

Virtue Care Services Ltd

# Virtue Care Services Ltd

## Inspection report

Virtue Care Services, McIntocks Building  
Summer Lane  
Barnsley  
S70 2NZ

Tel: 07483354211

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14 June 2022

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### Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Requires Improvement ●

# Summary of findings

## Overall summary

### About the service

Virtue Care Services is a domiciliary care agency providing personal care to people living in their own homes.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. At the time of our inspection there were 16 people receiving personal care.

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

Risks associated with people's care were identified. However, some risks assessments required further documentation to ensure people were safe. People were safeguarded from the risk of abuse and systems were in place to ensure any safeguarding concern was reported correctly.

People felt they received their medicines as prescribed. Infection control and PPE was checked during spot visits to ensure staff were following the correct protocols. Accidents and incidents were analysed and action was taken to ensure lessons were learned.

People's needs were assessed, and care provided in line with their needs. Staff told us they received appropriate training to carry out their role effectively.

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 relatives were complimentary about the service they received, commenting that the registered manager was approachable, and the carers were kind and friendly.

Care plans were person centred and offered staff guidance about how to support people. Staff told us they were keen to ensure care was delivered in line with people's preferences.

The management team had systems in place to monitor the quality of the service, however, these processes required embedding in to practice.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

This service was registered with us on 06/04/2021 and this is the first inspection.

### Why we inspected

This was the first inspection of a newly registered 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 ●

# Virtue Care Services Ltd

## Detailed findings

### Background to this inspection

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People received their medicines as prescribed. Infection control and personal protective equipment (PPE) was checked during spot visits to ensure staff were following the correct protocols. Accidents and incidents were analysed, and action was taken to ensure lessons were learned.

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# 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.

Systems and processes to safeguard people from the risk of abuse

- The provider had systems in place to ensure people were protected from the risk of abuse.
- Staff told us they received training in safeguarding and knew how to recognise and report abuse. Staff felt the registered manager would take appropriate actions to keep people safe.

Assessing risk, safety monitoring and management

- Risks associated with people's care were identified. However, some risks assessments required further information to ensure people were safe. For example, one person who used a hoist did not have any loop configuration in the care plan or risk assessment. The registered manager took appropriate action to address this issue.
- Staff we spoke with were knowledgeable about risks and could describe how they supported people in a safe way.

Staffing and recruitment

- Staff told us they had a Disclosure and Barring Service (DBS) check and references prior to them commencing employment. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Staff also told us they completed a series of shadow shifts when they first started in post. This entailed working alongside experienced carers until staff felt comfortable to carry out tasks on their own.
- Staff told us they had sufficient time to complete tasks and never felt they had to rush anyone.

Using medicines safely

- The provider had a system in place to ensure people received their medicines as prescribed.
- People we spoke with told us they received their medicines when they needed them. One person said, "They [staff] know what they're doing. They put the tablets in a little egg cup and if I want paracetamol, they give them to me." Another person said, "Everything they've [staff] done has to be written down, including giving me the tablets."
- We viewed some medication records and medication audits and found some gaps in recording had been identified. The registered manager had taken action to ensure records were improved.

Preventing and controlling infection

- The registered manager carried out spot checks to ensure staff were working within the providers infection control procedures. This included checking PPE and ensuring good hand hygiene.

- People and relatives told us staff worn appropriate PPE, masks, gloves and a uniform.

Learning lessons when things go wrong

- Accidents and incidents were analysed, and action was taken to ensure lessons were learned.

# 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

- Assessment packs were completed when people commence a care package with the company. This gave details of what support people required and other professionals involved in people's care.
- Care plans and supporting documentation included information about people's choices and preferences.

Staff support: induction, training, skills and experience

- Staff received appropriate training and support to carry out their role and develop their skills and knowledge. However, some training was not always effective. We discussed this with the registered manager who confirmed they had addressed this concern.
- Staff told us they were provided with a comprehensive induction when they commenced employment. This included shadowing experienced care workers until they felt comfortable to work alone.

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

- Staff supported some people to maintain a healthy, balanced diet.
- Where this support was offered, we found care plans included information about people's preferences and needs.

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

- The provider and staff took appropriate actions to ensure people received timely and appropriate care and support.
- We found people had been referred to appropriate professionals as required to ensure their needs were met.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The 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 whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The registered manager was knowledgeable about MCA and DoLS and knew what steps to take to ensure they were working in line with the principles of the MCA.

# 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 we spoke with were complimentary about the care they received. One person said, "They're [staff] all lovely and well mannered." A relative said, "I'm very pleased with the quality of care. A lot of the carers actually care, you can tell by the way they talk to [relative]."
- Staff told us they enjoyed their role and spent time building a relationship of trust with people.

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

- People we spoke with felt supported to express their opinions and felt their views mattered.
- Staff we spoke with told us they involved people in their care and support and asked people what their preferences were.

Respecting and promoting people's privacy, dignity and independence

- People we spoke with told us staff maintained their dignity and respect.
- Staff told us they respected people and their homes. One carer said, "I always knock, go in and tell the person who I am." Another staff said, "I am mindful of closing curtains to ensure people's dignity is respected."

# 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 were supported by staff who knew them well. Staff told us how they completed care tasks in a considerate way, and supported people to maintain their independence.
- Some people and their relatives felt they could be more involved in their care and support. Some people were not sure if they had a care plan.
- Documentation we reviewed was informative and gave the reader a clear understanding of people's needs and preferences.

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 felt staff communicated with them well and explained the care and support they were carrying out and checked people were comfortable.
- People's care plans included a section relating to effective communication. This helped staff to understand the best way to communicate such as speaking slowly and waiting for people to respond.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure which was used to respond to complaints, learn and develop the service.
- People and their relatives felt they would be listened to if they raised a concern and action would be taken to resolve the problem.

End of life care and support

- Staff received training to assist them in supporting people and their families at the end of their lives.

# 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.

### Continuous learning and improving care

- Systems were in place to ensure people received a good service. However, these processes required embedding in to practice.
- Some people and their relatives didn't feel involved in the initial assessment or care planning arrangements. This had not been identified as part of the quality monitoring system.
- Some care plans required review to ensure they were reflective of people's needs. For example, one care plan did not include instructions on how to move someone who used a hoist.

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

- The registered manager spoke passionately about the service and was committed to providing a service that was person centred.
- Most people we spoke with were happy with the care provided and were complimentary about the service. However, one person commented about requesting a female carer and a male carer arriving on three occasions. Some people and their relatives felt training was not always effective. The registered manager took appropriate action to address these concerns.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 management team consisted of the registered manager, care co-ordinator, assistant manager and a recruitment manager. The team worked well together and recognised each other's skills and abilities.
- The management team were clear about their roles, duty of candour and regulatory requirements.

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

- Systems were in place to obtain feedback from people and their relatives.
- Spot checks were used to check if people were happy with the support they received.

Working in partnership with others

- The management team could demonstrate they were working in partnership with others to meet people's needs.

