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VP Community Care

Inspection report

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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?	Good

Summary of findings

Overall summary

VP Community Care provides personal care and support for ten people living in 'supported living' settings, to help them live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and related support. The provider specialises in creating bespoke care packages for people living with conditions such as autism or acquired brain injury. VP Community Care provides this service to adults living in England.

The provider, who is registered with us as an individual, manages the service, so is not required to have a registered manager. 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.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

At our last inspection we rated the service Good. At this inspection we found the evidence continued to support the rating of Good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

People were supported with their care in ways which kept them safe. Risks associated with people's health conditions were assessed, and care plans were developed with them, to manage any related risks identified to their safety whist promoting independence. Staff knew how to identify if people were at risk of abuse and were confident to report concerns. People had enough staff to support them at the times they needed. People's medicines were managed safely and in accordance with relevant professional guidance. The provider had an open culture where accidents and incidents were reviewed and improvements made when things went wrong.

People's health, nutritional, and social needs were assessed and provided in line with current legislation and nationally recognised guidelines. Staff had the skills, experience and knowledge to meet people's individual needs. The provider supported staff to work alongside health and social care professionals, to ensure people's needs were assessed and met effectively. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice.

People were supported by staff who were caring and responded quickly to their needs. Staff were matched with people based not only on their skills, but also on personality and people's preferences for staff. People and relatives were involved in planning and reviewing care, and people were supported to express their

views about care. People were supported in ways which promoted respect, their dignity, and independence.

People received individualised care that was responsive to their needs. Relatives were positive about being involved in planning and reviewing people's care, and felt they were listened to when they shared their knowledge. The provider had processes in place to listen to any concerns raised and took action when needed, to improve the quality of care.

The service was well-led. People were happy with the support they received, and relatives and health and social care professionals were positive about the way the service was managed. The provider promoted an open and inclusive culture within the service, and staff had clear guidance on the standards of care expected of them. The provider had systems to monitor and review all aspects of the service.

Further information is in the detailed findings below.

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 remains Good.	**Good**
Is the service effective? The service remains Effective.	**Good**
Is the service caring? The service remains Caring.	**Good**
Is the service responsive? The service remains Responsive.	**Good**
Is the service well-led? The service remains Well-Led.	**Good**

VP Community Care

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.

The inspection took place on 22 and 24 May 2018, and was a comprehensive inspection. We gave the service 48 hours' notice of the inspection visit because the location provides a supported living service for people in their own homes. We needed to be sure that someone from the service would be in.

The inspection team consisted of one inspector. Before our inspection visit we reviewed the information we held about the service, including notifications the provider sent us. A notification is information about important events which the service is required to send us by law. For example, incidents resulting in serious injuries, or allegations of abuse. We sought the views of local authority commissioning teams. Commissioners are people who work to find appropriate care and support services, which are paid for by the local authority or by a health clinical commissioning group.

We used information the provider sent us in their Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and any improvements they plan to make.

During the inspection we met with one person who used the service and spoke with two relatives. We spoke with two care staff, two care co-ordinators, the training manager, the manager and the responsible individual, who is the provider. We looked at a range of records related to how the service was managed. These included five people's care records, two staff recruitment and training files, and the provider's quality auditing system.

Good

Is the service safe?

Our findings

Relatives felt their family members were safe. Health and social care professionals said they were confident people were safe. Staff knew how to identify if people were at risk of abuse and were confident to report any concerns. One staff member said, "We promote a 'speak-up' culture here, where staff are supported and encouraged to speak up about poor care practices or concerns." Staff received training in safeguarding people from the risk of abuse. The provider had a policy on safeguarding people from the risk of abuse, and staff followed this. The provider also had an identified 'whistleblowing' staff champion, who met with all new staff to explain how to report concerns. Whistleblowing is the term used when a staff member passes on information concerning wrongdoing. This meant people were protected from the risk of potential abuse.

