

Vital Healthcare Services Limited

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Inspection report

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Date of inspection visit:
23 June 2021
09 July 2021

Date of publication:
02 August 2021

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

About the service

Vital Healthcare Services Limited is a supported living service providing personal care to people who lived in their own homes across Suffolk.

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 the inspection, a total of 19 people were using the service.

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

People were supported and encouraged to participate in a range of activities of their choice and to access the community facilities as discussed and agreed with them, families and other professionals. People and their relatives had access to a clear complaint's procedure. People's support plans were reviewed every six months or more frequently if so required in relation to events.

All of the people using the service and relatives we spoke with told us staff were kind and caring. The support people received was personalised and adapted flexibly in response to changing needs and preferences. Staff supported people to live full lives and achieve outcomes in a planned way. Staff treated people with dignity and respect and spent time getting to know them and their specific needs and wishes. People's support plans reflected their likes and dislikes.

The staff carried out risk assessments to support people to retain their independence. Staff had received training regarding how to protect people from harm and were aware of the safeguarding procedures. There were sufficient numbers of staff employed to meet people's assessed needs. People received their prescribed medicines from staff trained in the administration of medicines. The service operated a robust recruitment process to employ staff who were suitable to work for the service. People were protected from the risks associated with the spread of infection.

People's needs were assessed prior to them using the service and were supported to eat and drink in accordance with their support plan. 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. The service had appropriate arrangements in place to ensure staff received training relevant to their role. New staff completed an induction training programme.

The management team held regular meetings to discuss the monitoring of the quality of the service provided to help ensure people received safe and effective support. This included seeking and responding to feedback from people, relatives and professionals in relation to the standard of the support provided. Staff felt supported by the management team.

We expect health and social care providers to guarantee autistic people and people with a learning disability

the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports the Care Quality Commission (CQC) to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.

Right support:

- People had individual tenancies in their own home or small home with a few others. This model of care maximised people's choice, control and independence. Care and support had been developed around individual assessed needs. Staff worked in a way which promoted people's independence.

Right care

- Care was person-centred and promoted people's dignity, privacy and human rights. People confirmed their privacy and dignity was respected. Support plans were person centred and ensured the person was involved in the development and review of their plan as far as possible. Training and support for staff ensured human rights was at the heart of the delivery of care and support.

Right culture:

- Ethos, values, attitudes and behaviours of the manager and staff ensured people using services lead confident, inclusive and empowered lives. People's diverse needs were assessed, supported and respected. People were supported to make choices and live the life they chose.

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 09 January 2020 and this is the first inspection.

The last rating for the service under the previous premises was rated good, published on 11 January 2019.

Why we inspected

This was a planned inspection.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.	Good ●
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 responsive.	Good ●
Is the service well-led? The service was well-led.	Good ●

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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 Care Act 2014.

Inspection team

The inspection was carried out by one inspection.

Service and service type

This service provides care and support to people living in supported living settings, so that they can 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 support.

The service did not have a manager registered with the Care Quality Commission. This means the provider is legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave a short period notice of the inspection to enable the manager to seek consent from people using the service, their relatives and staff, so we could contact or visit them as part of the inspection.

Inspection activity started on 21 June 2021 and ended on 09 July 2021. We visited the office location on 23 June 2021.

What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority and professionals who work with the service.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We reviewed a range of records. This included three people's support plans and care records and medicine records. We looked at three staff files in relation to recruitment. In addition, we looked at a wide range of records relating to the management of the service including policies and procedures, complaints, incidents and accidents plus associated learning, staff training, audits and quality assurance records. We spoke with three people who used the service, three relatives, the provider, four other members of staff and two other professionals.

After the inspection

We continued to seek clarification from the provider to validate the evidence found.

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 for 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

- People told us they felt safe. One person told us, "The staff know me very well and help me." A relative told us. "I have no concerns over safety there are enough staff patience and kind."
- The provider had a policy and procedure in place and provided staff with training so they were aware of how to keep people safe and how to report any safeguarding incidents.
- Safeguarding issues identified were recorded and reported to the Local Authority Safeguarding Service and action taken appropriately with regard to the service users' safety.

