

## Virtuous Health Group Limited

# Virtuous Health Group

### Inspection report

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Date of inspection visit:  
28 January 2019  
29 January 2019

Date of publication:  
20 February 2019

### 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

The inspection took place on 28 and 29 January 2019 and was announced.

Virtuous Health Group is a domiciliary care agency and also provides 24 hour live in care to people within their own homes.

The service supports people living with dementia, learning disabilities or autistic spectrum disorder, older people, people with an eating disorder, physical disability, sensory impairment and younger adults. The service was not registered to provide nursing care.

At the time of our inspection the service was providing care and support to 11 people.

The service had a registered manager. 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.

Staff understood their role and responsibilities to keep people safe from harm. Staff had received training to deliver care safely and to an appropriate standard.

Staff had a good knowledge of the provider's whistleblowing policy and procedures which meant they were able to raise concerns to protect people from unsafe care.

People were supported by staff who promoted their independence, respected their dignity and maintained their privacy.

Care plans reflected people's individual needs and preferences and were regularly reviewed to ensure the provider continued to meet people's needs.

Risks to people had been assessed and reviewed regularly to ensure people's individual needs were being met safely.

Recruitment processes were robust to make sure people were cared for by suitable staff. There were sufficient numbers of staff deployed to meet people's needs.

Staff understood the requirements of the Mental Capacity Act 2005 and their responsibilities to ensure that people who were unable to make their own decisions about their care and support were protected.

There was an effective complaints system in place. People told us they were confident to raise any issues about their care and that they would be listened to and addressed.

People told us the service was well-led and managed by an effective and organised management team.

Systems were in place to monitor and improve the quality of the service provided.

This service was registered with the Care Quality Commission in February 2018, this was their first inspection.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe. People were safe because staff understood their role and responsibilities to keep them safe from harm.

Risk was assessed and measures in place to reduce identified risk.

Staff were recruited safely.

### Is the service effective?

Good ●

The service was effective. Staff had received training to deliver care safely and to an appropriate standard.

Staff were supported in their role through regular supervision meetings with management.

Staff understood the requirements of the Mental Capacity Act 2005 and their responsibilities to ensure that people who were unable to make their own decisions about their care and support were protected.

### Is the service caring?

Good ●

The service was caring. Staff were kind and caring and had developed positive relationships with the people they supported.

Staff understood people's needs and how they liked things to be done.

Staff respected people's choices and provided their care in a way that maintained their dignity.

### Is the service responsive?

Good ●

The service was responsive. Care plans reflected people's individual needs and preferences.

Care plans were regularly reviewed to ensure that they continued to meet people's needs.

The provider had a complaints policy which set out the process and timescales for dealing with complaints.

### **Is the service well-led?**

The service was well-led. Effective audits and systems to measure the quality of the service were in place and actions identified were acted upon.

There were clear lines of accountability and responsibility within the service's structure. Staff confirmed the registered manager and senior management were readily contactable for advice and support

Records relating to people's care were accurate, up to date and stored appropriately.

**Good** 

# Virtuous Health Group

## 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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 28 and 29 January 2019 and was announced. We gave the provider 48 hours' notice that we would be visiting the service. This was because the service provides care to people living in their own homes and we wanted to make sure staff and people using the service would be available to speak with us.

The inspection was carried out by one adult social care inspector and one expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before this inspection, we asked the registered provider to complete a Provider Information Return (PIR). This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. We used this information to help with the planning for this inspection and to support our judgements.

Inspection activity started on 28 January 2019 and ended on 29 January 2019. On the first day of our inspection we visited the office location and spoke with the managing director, registered manager and care co-ordinator. We reviewed care records and documents central to people's health and well-being. These included care records relating to four people, recruitment records for four staff members, staff training records and quality audits. We also telephoned and spoke with six people and the relatives of people using the service to obtain feedback on the delivery of care and support. On the 29 January 2019 we telephoned and spoke with four members of staff.

