support."
- People's confidential information, such as care plans, was stored securely and only people who required access could do so.

# 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

- People and their relatives were involved in the care planning and review process, ensuring people received the right support in line with their choices.
- People's care plans were person-centred, regularly reviewed and gave staff the information they needed to safely and effectively support people. The level of detail included in people's care plans also helped staff get to know people and what was important to them.

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 individual communication needs were considered by the service and documented in their care plans. For example, one person had a visual impairment and relied on staff reading aloud their post to them.
- None of the people supported at the time of our inspection required any other specific alternative communication methods but the service had access to these if needed, such as braille or easy-read text.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff supported people to develop and maintain relationships with friends and family. For example, one person, with the support of staff, enjoyed regularly going to the pub to meet with friends and play pool.
- Staff supported people to access their local community, enjoy active social lives and help people to attend places of worship if needed. One relative commented, "[Relative] is very happy with his carers and has a better social life than me."

Improving care quality in response to complaints or concerns

- The service had not received any complaints since it registered with CQC. However, there was a policy and procedure in place to guide both people and staff when required.
- People and their relatives said they would feel comfortable raising any concerns with staff but had never needed to. One person said, "I do [know how to make a complaint], they'd listen if I had a problem."

End of life care and support

- The service did not usually support people with end of life care. However, the registered manager

explained, if needed, staff would engage with other health professionals to ensure people received the support they required.

# 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; and how the provider understands and acts on their duty of candour responsibility

- People and their relatives had confidence in the service and felt it was well-led. One relative said, "[The service] is a well-oiled machine, it's good, good communication and organised."

- Staff felt happy and positive about their roles at the service and the support they provided to people.

Comments included, "I feel valued and appreciated, colleagues and managers are all very supportive" and "I enjoy work, we know everybody, it's like a big family team."

- The registered manager understood their responsibility regarding the duty of candour and a culture of openness and transparency was promoted at the service.

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

- The service had an experienced registered manager, who was supported by a similarly experienced senior staff team.

- The registered provider had notified CQC of all significant events which had occurred, as per their legal obligations.

- Staff had access to a range of regularly reviewed policies and procedures to help guide them.

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

- The service invited people's feedback about their care and support on a regular basis through their three-monthly care plan review meetings. People were also given the chance to complete an annual satisfaction questionnaire to share their views.

- Many of the staff had worked for the registered manager for many years. They told us they felt well-supported and valued by the service.

Continuous learning and improving care

- The service had systems in place to monitor, assess and improve the quality of service being provided.

- The registered manager and other senior staff carried out regular spot checks on staff to monitor their practice and ensure they were providing high-quality, safe and effective care and/or identify any areas requiring further learning and development.

Working in partnership with others

- Staff worked in partnership with other health and social care professionals, such as GPs, community mental health teams and social workers, to ensure people's health and wellbeing was maintained.