

Vesta Care (UK) Limited

Vestacare

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

About the service

Vestacare provides a supported living service to people living in their own apartments. People who used the service received personal care. This is help with tasks related to personal hygiene and eating. We also consider any wider social care provided. At the time of the inspection the service provided a supported living service to three people in individual purpose-built self-contained apartments.

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

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 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.

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 received personalised care that took account of their needs, wishes and preferences. Senior staff were committed to about providing a quality person centred service. Staff spoken with shared that passion and commitment.

Staff were aware of their responsibilities to safeguard people from abuse. There was a positive, person-centred approach to risk management. Risks to people were identified and well managed. Safe systems of recruitment and medicines management were in place. Staff had received training and supervision about Covid-19, infection control and use of personal protective equipment (PPE).

Staff received the training and support they needed to carry out their roles effectively. Staff spent lots of time getting to know people before they started to use the service. The assessment process was very detailed, person centred and covered all aspects of what was important to and for the person. People's apartments had been adapted and decorated specifically to suit their needs and preferences. Where people needed staff support when they became upset or angry, managers and staff were proactive in ensuring people received the support they needed.

Staff were caring and spoke very fondly of the people they supported. They knew people really well and spoke respectfully about them. People and their relatives were listened to and their choices were respected. Where people did not use words to communicate, care records included information about how they expressed their needs, choices and preferences.

The service was following the Accessible Information Standard (AIS). Support plans and risk assessments were person centred, and covered people's identified needs and preferences. They accessed a wide range of

activities within the community.

The service is required to have a registered manager in place. The location did not have a registered manager. Where satisfactory steps have not been taken to recruit one within a reasonable timescale this can be a limiter on the rating for Well-led. However, the provider had taken satisfactory steps in a timely manner to recruit a new manager, who had started the process of applying to register with CQC.

Relatives were very positive about the way the service was managed, the staff and the care and support provided. The provider had good oversight of the service. Systems of daily, weekly and monthly meetings and quality assurance checks and audits were in place.

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 10 October 2018 and this is the first 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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Vestacare

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 undertaken by one inspector.

Service and service type

This service provides care and support to people living in a 'supported living' setting, 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 CQC. A new manager had been appointed and had started the process of applying to be registered with CQC. Registered managers and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

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

During the inspection

We spent time with one person who used the service and spoke with four relatives about their experience of the care provided. We spoke with seven members of staff including the service manager, head of operations, care workers and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included two people's care records and medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate 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 were protected from the risk of harm, abuse and discrimination.
- Staff were aware of safeguarding and their responsibilities. They were very confident that if they raised any concerns they would be dealt with appropriately. One said, "Without a shadow of a doubt they [managers] would deal with anything."
- Systems were in place to ensure any concerns raised were investigated and where required the local authority and CQC had been notified.

Assessing risk, safety monitoring and management

- Risks to individuals and staff were identified and well managed.
- There was a positive, person-centred approach to risk management and a focus on maintaining and promoting people's independence and choice.
- The required health and safety checks were taking place.

Staffing and recruitment

- Safe systems of staff recruitment were in place. All required checks had been undertaken prior to people commencing employment.
- The provider tried to ensure that people were matched with staff who had similar interests and could meet their specific needs and preferences. New staff were introduced slowly to people who used the service. A relative said, "New staff always get to know [Person who used the service] well."
- There were sufficient staff to meet people's needs and staff knew people very well. Staff rotas were based on people's support needs.

Using medicines safely

- Medicines were stored and administered safely.
- Staff had received training in the administration of medicines and had regular competency checks.
- Staff worked closely with health care professionals and had a positive approach to ensuring regular review and reduction of medicines where appropriate.

Preventing and controlling infection; Learning lessons when things go wrong

- Risks associated with Covid-19 had been well managed. Staff had received training and supervision about Covid-19, infection control and use of personal protective equipment (PPE).
- There was evidence that a culture of learning was present. We saw that one near miss incident had been reviewed by managers and action taken to reduce future risk even though no harm had come to anyone.