People and their relatives were supported to be involved in discussions about risks relating to their health conditions, and how to manage them. One relative described the process of assessing risks as, "Well thought out; so in-depth." They also said their family member felt safe with staff, because they trusted their staff team. The relative described how staff managed risks well, which had enabled their family member to go out and take part in activities they wanted. They described this as, "Staff who enable [family member]; not disable." Staff told us the provider had a thorough approach to managing risks, which was balanced against supporting people to lead the lives they chose. Evidence from people's care records showed risks were identified and plans of support developed and reviewed with them to manage risk. This meant people were supported to stay safe, and their freedom to lead the lives they wanted was respected.

People had enough staff to support them at the times they needed. Relatives and staff confirmed this was the case, as each person had a staff team specifically selected to meet their needs. Health and social care professionals felt the provider worked well with people and their relatives to ensure they had the right staff. We saw evidence to demonstrate people and relatives were encouraged to participate in selecting staff who had the skills to meet people's assessed needs, and who would support them with their interests and hobbies.

Staff told us, and records showed the provider undertook pre-employment checks, which helped to ensure prospective staff were safe to work with people receiving care. This included obtaining employment and character references and disclosure and barring service (DBS) checks. A DBS check helps employers to see if prospective staff are safe to care for people. All staff had a probationary period before being employed permanently. New staff also worked alongside experienced colleagues until the provider was satisfied they were suitable to provide personal care and support for people. This meant people and their relatives could be reassured staff were of good character and were fit to carry out their work.

People's medicines were managed safely in accordance with professional guidance. People who needed prompting or assistance to manage their medicines had clear detailed information for staff to follow. Staff told us and records showed they received training and had competency checks, to ensure they managed people's medicines safely. The provider had up to date guidance which was followed by staff who dealt with medicines. The provider undertook regular audits to ensure people were supported to have the right medicines at the right time. This showed people received their medicines as prescribed.

Relatives told us staff wore gloves and aprons when carrying out people's personal care tasks. Staff had completed infection control training, and also had training to ensure they followed safe hygiene practices when preparing people's food and drink. This meant people were protected from the risk of an acquired health infection through cross contamination.

The provider undertook investigations and reviews of any accidents and incidents. This enabled them to put preventative measures in place to reduce the risk of reoccurrence. Staff reported all incidents to the provider and where needed actions were put in place to address concerns for people's safety. This included working with health and social care professionals to ensure people's care plans continued to meet their needs. We saw evidence where the provider had taken action to improve the quality and safety of care. The provider had an open culture where accidents and incidents were reviewed and improvements made when things went wrong.

Good

Is the service effective?

Our findings

People's health and social needs were assessed and provided in line with current legislation and best practice guidelines. Two relatives confirmed they were fully involved in people's assessment process. One relative said during their family member's assessment, "This is partnership. My role is treated with respect. My knowledge and skills are equal and we work together." Staff were aware of national guidelines and could explain how they were used to support people effectively. The provider developed specific training for staff that was tailored to each person's needs, and this helped ensure people were not discriminated against. For example, we saw evidence of staff having training which was designed to ensure staff could meet one person's needs. People's care records contained clear guidance on how to support people living with a wide variety of health needs.

People were supported by staff who had the skills, experience and knowledge to meet their individual needs. Staff told us, and records showed that they received training as part of their induction, as well as ongoing training. Staff felt this enabled them to support people effectively. Staff told us they felt supported by the provider, and had supervision and appraisals to give them feedback on their work. The provider worked with health and social care professionals to develop training that was specific to people's individual needs and lifestyle choices.

People who needed support with eating and drinking were given this by staff who understood their needs. The staff we spoke with described the different levels of support they gave to people where this was needed. Record showed staff were given clear information on how to support people with their food and drink. This meant people were supported to eat and drink enough and maintain a balanced diet.

Staff told us they worked well together to meet people's needs, and also had support from external organisations when needed. Health and social care professionals all spoke positively about working together with staff from VP Community Care. Records relating to people's care showed the provider supported staff to work alongside health and social care professionals to ensure people's needs were assessed and met effectively. This meant people were supported to have their health needs identified, and staff involved health and social care professionals promptly and appropriately..