Assessing risk, safety monitoring and management

- The service had systems in place to identify potential risks to people's safety and wellbeing. This commenced with an assessment of the persons needs prior to them using the service to record risks and how they could be minimised.
- Each person's support plan included a series of personalised risk assessments, which had considered risks associated with the persons support needs and well-being. These provided staff with clear information about how to manage and reduce risk as much as possible, whilst supporting people's freedom and independence.
- Staff had worked with people to record personal emergency evacuation plans, which included information on the support people would need should they need to leave their home for any period of time or be admitted to hospital.

Staffing and recruitment

- One person told us, "The staff are with me all day and night." A relative told us, "It is very important [my relative] knows the staff. Any new staff are gradually introduced with an existing staff member for consistency."
- People and their relatives told us enough staff were employed to provide consistent support and some people required two staff to support them in the community and the service was able to achieve this.
- The provider had a robust recruitment procedure in place designed to employ staff suitable to work in a support and care setting.

Using medicines safely

- People received their medicines as they were prescribed. Medicines audits showed that medicines were administered and recorded correctly.
- Detailed individualised assessments were seen, explaining how each person's medicines were to be offered to the person. There was evidence of regular health and medicine checks with other professionals in

people's support plans.

- There were clear person-centred plans in place to guide staff to give 'when required' medicines. A member of staff explained to us that they knew when a person could be experiencing discomfort and although not able to explain this to the staff. The staff member would offer pain relief to the person.

Preventing and controlling infection

The provider had implemented effective systems to prevent and control infection. Staff were facilitating visits for people in accordance with current guidance and preventing visitors from catching and spreading infections. Wherever possible, people and staff were encouraged to meet the social distancing guidelines.

- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Learning lessons when things go wrong

- The senior staff of the service held meetings weekly which were recorded. This meeting was viewed by the provider as an opportunity to discuss and resolve issues and the learning was shared to the team leaders to inform the staff in order that the whole service was aware of 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 ensured people's needs were assessed, before using the service. The purpose of the assessments was to plan the support to be delivered and included listening to the service user, family and referring professionals.
- People were supported and encouraged to visit the service for short visits prior to using the service to determine if the service could meet the person's needs.
- People's individual and diverse needs were detailed in their assessment and support plans and met in practice.

Staff support: induction, training, skills and experience

- A member of staff told us, "We have supervision around every six weeks, the training covers a large spectrum and builds upon the induction training."
- The service had a training matrix which was used to plan and record the staff training.
- The provider had arrangements in place to provide all new staff with a structured induction programme, which included a period of shadowing experienced members of staff.

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

- People were encouraged to choose foods and drinks of their choice. One person said, "I go shopping with the staff and sometimes we go out for a cup of coffee."
- During the inspection, we observed staff were aware of Speech and Language Therapist (SALT) for advice about a person's ability to chew and swallow foods.

Staff working with other agencies to provide consistent, effective, timely care

- Staff worked with the people using the service to make and attend regular appointments with professionals such as dentists.
- The provider and senior staff had established links with professionals to review and monitor the support provide to the people using the service.

Supporting people to live healthier lives, access healthcare services and support

- Staff had listened to people's views and planned with them as a result of recording those views how to support people to live healthier lives. One person had expressed their interest in animals and wanting to spend more time outside of their home. Staff had recognised the benefit to the persons mental well-being by being able to organise these events and worked with the person to organise regular events.

- People were encouraged to consider healthier lifestyle choices with regard to foods while the staff were supportive of respect the person choice.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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.

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 and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff had received training and understood the relevant requirements of the MCA. Staff confirmed they asked for people's consent before providing care, explaining the reasons behind this and giving people enough time to think about their decision before taking action. We saw this information had been carefully recorded in the support plan.
- Where a person's freedom was restricted, there was a detailed analysis of the rationale and legal context for the restriction, with clear actions outlined to ensure restrictions were lawful, in the person's best interest and regularly reviewed.

