Verrolyne Services Ltd

Verrolyne Suffolk

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

About the service
Verrolyne Suffolk is a domiciliary care agency providing personal care to people in their own homes. At the time of our inspection there were 8 people using the service. 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.

People's experience of using this service and what we found
Medicines were not managed safely and relevant guidance was not followed with regard to recording when a person received medication support.

The provider's processes for monitoring the quality and safety of the service were not always effective. This had led to inconsistencies in the quality of care people received.

People told us that care staff followed good infection control procedures. However, this was not supported by the providers infection control policy. We have made recommendations with regard to this policy.

People's care was personalised however, care plans could better reflect the care and support people needed.

There were systems in place to safeguard people from the risk of abuse and staff knew how to recognise and report any concerns about people's safety.

There were enough staff available to meet people's needs. Staff received an induction and training for their role.

Assessments of people's care needs were carried out by the registered manager or care manager before people began using the service to ensure the service could meet people's needs.

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.

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

Why we inspected
This was a planned inspection as the service had not been rated since its registration.

Follow up
We will request an action plan from the provider to understand what they will do to improve the standards

of quality and safety. We will work alongside the provider and local authority to monitor progress. 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 not always safe.	**Requires Improvement**
Is the service effective? The service was effective.	**Good**
Is the service caring? The service was caring.	**Good**
Is the service responsive? The service was not always responsive.	**Requires Improvement**
Is the service well-led? The service was not always well-led.	**Requires Improvement**

Verrolyne Suffolk

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 an inspector and an Expert by Experience. An 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 provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations. At the beginning time of our inspection there was a registered manager in post however they were not present during the inspection and deregistered during the inspection process.

Notice of inspection
This inspection was unannounced. Inspection activity started on 5 April 2023 and ended on 17 April 2025. We visited the location's office/service on 5 and 6 April 2023.

What we did before inspection
We reviewed information we had received about the service. We sought feedback from the local authority and professionals who work with the service. We used all this information to plan our inspection.

During the inspection
We spoke with 2 people who used the service and 4 relatives about their experience of the care provided. We also had contact with 5 members of staff including care staff and the care manager. We reviewed a range of records. This included 3 people's care plans and a variety of other records relating to the management of the service were also considered as part of the inspection.

Requires Improvement

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 requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

● The care manager told us that the service was not administering medicines to anybody receiving care. Care records we looked at instructed staff to prompt people to take their medicine. The need to prompt the person was recorded in the care plan but there was no information as to what medicines should be prompted or when. Staff had recorded in the daily notes that they had prompted the person but did not record the time or medicines prompted. This did not comply with the providers policy of guidance issued by CQC and the National Institute for Health and Care Excellence (NICE).

● Care plans were not always clear as to who was responsible for administering medicines. For example, one person had advanced vascular dementia and had been assessed as not having capacity to manage their medicines. One part of their care plan stated the person did not require any medication support, the medication risk assessment stated they needed prompting, and another part of the care plan recorded the spouse would help with their medication. These mixed messages could lead to confusion and missed medicines.

Assessing risk, safety monitoring and management

● Risks to people from receiving care and support were not always reflected in their care plan. For example, for a person living with diabetes the care plan stated they required support with blood saturation tests and preparation of their meals. The care plan did not contain any information on management of their diabetes. The person also used an oxygen supply. There was no information in the care plan regarding the safe use of oxygen.

● For a person who required bed rails there was no risk assessment in the care plan relevant to the use of bed rails. These could lead to bed rails being inappropriately fitted and not used safely.

● Care plans were personalised but did not always give detailed information of people's care needs. For example, one person had a percutaneous endoscopic gastrostomy (PEG) tube. One part of the care plan detailed the district nurse, family member and care worker to support with this. However, the care plan did not contain any details of what support the care worker should provide. The care manager told us that the care worker worked under the direction of the family member, but this was not clear from the care plan.

● Care plans did not always detail what care a person required for a specific condition. For example, one person's care plan recorded they lived with epilepsy. There was no further information in the care plan as to how this condition was managed or what action care staff should take in the case of a seizure.

Care and support was not always provided safely. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● We brought our concerns to the attention of the care manager during the inspection who told us they

would review the service practice.
● There was a risk assessment of the physical environment which included fire and electrical safety.
● Contingency plans were in place to ensure people received continued care in the event of an emergency such as inclement weather.

Preventing and controlling infection
● The provider had an infection prevention and control policy in place. However, the policy was not based on current best practice and did not link to other information for example, reporting to relevant bodies and what infections are to be reported.

We recommend that the service reviews the infection control policy to ensure it reflects current best practice.

● Nevertheless, people told us that staff followed good hygiene practices. A person using the service told us, "The carers have the right standards of hygiene."
● Staff had access to appropriate personal protective equipment (PPE) and had received infection prevention and control training.

Systems and processes to safeguard people from the risk of abuse.
● The provider had systems in place to reduce the risk of abuse and harm. A member of care staff told us, "Since day one, I had training about how to raise an issue or report an abuse. I had training about whistle-blower also."
● Staff had completed safeguarding training. A service user told us, "They (staff) keep me safe."
●The provider had a safeguarding policy. However, due to the short amount of time the service had been providing care they have not had to report a safeguarding concern.

Staffing and recruitment
● People were recruited to the service, with the appropriate employment safety checks to ensure their suitability for the role.
● Staff were appropriately trained, and quality checks had been developed to monitor staff's practice.

Learning lessons when things go wrong
● The provider had a process in place for recording accidents and incidents.
● The care manager told us they shared any lessons learnt with staff during team meetings and supervisions.