Relatives said staff supported their family member to access medical help if needed. Staff also gave examples of occasions when they had sought medical advice or help for people, and records demonstrated this was the case. The provider ensured people's records reflected their current health needs, and contained information for staff to support people effectively. Where people's health conditions changed, people's care plans were updated with new guidance for staff to follow. This meant people were supported to maintain their health.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA. Consent to care was sought in line with legislation and guidance. Staff were clear on how to support people to make their own decisions, and knew how to respond when people were unable to make specific decisions. Where people had capacity to consent to their personal care, this was documented. Care records had assessments of capacity and best interest decisions recorded where it was appropriate for this to be in place. The provider ensured people's rights were upheld in relation to consent to personal care.

Good

Is the service caring?

Our findings

Relatives told us staff supporting their family members were caring and kind, and said people had their needs responded to straight away. Relatives also confirmed that their own needs and wishes were respected by staff, particularly where staff were working around the clock in family homes to support people. Relatives told us how the process the provider had to match staff with people had a positive impact. For example, one person had recently felt safe and confident with staff to take part in a community activity. Their relative said this was down to staff being respectful, caring and supportive in a consistent way. They also said how happy they were with the way care staff supported their family member with their personal care, which supported the person's dignity and choice. Another relative described how staff actively listened to their family member, and said staff understood the person's communication needs well. Staff spoke with us about the importance of recognising the impact of 24 hour staffing presence for both people and relatives. Staff demonstrated good knowledge of people's different communication styles, which enabled people to express their views about their care and daily lives. People were supported by staff who were kind and caring, and they felt their views mattered.

People and their relatives were involved in care planning and reviews as much as they wanted to be. Relatives spoke positively about the support they had to get involved in care reviews, particularly where their family members had complex care needs. Staff were knowledgeable about people's assessed care needs and lifestyle preferences, which were detailed in their care records. Daily care records confirmed how people's care preferences were respected. This included detailed information about what people were able to do for themselves, and what staff needed to do to support them. The provider ensured people were supported to express their views about their care and support, including helping people to access advocacy services. For example, people had accessed Independent Mental Capacity Advocacy service to support them in best interest decisions about their care. People were supported to maintain personal relationships with friends and family. This was based on staff understanding who was important to the person, their life history, their cultural background and their sexual orientation. People's care records had detailed information on this to assist staff.

People were supported with personal care in ways that respected their privacy and dignity. Relatives said people had choice in the gender of their care staff, and records confirmed this. Staff we spoke with wanted to be able to make a difference to people's quality of life, and to support them to be as independent as possible. Staff were clear that getting the right mix of staff skills and personality was very important to ensure people were offered support that matched their personality and lifestyle choices. Staff felt that this was done well, so people then felt respected and listened to. The provider had identified staff champions to promote people's dignity in care, and shared good practice with colleagues. Staff were very aware of keeping information about people's care confidential, and the provider had systems in place that ensured information was kept securely and shared appropriately.

Good

Is the service responsive?

Our findings

People received individualised care that was responsive to their needs. Relatives told us care was flexible to meet people's needs. One relative described how they worked in partnership with the provider to ensure their family member was supported by staff with the right skills and personalities. This meant their family member was supported by staff they liked and responded positively to, and they were able to take part in activities they enjoyed more confidently. A health professional gave feedback about the positive impact that good staff support had for one person. This was where staff had enabled the person to achieve a personal goal they had set for themselves, and this was described as, "A real positive." Detailed care needs assessments were carried out before people were offered a service to ensure that their needs could be met. The assessments were often carried out with health and social care professionals, who spoke positively about the provider's approach to assessing and delivering care. People's care plans were individualised, and included information about their preferences for personal care and support. For example, the provider worked with care commissioners to help secure additional funding for one person. This enabled relatives to access respite care overnight, and had a positive impact on the person's mood, as well as benefitting their relatives.

People and relatives were involved in planning and reviewing their care, and where people's care needs changed, the service responded in a timely manner to review this with them. Relatives spoke positively about being involved in planning and reviewing care, and said they felt listened to when they shared their knowledge of the person's needs Staff said the provider responded to people's changing needs by updating care plans and records we looked at supported this. One staff member said they felt able to contact the provider's office at any time to pass on information about people's changing needs. They said this would result in the care plan being updated. Staff also felt care plans contained enough information to be able to understand people's needs and wishes. The provider complied with the Accessible Information Standard. The Accessible Information Standard (AIS) was introduced to make sure that people with a disability or sensory loss are given information in a way they can understand. This demonstrated the provider ensured staff had relevant information to meet people's needs, and people and relatives were fully informed and involved in planning and reviewing care.

