

Veracity Healthcare Limited

Veracity Healthcare

Inspection report

Waffle 21 Colonial House, Swinemoor Lane
Beverley
East Yorkshire
HU170LS

Tel: 01482236484

Website: www.veracityhealthcare.org

Date of inspection visit:
05 April 2022

Date of publication:
23 May 2022

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?

Requires Improvement ●

Summary of findings

Overall summary

Veracity Healthcare is a domiciliary care agency providing personal care to people in their own accommodation. The service supports people with a variety of needs including older and younger adults and people living with dementia. The service also supports people with intermediate care whilst their longer-term support needs are assessed and organised. At the time of our inspection there were 25 people using the service.

Not everyone who used the service received personal care. The Care Quality Commission (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.

People's experience of using this service and what we found
Systems to monitor and improve the service were not fully established. Although some audits had taken place, the governance system was not robust and had not identified areas for improvement, such as records requiring further information and person-centred care planning. We have made a recommendation about governance systems.

Risk assessments were in place but required further information to ensure risks were reduced. Risk assessments for staff and people in relation to COVID-19 were not in place. The provider took action to address this during the inspection. People were happy with the support they received with their medicines. However, some work was required to ensure best practice was fully embedded.

People were supported to access health and social care services. Staff supported people with their nutrition where required. 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 had developed good relationships with staff that supported them. Staff were kind and caring in their approach and ensured people's privacy and dignity was maintained.

People told us they were happy with the support they received from the service. Complaints had been investigated and responded to in line with the provider's policy.

Staff received an induction which included training and shadowing. They felt supported by the management team and were positive about the support they had received by the provider in helping them with transport to work. Staff meetings were held regularly to ensure effective communication and support for staff.

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

Rating at last inspection

This service was registered with us on 06 December 2019 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Veracity Healthcare

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 Health and Social Care Act 2008.

Inspection team

This inspection was carried out by one inspector. An Expert by Experience made telephone calls to people and their relatives. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was announced. We gave the service 24 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 05 April and ended on 14 April 2022. We visited the location's office on 05 April 2022.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

During the inspection we spoke with four people and six relatives. We spoke with a variety of staff including the nominated individual, registered manager and five care workers. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We reviewed a range of records. This included three people's care records and medication records, three staff files and a variety of records relating to the management of the service, including policies and procedures.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at policies and audits and additional evidence to support the inspection. We sought feedback from health and social care professionals. We reviewed one further care plan.

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 of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Using medicines safely

- People received their medicines as prescribed. People were happy with the support they received with their medicines. One relative told us, "Carers administer them, arrange and maintain stock. They offer pain relief."
- Further work was needed to ensure best practice was fully embedded in relation to medicines records. For example; protocols were not in place to guide staff when to administer 'as and when required' medicines. The provider started to address this during the inspection.
- Staff received medicines training. Competency assessments were carried out by the management team but not recorded.

Assessing risk, safety monitoring and management

- Risk to people were assessed to ensure measures were put in place to mitigate these risks. Some risk assessments required further detail to ensure records were robust.
- The provider had a business contingency plan which provided guidance in the event of any risk situations for example, staffing shortages.

Staffing and recruitment

- Recruitment processes were in place to ensure people employed were of good character. During the inspection the provider took action to improve some of their documentation to ensure records were robust.
- The provider had systems such as live call monitoring and regular staff checks in place to alert them to any late or missed calls.
- We received mixed feedback about the consistency of call times. Feedback included; "Occasionally timing can be off, for example two hours early" and, "They have become better. A few weeks ago, they were erratic. I spoke to care company and it has improved. They have employed more staff."

Preventing and controlling infection

- Measures were in place to reduce the risk of spread of infection. Staff wore PPE in line with government guidelines.
- Individual COVID-19 risk assessments were not in place for people and staff. The provider addressed this during the inspection.
- The provider ensured staff followed the correct COVID-19 testing guidance and all results were recorded.

Systems and processes to safeguard people from the risk of abuse

- People felt safe with support from the service.

- Staff received safeguarding training and felt confident to report any signs of abuse.
- The service had a safeguarding policy in place and the management team followed internal and external processes to keep people safe.

Learning lessons when things go wrong

- Accident and incidents were recorded and reviewed by the management team for any lessons learnt.

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

- The provider conducted assessments and this information was used to develop care plans.
- People and their relatives told us they were involved in their assessments and care plans.