## Is the service safe?

### Our findings

People and relatives told us they felt safe with the care staff and told us staff were always kind and courteous. They were positive about the service and told us it was delivered by staff who had time to provide all the care needed. One person told us, "I feel very safe with my carer". Another person told us, "I like all the carers and trust them in the house and with all my care". A relative told us, "As a family, we all feel safe in the knowledge that mum is having the best possible care in her home which is where she wants to be whilst she is still able". Another relative told us, "Her live in carer has the responsibility of ensuring that they are kept secure. As soon as anyone comes in or goes out the key is turned and the safety chain put on". The service had policies and procedures which protected people from the risk of abuse. Staff had received training in safeguarding and all staff completed regular refresher courses. Training records and discussions with staff confirmed this. Staff could describe the different types of abuse, the signs and symptoms that abuse may have occurred and how they would manage these situations in order to keep people safe. Staff knew and understood what was expected of their role and responsibilities and said they had confidence that any concerns they raised would be listened to and action taken by the registered manager.

We asked staff about whistleblowing. Whistleblowing is a term used when staff alert the service or outside agencies when they are concerned about other staff's care practice. Staff said they would feel confident raising any concerns with the registered manager. They also said they would feel comfortable raising concerns with outside agencies such as the Care Quality Commission (CQC), if they felt their concerns had been ignored.

There were sufficient numbers of staff deployed to meet people's needs. The registered manager told us they did not accept new care packages if they felt there were not enough staff with the right skills to meet people's needs and deliver care safely. This helped to ensure that there were sufficient staff deployed to meet people's needs safely. Staff told us they knew the people they supported well and were allocated to work with them on a regular basis so they could provide a consistent service. This was confirmed by the people we spoke with. One person told us, "I always have the same regular carer. I always know who is coming and if she has some scheduled days off or is sick, the office will always call me to let me know who will be replacing her".

Risk assessments were completed to help staff support people and to minimise risk whilst ensuring people could make choices about their lives. These included people's mobility, nutrition and medicines. There was a detailed environmental risk assessment completed of each person's home when the service commenced. This identified potential hazards and any steps required to minimise them.

There were systems in place to ensure that medicines were managed safely. Most people receiving care or their relatives managed the ordering, storage and disposal of medicines. Medicine administration records (MAR) where applicable were accurate, up to date and contained no gaps. One person told us, "I'm capable of doing my tablets myself, but these days my carer just reminds me that I need to take them and she'll give me a glass of water and then it gets written up in the notes to say that I've had them. Because my carer is always on time, I usually have my tablets at the same time each day". A relative told us, "The medication

chart is always filled in very accurately by the carers and you can clearly see that she has had her medication each day and at the times, and the dose that she should have. There's never been a single problem with her medication". Where possible, people were encouraged and supported to take responsibility for their own medicines. The risk assessments and care plans had sufficient detail to ensure people received the support they needed and this was reviewed regularly.

Safe recruitment processes were in place. Staff files contained all the information required under Schedule 3 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Application forms had been completed and recorded the applicant's employment history, the names of two employment referees and any relevant training. There was also a statement that confirmed the person did not have any criminal convictions that might make them unsuitable for the post. 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.

Accidents and incidents were appropriately recorded and analysed to identify any trends. Staff were aware of the reporting process for any accidents or incidents that occurred in people's own homes. A staff member described the actions they would take in the event of an incident which showed us that people's safety and wellbeing was at the forefront of the care and support provided. At the time of our inspection there had been no recorded accidents or incidents however the registered manager was able to demonstrate the actions they would take if they were required to do so.

Staff were provided with training in infection control and food hygiene. There were systems in place to reduce the risks of cross infection including providing care workers with personal protection equipment (PPE), such as hand cleanser, disposable gloves and aprons. They were directed to use PPE and how to reduce risks, such as how to dispose of continence equipment safely. This was included in the spot check observations of care workers to ensure they were demonstrating good infection control processes. One person told us, "I really don't know how their hands survive in one piece. If I washed my hands as many times during the day as they do, I wouldn't have any hands left".

