Violet Care Agency Ltd

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## Inspection report

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## Ratings

| Overall rating for this service | Inspected but not rated |
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| Is the service safe? | **Inspected but not rated** |
| Is the service effective? | **Inspected but not rated** |
| Is the service caring? | **Inspected but not rated** |
| Is the service responsive? | **Inspected but not rated** |
| Is the service well-led? | **Inspected but not rated** |

# Summary of findings

## Overall summary

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. This was the first inspection of the service since it became operational on the 07 July 2017. The service is registered to personal care to people living in their own homes. At the time of our inspection there were 14 people using the service, but 13 of these had only very recently began to use the service. This meant although we could carry out an inspection, we did not have enough information about the experiences of people using the service to give a rating to each of the five questions, and an overall rating for the service.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run.

There were enough staff to meet people's needs and staff had been recruited safely. People told us staff turned up on time and told them if they were delayed.

Risks to people were appropriately assessed and risk assessments were relevant to people's environment and needs. We have made a recommendation that recording practices around risk were strengthened. Staff reduced the risk of infection by using personal protective equipment.

Individual needs were assessed and care plans were developed to identify what care and support people required. People received appropriate support with eating, drinking and their healthcare needs. Referrals were made to community health and social care professionals when appropriate, to meet people's needs and manage their risks. The service was not currently supporting people with medicine administration but processes were in place if this was required.

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

Staff received an effective induction and a comprehensive programme of face to face training had been provided. People supported and their relatives felt staff had the knowledge and skills to meet people's needs.

People said they were involved in their care planning and were happy to express their views or raise concerns. Care plans contained initial information but more time was required to ensure they contained person centred information. People received care from staff who they considered to be friendly and caring, and who stayed long enough to provide the care people required. Staff we spoke promoted people's privacy and dignity and provided people with care and support which was individual to them.

The registered manager and staff were committed to providing a high-quality service to people. There were effective quality assurance processes in place, however we were unable to see these completed due to the timescales of people using the service. The registered manager contacted people by telephone to gain feedback and information about their initial experience of using 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?

**Inspected but not rated**

As the service had only been operational since 7 July 2017 we were unable to rate this key question due to insufficient evidence.

Staff understood their responsibility to keep people safe and to report any suspected abuse.

Risks to the health, safety or well-being of people who used the service were included in their care plans. More work was required to ensure sufficient guidance was provided to staff in relation to risk.

### Is the service effective?

**Inspected but not rated**

As the service had only been operational since 7 July 2017 we were unable to rate this key question due to insufficient evidence.

People told us staff were competent and trained to meet their care needs. Staff were given adequate support by the service in the form of an induction and supervisions.

Where required, staff made sure people had enough to eat and drink and staff communicated with health professionals if changes in people's health occurred.
Staff were aware of the requirements of the Mental Capacity Act.

### Is the service caring?

**Inspected but not rated**

As the service had only been operational since 7 July 2017 we were unable to rate this key question due to insufficient evidence.

People and their relatives told us staff were kind and caring.

Staff could describe how they protected people's privacy and dignity when delivering care.

Staff were encouraged to help people maintain their independence.

## Is the service responsive?

**Inspected but not rated**

As the service had only been operational since 7 July 2017 we were unable to rate this key question due to insufficient evidence.

Care plans were in place which set out how to meet people's needs. However, more work was required to personalise all care plans.

People knew how to complain if they needed to.

## Is the service well-led?

**Inspected but not rated**

As the service had only been operational since 7 July 2017 we were unable to rate this key question due to insufficient evidence.

There was a registered manager in post, and staff told us they were confident in the leadership of the service.

The registered manager had various quality assurance and monitoring systems in place. However, as most people had only just started using the service there was limited information for us to be able to assess if the monitoring systems would be effective.

# Violet Care Agency Ltd

**Detailed findings**

## Background to this 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 was planned to check 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.

This inspection was announced. We gave the service 48 hours' notice of the inspection visit because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure they would be in. The inspection team comprised of one social care inspector.

Inspection site visit activity started on 09 July 2018 and ended on 16 July 2018. It included It included visits to one person in their own home. We spoke with an additional four people and one relative via the telephone. We visited the office location on 10 July 2018 to see the registered and office staff; and to review care records and policies and procedures.

Prior to the inspection we reviewed all the information we held about the service including statutory notifications, safeguarding referrals and complaints. We reviewed information the provider sent us in the Provider Information Return. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with the registered manager, two care staff. We looked at three people's care plans and the associated risk assessments and guidance. We looked at a range of other records including two staff recruitment files, the staff induction records, training and supervision records.