Staff support: induction, training, skills and experience

- Staff received induction and ongoing training to ensure they had the skills to complete their roles.
- As part of the induction staff completed The Care Certificate and shadowing. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- Staff felt supported in their roles. There were systems and processes in place to ensure staff received regular supervision meetings. Supervision is a process that involves a manager meeting regularly with staff to review their work and provide support. The majority of staff had only worked at the service a short period of time so had not yet had their supervisions.

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

- Care plans were in place regarding people's nutritional needs but these were very brief and sometimes lacked detail. The provider told us they would review people's care plans.
- When people required support with their nutritional needs records were kept of the support given to people.

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

- When people required support with their health care, suitable support was provided.. For example, referrals were made to health and social care professionals, such as occupational therapists and physios in a timely manner.

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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests

and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- The manager had knowledge of the MCA and was aware of the need for decisions to be made in a person's best interest if they were unable to make those decisions for themselves.
- Staff understood the requirement to gain consent prior to supporting people. One relative told us, "If they ask [Name] if they want a shave he may say no, then they don't do it."

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 told us staff were kind and caring. One relative told us, "The staff are very caring, lovely and supportive. They had to adopt a different approach until [Name] got used to them. I have been very impressed"
- People had developed positive relationships with staff that supported them. One person told us, "They are all pleasant, we have a lot of laughter." A relative told us; "I hear them laughing and having a bit of banter."
- Staff understood their responsibilities to respect people's diverse needs.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy and dignity. This included ensuring curtains and doors were closed and leaving the room when appropriate to give people privacy.
- Records were stored securely to ensure confidentiality was maintained.

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

- People and their relatives, where appropriate, were involved in the development of their care plans to ensure people were able to make decisions about their care.
- One person told us, "I was involved in the care plan. The Registered Manager came to see me the first day home from hospital."

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 had care plans in place; some areas of the care plans required more person-centred information. For example, to contain, people's like, dislikes and how they wish to receive their support.
- People were happy with the care they received. One relative told us, "[Name] has got used to the same group of carers. They have gained her trust and she now looks forward to them visiting."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were assessed and recorded in their care plan.
- The provider told us if anyone required information in accessible formats, they would source this.

Improving care quality in response to complaints or concerns

- Complaints had been investigated and responded to in line with the provider's policy.
- The provider used complaints to learn lessons and developed action plans following complaints.

End of life care and support

- Records did not always show people had been given the opportunity to discuss their end of life wishes. Where the provider was providing end of life care they had developed detailed plans. The provider agreed to explore this further.
- The provider had received a compliment for the support given to a person at the end of their life.

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 requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The governance systems in place were not robust. Minimal audits had been carried out which meant the provider did not always identify areas for improvement.
- Further oversight was required to ensure best practice was fully embedded into the service. For example, best practice guidance was not consistently considered with medicines, record keeping, risk management and person-centred care planning.

We recommended the provider seek advice from a reputable source regarding effective governance systems.

- The provider had employed a quality practitioner prior to our inspection who had started undertaking audits. However these had not been finished at the time of inspection.
- The management team were passionate about developing the service and were prompt at responding to feedback given during the inspection.

Working in partnership with others

- Staff worked with relevant professionals to meet people's needs.
- We received mixed feedback regarding communication from the management team from health and social care professionals. Whilst one professional told us the management were responsive another professional told us the management team was sometimes difficult to contact and work was required to improve working relationships in regard to ensuring people's care packages were appropriate.
- The provider felt the ability to work in partnership had been hindered by the COVID-19 pandemic but was something they were looking to explore further.

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

- The provider had used reviews to gather people's feedback on the service. They were considering meaningful ways of carrying out satisfaction surveys in the future.
- Regular staff meetings were taking place to ensure staff felt engaged in the service.

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

- People and their relatives were mainly positive about the service. Some work was required to ensure the service delivered a fully person-centred service.
- Staff were well supported by the management team. Feedback from staff included; "The management team are very hands on, they are very involved. They can always give support and advice" and, "They are a competent management team, very helpful, they always try look out for our well-being as staff."
- The provider had started new initiatives, such as supporting staff with transport to care calls and to get to work on days when public transport was limited. Staff were appreciate of the positive impact this had on their well-being.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider knew what important events needed to be notified to CQC and understood they were required to be open and honest in the event of something going wrong with people's care.