## Is the service effective?

### Our findings

People and their relatives told us they were cared for by staff who had the skills and knowledge they needed to meet people's needs. People spoke highly of the calibre of the care staff that supported them. They told us they were well trained and competent in their work. One person told us, "I've never had any cause to think that they're not well trained. Certainly, they give me the confidence that they know what they are doing". Another person told us, "They do appear to be well informed about diabetes and how it can affect people. Sometimes they will ask me a question about it, usually so they can understand how I manage to cope with the condition on a day-to-day basis".

People had access to healthcare services to maintain good health. People told us that their health care appointments and health care needs were organised by themselves or their relatives. One relative of a person receiving live in care told us, "Mum's blood sugar levels peaked some time ago and her carer needed to call out the paramedics and she ended up being taken to hospital unfortunately. As soon as the carer had called for help, she phoned me to let me know what it happened and everything was written up thoroughly in the notes. I don't think mum could've been any better cared for had it been a member of the family with her at the time".

The provider's induction programme embraced the 15 standards that are set out in the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. All new staff employed by the agency had undergone an induction which included the standards set out in the Care Certificate. Training included for example, moving and handling, infection control, food hygiene, safeguarding, medicines management and dementia awareness. One member of staff told us, "I completed an induction that was very well presented and I was able to ask questions if there were certain areas I was unclear about. I also shadowed other staff and that was invaluable and was very important to have the opportunity to go out with an experienced carer before going out alone".

Staff told us they felt supported in their role, and were provided with regular one to one supervision meetings and spot checks. Supervision and appraisal are processes which offer support, assurances and learning to help staff development. This was confirmed in records which showed they were provided with the opportunity to discuss the way that they were working and to receive feedback on their work practice. One member of staff told us, "Yes I have regular meetings with the registered manager. I find them really helpful and supportive".

People told us that staff always sought their consent before they carried out any care or support. One person told us, "My carer will always ask me whether I feel like a shower when she comes in in the morning and if I don't, she'll help me with a strip wash. I'm never forced to do anything that I don't want to". Another person told us, "I sometimes don't feel like having a wash as soon as she [care worker] comes through the door, so when she asks me if I'm ready, I can say no and she'll go and get my breakfast organised while I have a cup of tea and a biscuit. Usually, by the time I've had that, I've woken up sufficiently to be ready for my wash". A relative told us that they had witnessed staff seeking consent from their relative before they carried out any care or support. They added, "They always encourage [name] to do what he can for himself even if it's with

their support. They never assume anything and won't do anything unless it's agreed". A member of staff told us, "It's very important to ensure people are encouraged to maintain as much independence as possible. I always ask how they are and how I can support them. I never assume they can or can't do something for themselves".

Staff had completed training in relation to the Mental Capacity Act 2005 (MCA) and understood how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected. The 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible. The registered manager and care co-ordinator told us they would work with family members and other healthcare professionals if they had any concerns about a person's ability to make a decision to ensure that care and support was provided in their best interest.

People's dietary and hydration needs were an important focus during assessment and care planning. People's likes, dislikes and preferences about food and drink had been recorded in their care plan. The guidance given was personalised and reflected people's individual choices. A relative of one person who had their meals prepared by staff told us they were always asked what they wanted to eat and staff knew their dietary requirements. Staff fully understood the need for people to eat well and to have good hydration to maintain their wellbeing. The registered manager told us if people were not eating or drinking adequate amounts, staff would report it and this would be passed on to their GP or family.

## Is the service caring?

### Our findings

People were positive about the care and support they received. One person told us, "Nothing is ever too much trouble. I really feel that I matter to them and when my carer is here she concentrates on me totally. My carer cooks me some lovely vegan meals. She'll look on the internet and I love trying new things". Another person added, "My wish to only ever have female carers has always been stuck with. They know exactly how I like things to be done and nothing is ever too much trouble". A relative told us, "Mum's eyesight is deteriorating and her hearing is failing, but whenever I visit, she's dressed immaculately, her clothing is clean and her overall appearance is as I know she would wish it to be".