Good

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.

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

- People's need for support with their eating and drinking had been assessed and recorded in their care plan. Not everybody received support with their diet.
- Where people had a condition which may require them to have a specific diet this was not always reflected in their care plan. For example, where a person lived with diabetes there was no reference in the care plan to what type of food they required.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Assessments of people's care needs were carried out by the registered manager or care manager before people began using the service to ensure the service could meet people's needs.
- Information gathered was used to create people's care and support plans. These set out people's needs and how they wished to be supported.

Staff support: induction, training, skills, and experience

- Care staff told us they received training to enable them to carry out their role. This was delivered both on-line and face to face.
- Staff undertook an induction including shadowing when they began work with the service.
- There was a structured programme of observations and 1:1 meeting between care staff and senior staff to support staff.
- Overseas staff with caring skills were recruited by the service. One person told us, "(Carer) is well trained with a lot of transferable skills."

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

- A person using the service told us, "I'm satisfied that they know enough about my health conditions and know what I need". Another person said, ""They know when I'm feeling unwell and they know exactly what to do".
- The care manager told us that the service worked in partnership with healthcare professionals to ensure people received joined up care. We received positive feedback from a care professional about the support provided.

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 provider had considered people's capacity to consent as part of the initial assessment of their needs.
- People's care plans contained information about the decisions they were able to make independently and how to support their decision making

Good

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 relatives spoke positively about the care provided by staff. A person receiving care and support said, "They are very caring and treat me with a lot of respect at all times."
- People's care plans contained a breakdown of what support they needed during each visit to assist staff with understanding their individual support needs.
- The service had an equality and diversity policy which supported staff to understand equality and diversity issues.
- Language used in care plans was not always respectful and person centred. For example, one part of the care plan directed care staff to stay the full amount of time as if they did not this would reflect badly on them and the service. This was discussed with the care manager who told us they would review the wording in care plans.

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

- People and relatives told us they were involved in reviews of care and support. People had been consulted with about how and when they wanted support.
- The registered manager and the care manager conducted reviews of people's care and visited people to gather their views.

Respecting and promoting people's privacy, dignity, and independence

- People were supported to maintain their independence. People's care plans highlighted what they were able to do for themselves and exactly what areas they needed support with to ensure staff were offering the appropriate level of support with each task.
- People and relatives told us staff were respectful and provided support in a dignified way. One person told us, "The carer has a great all-round personality who really cares genuinely. I'm really impressed with (carer)".

Requires Improvement

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 requires improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- We received inconsistent feedback from people and their relatives about the standard of care provided and whether it met their needs. For example, a person said, "The different carers we get have different types of personality, but none of them really show much empathy. They are just there for the job and get away." However, another person said, "I'm pleased with every aspect of the care."
- People's needs were assessed before the service began providing care and support to ensure they could be met.

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.

- The provider had considered people's sensory and communication needs. People's care plans contained information about how they communicated and any sensory aids they used.
- Some people told us they had difficulty communicating with their carer due to language barriers. A relative told us, "The carers have a mixed personality, but there is a language barrier." They went on to give us an example of when this had caused difficulties. However, other people told us there was no language barrier. A person receiving care said, "I don't have any language barriers; they both talk perfect English."

Improving care quality in response to complaints or concerns

- The service had a complaints policy. However, we were not assured that this was always followed as a person said, "Sometimes a phone call is not enough to solve things. They just forget, I call the office and it's a waste of time".

End of life care and support

- The service was not providing end of life care at the time of our inspection.

Requires Improvement

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

- The provider's systems for monitoring the safety and quality of the service were not always effective in identifying and addressing concerns. For example, care plans did not contain relevant information about people's care needs, and this had not been identified by the providers systems. The provider had not identified that Verrolyne Suffolk were not adhering to the medicines policy.
- We received feedback about inconsistencies in the quality of care provided, these had not been identified by the provider's systems.
- We received mixed feedback from people and relatives regarding the management of the service. For example, one relative said, "The management is very efficient and knowledgeable. If you need anything sorted out, they will do it to their best of their ability." However, another person said, "I don't have a very good relationship with the management, because they change too often. I think the management and office staff just let things slide."
- We also received mixed feedback from staff about how supported they felt in their roles and about how effectively the management communicated with them. A member of care staff told us, "Sometimes when I raised some issues how we can improve, the management support me but sometimes not." Staff also raised concerns around the availability of the management team.
- At the time of the inspection, the provider was supporting a small number of people with personal care. The registered manager was not working and the care manager was carrying out assessments alongside their management role.

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

- The provider had carried out some quality surveys, however we were not assured that these were always acted on. A person said, "I've done a random questionnaire where I've expressed my concerns a few months ago, but it still doesn't make any difference to the care my relative gets now."
- We identified a survey response where a person had requested female carers for their relative. The care manager told us that this had been put in place and the person now only received care from female carers. However, there was no record of the action taken.

Systems and processes had not been established to ensure the quality and safety of the service. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 understood their responsibility to be open and honest with people when incidents occurred. The care manager was aware of their regulatory responsibility to submit the appropriate notifications to CQC when needed.

Continuous learning and improving care; Working in partnership with others

● The care manager told us they were committed to developing the service and was personally attending a variety of training courses.

● The provider worked in partnership with other health professionals when appropriate, seeking medical advice and guidance to support people's needs.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Care plans did not always contain sufficient detail to manage identified risks. Medicines were not always administered safely

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems and processes had not been established to ensure the quality and safety of the service.