People and relatives had opportunities to provide feedback about their experience of the service, including through regular care reviews held with them and by talking with staff. Relatives knew how to raise concerns or make a complaint if they needed to. They were confident any complaints would be taken seriously and resolved, and the records we saw supported this. One relative said, "When I had a problem, [staff member] was straight on it and made changes. As soon as I speak with [staff] it's sorted." People and their relatives were provided with a copy of the provider's complaints policy and procedure and staff understood how to support people to make a complaint or raise a concern about the quality of care. We saw from records that issues raised were dealt with quickly and resolved in accordance with the provider's policy. Information from care records and reviews, audits, and feedback from people, relatives, and staff were reviewed regularly. This identified where action was required to improve the quality of the service. This meant the provider had processes in place to listen to concerns raised and took action to improve the quality of people's care when needed.

No-one using the service was receiving end of life care at the time of our inspection. However, the provider had processes in place to ensure people and, where appropriate, their relatives, were involved in discussions about their care wishes towards their end of their life. This meant people were supported to express their views about their future care towards the end of their lives, and staff knew how to support people and their relatives in the way they wanted.

Good

Is the service well-led?

Our findings

Records of feedback people had given to the provider showed they were happy with the support they received and how their care was managed. One person described a staff member as, "The best example of a carer I can think of." Relatives shared this view. Health and social care professionals also gave positive feedback about how the service was managed, with one stating, "I can honestly say I have been delighted with VP…real care and professionalism." Staff felt supported by the provider, and felt their work was valued. They described an 'open-door' approach from management to discuss ideas, concerns or get advice. One staff member said that throughout their employment, "I have felt like a valued employee…and have always been encouraged to share my opinions and ideas on how we can provide an outstanding service to our clients." The provider had an employee of the month award, designed to recognise individual staff for their work in providing quality care. The provider promoted an ethos of person-centred care; this was supported by feedback from relatives, staff and external professionals. The provider was clear about the challenges in providing quality care, and said that demonstrating a positive culture, together with high quality training and support meant they aimed to employ and retain the right staff to support people.

The provider had a range of operational policies and procedures, which set out what was expected of staff when supporting people. For example, the provider's whistleblowing policy supported staff to raise concerns about the quality of care. Staff said, if they had concerns they would report them and felt confident the provider would take appropriate action. We saw evidence where the provider had taken action, following a concern raised when standards of care were found to have fallen short. This demonstrated an open and inclusive culture within the service and staff had clear guidance on the standards of care expected from them.

The provider and management staff had a good understanding of their roles and responsibilities to manage and lead the service consistently well. The provider ensured CQC were notified of events as they are legally required to do. The provider is required to display their latest CQC inspection report and rating so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had displayed their rating as required on their website and on their premises.

The provider had systems to monitor and review all aspects of the service. The provider carried out regular checks of care provided, and was looking at ways to improve the quality of care provided. For example, the provider had recently revised their quality audit for people's individual care to provide more detailed information about what was being done well or not. This then fed into an action plan to ensure any concerns or issues were addressed. This meant the quality of people's care was kept under review in order for improvements to be made.

Relatives and staff felt involved in developing the service for people. The provider had a range of ways to gather people's and relative's views to help shape people's bespoke care packages. For example, through the regular use of short questionnaires. We saw that this, combined with regular care reviews, helped to inform people's care plans to ensure their specific needs were consistently met.

The service worked well in partnership with other agencies concerned with people's care. Evidence from relatives, staff and care records demonstrated that the provider took a collaborative approach to tailoring bespoke care packages for each person. For example, the provider's own psychologist worked with external health professionals, to develop training for staff, and to help them understand and follow people's individual care needs. This ensured people were supported by staff who understood their health conditions, and provided consistent, informed care to keep people safe.