Inspected but not rated

# Is the service safe?

## Our findings

As the service had only been delivering care to people since 7 July 2017. We were unable to rate this key question due to insufficient evidence.

Staff were trained in safeguarding and knew their responsibilities in identifying and reporting concerns of abuse and poor care. The registered manager was aware of the reporting protocols and information had been made available to staff in relation to reporting both internally and externally. Staff knew the different types and signs of abuse and told us they would report any concerns to the office. One said, "I would go straight to the line manager and we have received guidance about this and training." Safeguarding was included as an agenda item in team meetings to ensure staff were aware of subject. The registered manager intended to keep this agenda item to use to discuss any future referrals or incidents in identifying potential learning with staff.

Assessments were undertaken by the nominated individual before a service was offered to people. The assessment looked at any risks faced by the person or by the staff supporting them. However, we did note some risk assessments lacked detailed guidance for staff. For example, we saw one care plan identified that the person required the use of the hoist and a sling for transfers. There was limited guidance for staff within the care plan. This meant that we could not always be assured that staff would always have the correct guidance to hand should they require this. Whilst the registered manager reassured us staff would only support this person once a senior or more experienced staff member had demonstrated how this person was supported to move safely.

We recommend that the registered manager seek advice and guidance from a reputable source, about the management of their systems and processes for recording information on risk and providing guidance on how to manage them in accordance with best practice principles.

People told us there were enough staff to provide their care. They said they were supported by a small team of care staff who visited them regularly. People told us their care visits were arranged to suit them and said the staff usually arrived at the times agreed. One person told us, "Yes they [care staff] are on time." Another person said. "Never missed, I am very pleased so far." The registered manager told us they had never missed any calls and intended that to be a celebrated target for the service. Senior staff were trained and able to respond in an emergency when care staff were unable to attend pre-arranged visits.

Safe recruitment processes were in place. Application forms had been completed and recorded the applicant's employment history, two previous employment referees and any relevant training. A Disclosure and Barring Service (DBS) check had been obtained by the provider before people commenced work at the home. The Disclosure and Barring Service carry out checks on individuals who intend to work with vulnerable children and adults, to help employers make safer recruitment decisions.

At the time of our inspection, the service was not providing support to people with their medicine, however there was an up to date medicine policy in place and staff had received face to face training in this area.

An infection control policy was in place and uniforms and protective clothing such as gloves and aprons were available for staff to help control the spread of infection .

Inspected but not rated

# Is the service effective?

## Our findings

As the service had only been operational since 7 July 2017 we were unable to rate this key question due to insufficient evidence.

The service had policies in place to ensure any new member of staff who did not have a background in care would be required to complete the care certificate. The Care Certificate is an identified set of standards health and social care workers adhere to in their daily working life. During our visits we were able to speak to new staff that had just completed three days of face to face mandatory training. Staff told us they found this training interactive and informative. One staff member told us, "Training was absolutely brilliant, we covered dementia, safeguarding, manual handling, first aid, fire and health and safety."

The registered manager told us they were committed to providing quality training to staff working at the service and was very pleased with the sessions that had been delivered they said, "I wanted training that was interactive and not 'death by power point'. Staff feedback has been excellent." The sessions held were very recent and the registered manager had not had sufficient time to assess staff competencies to establish if staff could transfer their learning into practice. We did find the registered manager was very committed to providing staff with effective training. We did see the beginning of this process in one staff members file where they had a spot check and supervision notes in their file. The service was in the process of creating an electronic system of training, supervision, competency and spot checks that will alert senior staff of due dates.

Staff provided people with any support they required with their nutrition and hydration. People's care records detailed information about the level of support the person required with meals. People's needs were assessed prior to using the service in line with current legislation.

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.

The registered manager had a good understanding of the principles of the MCA. They were aware of what to do and who to report to if people they were caring for became unable to make decisions for themselves. The provider had an appropriate consent to care policy that highlighted plans were to be developed in people's best interests where people lacked the capacity to make decisions about their own care.

Staff liaised with community healthcare professionals to ensure the person's health and welfare needs were assessed and met. This included liaising with the community nurse if staff had any concerns about a person's skin integrity. In one care record, we saw where a staff member had identified a concern about a person's skin and immediately rang the district nurse to raise this with them.

Inspected but not rated

# Is the service caring?

## Our findings

As the service had only been operational since 7 July 2017 we were unable to rate this key question due to insufficient evidence.