Staff respected people's privacy and dignity using various means. For example, letting people wash their own face and other areas and drawing curtains when providing personal care. One person told us, "The girls [care staff] care for me in the way I want them to. They help me with the things I can't do and do this sensitively". One relative told us, "Carers are very caring and are kind and respectful, giving [person's name] choices and doing whatever we ask of them".

People's care plans were detailed, reviewed regularly and provided staff with guidance on how people wanted their care to be given. Care plans identified the areas of their care that they could attend to independently and how this should be promoted and respected. People told us staff listened to them, acted on what they said and they were consulted relating to their care provision.

People's care records identified that they had been involved in their care planning. This included their choices about how they wanted to be cared for and supported. One person told us, "It feels like my care plan is updated every couple of weeks or so, because the manager visits very often. It does really feel like everything is organised around what I would like, rather than at the convenience of the agency and I hope that it continues to be the same as they grow larger". A relative told us, "Yes she does have a care plan. This was put together when we first started with the agency following a chat with [name of registered manager] about her needs. To be honest, I don't think we could've been any more involved in how the care package was put together. The beauty of seeing [name of registered manager] often, is that the care plan and the package are always up-to-date. and that If there are any niggling issues then they can be dealt with really quickly".

The provider received positive feedback through regular quality assurance survey questionnaires sent to people using the service and their relatives. For example, 'Professional, efficient and reliable service', 'Customer centred approach', 'All round fantastic service' and 'My grandmother is very well cared for'.

## Is the service responsive?

### Our findings

Before receiving care and support people's needs were assessed by the registered manager to ensure the service was suitable and could meet their needs and expectations. People told us they received the care they wanted. One person told us, "They came to see me, we went through what I could do and what I could not do and where I needed the help". Another person told us, "When we'd finished talking about what sort of help I needed I was asked what time I would like the calls to happen. I gave the times I wanted and that's is exactly how it works". A relative told us, "When my husband came home from hospital he was told that he mustn't tackle the stairs at all. We thought it would be alright sleeping on the easy chair which does recline, but when [name of registered manager] came to visit a few days later, she told me that we would be eligible for a hospital bed free of charge from the NHS. I didn't know who to contact, so I gave her permission to speak on our behalf and within a few days, a hospital bed arrived which has made my husband's life so much easier and less stressful".

Care plans included the initial needs assessment, a daily log, risk assessments, personal history and what people required assistance with. Some people required full assistance with personal care such as bathing and dressing, some required prompting and support with taking medicines. Staff were clear about people's individual needs and the level of support they needed. People's care records were written in a positive way and included information about the tasks that they could carry out themselves as well as detailing the level of support they required.

People's preferences, wishes and choices had been considered in the planning of their care and treatment, and the care plans we looked at confirmed this. People's care plans prompted staff as to how best meet each person's expectations in maintaining their independence. This was to live in their own home and maintain independence. Staff told us that they found the care plans easy to follow and that these could be referred to at any time.

The registered manager told us that where people who used the service had been identified as requiring specialist care, for example with diabetes, they worked alongside other professional such as the GP, community nurses and specialist diabetic services.

At the time of our inspection the provider was not supporting anyone who was at end of life. We asked the registered manager to tell us how staff would care for people who were ill and at the end of their life. We were told that the person would be supported to remain in their own home with the support of the appropriate healthcare teams.

The provider had a complaints policy which set out the process and timescales for dealing with complaints. This was provided to people when they started to use the service. The provider had received one formal complaint since registering with the commission. The registered manager could show us how they had responded to concerns that had been raised and how they had communicated their outcomes to the complainants. People and their relatives told us they were confident that if they needed to make a complaint the provider would take this seriously. People said they had been able to contact the office when

they needed to and had been happy with the response they received.

The service had policies, procedures and systems in place to ensure that people have access to the information they need in a way they can understand it and are complying with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given'. For example, the registered manager told us, "We have people who have both hearing and sight impairment. We mitigate the needs of service users by using white boards, paper and lip-reading techniques. We assure service users and work with them giving them the time they need to fully understand.