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 were positive in their views about the staff who supported them and said they were treated with consideration and respect. One person told us, "The staff are kind and helpful."
- A relative told us, "[My relative] has had the same staff for many years, they are patient and understanding and [my relative] enjoys more activities now than ever before."
- The deputy manager and administrator arranged the staff rota and tried to ensure people were supported consistently by the same small team of staff where possible.
- Staff promoted people's specific and diverse needs and we noted support plans were written in an understanding and sensitive manner.

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

- People attended their own support reviews with relatives, staff and other professionals as appropriate so they could express their views and be involved with the decisions making regarding their support.
- The staff understood people's individual likes and dislikes and accommodated these when delivering their support.

Respecting and promoting people's privacy, dignity and independence

- People informed us they could choose what they wanted to do. People's privacy, dignity and independence was respected.
- Staff offered people opportunities to increase their independence and to have freedom and control over their lives.

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's personalised care plans gave an account of their chosen 'routines and preferences'. The plans had been developed with the staff to explain the support needs required.
- People had varied lives and received personalised care and support specific to their needs and preferences. People told us they were happy with their care. One person said, "The staff are friendly and helpful."
- Staff had devised one-page profiles which provided details about what was important to each person and how they liked to be supported.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their careers.

- The provider had produced easy read information for people who benefited from this style of format.
- Staff had received training in communication and frequently used non-verbal communication to clarify people using the service understood them.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to take part in meaningful activities and to engage with the local community in line with their interests and preferences. People informed us of many activities they enjoyed prior to the COVID-19 restrictions such as bowling, visiting the cinema and days out to various establishments.
- People were supported now to go for walks or journeys in the car and some people had joined an organisation called, the dog squad. This meant they could spend time outdoors walking and caring for dogs and also to become involved with the training of the eight dogs in the squad.

Improving care quality in response to complaints or concerns

- The service had a complaints policy and procedure to which people had access. The procedure was clear in explaining how a complaint could be made and investigated.
- We saw the provider maintained a log of complaints, which included a description of the complaint, action taken and the outcome.

End of life care and support

- Nobody using the service required end of life care.
- The provider explained people had been offered the opportunity to discuss their end of life wishes if they wished to and this information was recorded in the support plan.

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 Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The staff we spoke with wanted to promote a high-quality, person-centred service to achieve positive outcomes for people. A member of staff informed us they felt supported by the amount of training and regular supervision provided to them in order to help them to support the people using the service.
- The relatives we spoke with told us they considered the staff supported their relatives very well and the staff listened carefully to their views.

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 had notified CQC of all significant events through notifications and had kept the CQC informed regarding the progress to appoint a manager and in turn they would seek registration with the CQC.
- The provider had in place a system to obtain views and feedback from the people using the service and their relatives.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider promoted and encouraged candour through openness and honesty. The management team had notified CQC of all significant events and were aware of their responsibilities in line with the requirements of the provider's registration.
- The service operated an on-call support service to support staff should additional support be required or for them to seek advice.

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

- One relative did feel that the service could improve its communication by informing them if a different member of staff was supporting their relative instead of the original plan. However, they did say that they found the staff informative and helpful when they contacted the managers and office staff.
- The management team and staff were actively involved in supporting people to achieve their goals and ambitions. The deputy manager regularly worked alongside the staff to support people so that they clearly understood people's needs. This in turn helped the deputy manager to provide supervision and support to staff.

- Reviews of care were arranged every six months or sooner if required and there were weekly meeting with professionals in order to discuss and review support plans.

Working in partnership with others

- One professional considered weekly meetings were appropriate with the service with regards to monitoring and discussing the on-going support to people using the service. They thought at times more work could be achieved between meetings and they would be addressing this with the staff.
- The provider and management team encouraged working in partnership with other professionals and we saw the commitment in time to arrange and attend meetings.
- The provider and staff sought to ensure people experienced the best possible outcomes through following good practice guidelines. This included consultation with health and social care professionals to meet people's needs.