Although most people had only been using the service for a short time initial feedback was positive about the care and support provided. There was one person that had been using the service longer who explained they were just about to change to another provider. They told us, "They are very good, I have had the same staff, lovely girls and very kind." The registered manager explained the person lived in an isolated location and due to the service being very small they were unable to accommodate the persons preferences. They had supported the person and their preferences while another provider was found. This meant the registered manager often supported this person with their evening call.

Other comments from people that were new to the service included, "So far 100%, so caring and will do anything I ask"," They cannot do enough for people", and, "They do what I want." A relative told us, "They are brilliant, very gentle and have a lot of patience."

People told us they were involved in the development of their care plans and as most people had just started using the service some care plans were still being updated as staff started to get to know people. One person told us, "They came around and told me what they could provide and asked me what I wanted."

Staff respected people's privacy, dignity and independence. Staff told us when supporting the person, they ensured they protected their privacy and ensured doors and curtains were closed when providing personal care. One person said, "They are very respectful." The registered manager told us one person had told them they wanted to be able to use their mobility scooter again. The registered manager was in consultation with the local authority to try to gain extra time to accommodate this, they added while they were waiting they were already sending staff to support this person with this wish.

Inspected but not rated

# Is the service responsive?

## Our findings

As the service had only been operational since 7 July 2017 we were unable to rate this key question due to insufficient evidence.

We looked at the care plan of the person receiving care and support that had been using the service longer than others. The care plan contained an assessment of the needs of the person. This included relevant details such as the support the person needed and information related to their mobility and communication needs. There was information about the person's personal history and preferences to help staff to ensure their individual needs and preferences were responded to. When we looked at other care plans they were not as detailed and had some gaps which staff were adding to as they got to know people.

A review process was being developed to ensure all care plans were reviewed in relation to the providers policy. The registered manager and deputy manager had contacted or visited people within a week of them starting to use the service to check care and support was in line with their needs and preferences. The registered manager had purchased an online call monitoring and care planning programme and had started work on transferring information and records to this system. From 31 July 2016, all organisations that provide NHS care or adult social care are legally required to follow the Accessible Information Standard. This means people's sensory and communication needs should be assessed and supported. The registered manager understood their responsibilities to meet this standard.

Even though most of the staff were quite new to service we could see they were already developing positive relationships with people and knew their likes and dislikes. A staff member told us, "[Named person] likes their feet massaged and [named person] likes tea with four sugars, we have time to sit and chat with people to find out more about them."

At the time of inspection there had been no formal complaints about the service. However, we saw there were policies and procedures in place to manage complaints if required. Information on how to make a complaint was included in the person's care folder, which was kept in their home. We also saw where a minor concern had been brought to the registered managers attention they had shared this information with staff and resolved the concern.

The service was not currently supporting anyone at the end of their life but appropriate policies were in place to enable the service to follow best practice in this area if required. This included timely access to appropriate professionals.

Inspected but not rated

# Is the service well-led?

## Our findings

As the service had only been operational since 7 July 2017 we were unable to rate this key question due to insufficient evidence.

There was a registered manager in post. The registered manager understood the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and understood when notification forms had to be submitted to CQC. These notifications inform CQC of events happening in the service.

The registered manager had a quality assurance process in place that included oversight of all aspects of service as most people that used the service was new not all parts of this process had been completed. We saw evidence of spot checks and quality assurance visits but saw audits for documents had not yet been utilised. We saw care records were in people's home and the quality assurance process would be that they were collected at the end of every month to enable the senior team to audit. A staff member that had recently started told us, "I shadowed and I have already had two spot checks."

The registered manager had also implemented procedures for obtaining feedback from the person using the service and/or their relatives. The registered manager told us current quality assurance checks include recording feedback from people using the service. They had also telephoned people to gain their views. We saw that compliments were recorded and shared with staff. Compliments included, "Excellent service, pass on thanks" and, "Happy with carers."

Staff told us they liked working for the service and felt supported. One staff member said, "It is like a family here, they are very caring towards people, they do not just give you a rota, they talk to us and help us if we need them to." They added, "Both [named registered manager] and [named deputy manager] are very helpful."

We saw minutes from a quality assurance meeting held with staff, a different policy is discussed monthly and all information and guidance related to the service was discussed. During the meeting the registered manager talked to staff about ideas for a 'staff incentive scheme' they hoped to introduce shortly.

The registered manager had already established some good links with external agencies such as the local authority, national and local providers associations and was aware of best practice websites.