## Is the service well-led?

### Our findings

People and their relatives told us the service was very well led and they were provided with an excellent level of service. One person told us, "I would recommend this service to others without a doubt". They are excellent". Another person added, "I think the manager is an excellent leader and role model and is very kind and organised. She [registered manager] always has time to listen to you". A relative told us, "The manager is like a member of the family now. She has been so helpful, recommending equipment which has helped considerably. She visits us at least once a week, we couldn't be without her now."

The registered manager had undertaken several accredited training courses. For example, Continuing Professional Development [CPD], in Diabetes Professional Care. CPD is the process of tracking and documenting the skills, knowledge and experience that you gain both formally and informally as you work, beyond any initial training. It's a record of what you experience, learn and then apply. The registered manager had also recently completed a level 5 diploma in leadership for health and social care. In addition to this the registered manager, a registered nurse, is currently enrolled in an MSc Nursing Top Up Study at Southampton University in relation to carbohydrate counting and individualised care plans in managing type one diabetes. They told us, "We have a high number of people we support with this condition and have been very successful in supporting people to live well at home. To support people safely we need to ensure we fully understand the condition and how we best support people". The managing director told us they were due to start a Master of Business Administration [MBA] to further support the registered manager and service.

The registered manager and managing director had clear visions and values of the service and told us, "Our aim to support people to maintain their independence and lifestyle by providing the highest quality care. The main aim of the service was to provide high quality, flexible, person centred care and support". The company website states, 'We are committed to the provision of accountable and dedicated staff that put patient care at the fore front at all times and can be trusted to act with due diligence, professionalism ensuring consistent service is provided'.

There was a clear structure in place and staff were aware of their responsibilities and of the services expectations of them. The registered manager welcomed feedback, led by example and was accessible to both people and staff. Staff were motivated, passionate and proud of their jobs. They spoke positively about the management team and that they felt involved in the running of the service. They felt supported, valued and were encouraged to develop their skills. There was a reflective practice culture where staff were encouraged to develop and learn from any mistakes.

The provider sought feedback from staff using regular quality assurance surveys. Results were very positive and showed staff enjoyed working for the company and that they would recommend the company to a friend or relative. Staff attended regular staff meetings; minutes of the meetings confirmed that staff had the opportunity to raise concerns, share ideas around good practice and learn together. We looked at the minutes for the staff meeting for November, December 2018 and January 2019. Topics included, confidentiality, staff dress code, care plans and the introduction of new technology. One member of staff

told us, "Yes I feel very supported by [names of registered manager and managing director]. They are always available if I need them and nothing is any trouble to them". Another member of staff said, "We have a very strong team that is very committed to providing the best care we can. The management team are very good role models, understanding and exceptionally supportive".

Procedures to monitor the delivery and quality of care provided by care staff included regular spot checks by the registered manager or care coordinator. This was to help ensure that the care staff were working to the right standards as well as exhibiting the provider's values of putting people first and foremost. Processes were in place to make sure that staff adhered to these requests. The registered manager used the information to assess the day to day culture of staff. This showed us that the provider considered what worked well for people and where changes were needed.

The provider was committed to improvement and ensured governance systems were fully embedded in the running of the service. The provider had rigorous quality monitoring systems in place at various levels to provide an oversight as to the quality of care delivered. The registered manager or care co-ordinator carried out regular audits to monitor the quality and safety of the service provided. For example, medication, care plans, accidents and incidents, complaints and staff files.

The registered manager was aware of their duty of candour and how this was addressed in the service. There were comprehensive policies and procedures in place to support investigations into staff concerns, accidents and incidents. Records showed each incident was thoroughly investigated and seen as an opportunity to improve practice. Care staff felt able to bring any concerns of poor practice to the registered manager and that these would be investigated.

Records relating to people's care were accurate, up to date and stored appropriately. Staff maintained daily records for each person and provided information about the care they received and the medicines they were given. One relative told us the daily notes made by care staff were valuable as they could see quite clearly the care and support that was delivered at each visit. We found evidence that care records were checked and monitored by the provider to ensure that the quality of recording was appropriate.

The provider is required, by law, to notify the CQC of certain important events that occur at the service and in people's homes. From records viewed we found that they and the registered manager had notified us about these events where required.