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

- People's needs were assessed by managers and their individual preferences identified before people started to use the service. The assessment process was very detailed, person centred and covered all aspects of what was important to and for the person. Staff spent lots of time getting to know people before they started to use the service.
- Relatives told us the introduction to the service was very good. One said, "The transition was done at [Person who used the service] pace. Everyone including the consultant was involved. Staff got to know [Person] and started with tea visits. It was handled really well."
- Where people needed staff support when they became upset or angry, managers and staff were proactive in ensuring people received the support they needed. We saw that detailed assessments were completed in line with positive behaviour support (PBS) principles. These identified, in a staged approach, ways staff could help deescalate situations where people who used the service may become upset or angry. Relatives told us they had no concerns. One said, "The staff follow the strategies. They react well." All the staff we spoke with were confident that every member of staff followed PBS principles and always used the least restrictive option when supporting people who used the service.

Staff support: induction, training, skills and experience

- Staff received the induction, training and support they needed to carry out their roles effectively.
- Staff were very positive about the training and support they received. Staff told us, "The induction was really good, they cover everything", "There is massive amounts of support. It's such a good team" and "It's great, you are never alone. Everyone helps each other."

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 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 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 was meeting the requirements of MCA.
- People, and where appropriate, their relatives were involved in decisions about their care and support.
- Care records included how staff could identify from people's non verbal communication if they were happy with the care and support being provided. Daily records included details of how staff had sought and gained consent.

Supporting people to eat and drink enough to maintain a balanced diet; Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care;

- Records detailed people's likes and dislikes and things staff could try to encourage them to eat and drink well.
- We saw that people were supported to access a range of health care services where needed and had access to regular health screening. Records included oral health assessments and information on how staff could support people with their oral health.
- A hospital passport was used to document relevant information about people. This included their medical conditions, medicines, allergies, personal care, communication and routines. This would help ensure important information staff might need was transferred with the person if they went into hospital.

Adapting service, design, decoration to meet people's needs

- Each person had their own apartment. People's apartments had been adapted and decorated specifically to suit their needs and preferences.

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

- Staff were caring and spoke very fondly of the people they supported. They knew people really well and spoke respectfully about them. One staff member said, "I love my job. You are seeing [people who used the service] coming on. They are developing day by day."
- Relatives said, "They [staff] are obviously very fond of [person who used the service]. They know [person] very well" and "They know [persons] ways and are very calm with [person]."

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

- People, and where appropriate those who were important to them, were involved in decisions about their care.
- During the inspection we saw that people were listened to and their choices were respected. Where people did not use words to communicate, care records included information about how they expressed their needs, choices and preferences. This included what gestures and facial expressions might mean. Staff had received training in communication systems that people used.

Respecting and promoting people's privacy, dignity and independence

- People's right to confidentiality was respected. Policies and procedures showed the service placed importance on protecting people's confidential information.
- Care records included information on what people could do for themselves and how staff could support and promote people's independence.

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 received person centred care that took account of their needs, wishes and preferences. One relative told us, "[Person who used the service] is really happy and loves [their] flat."
- Care records were very detailed and person centred. They contained lots of information about what was important to and for the person. People's preferences, individuality and routines were respected. Records gave detailed descriptions of how people liked their support provided. There was also a person-centred accessible overview that was condensed and contained lots of photographs.
- There was evidence of very regular review, updates and learning from what the person liked and didn't and things staff could try.

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 carers.

- The service was following the Accessible Information Standard (AIS).
- Information was available in alternative formats including pictorial and easy read formats. This included policies and complaints and service user guides.
- Staff were working with speech and language therapists to help develop their understanding of peoples communication further.

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 have access to a wide range of activities within the wider community based on their individual preferences, needs and interests. Relatives told us, "[Person who used the service] is very active and they are looking for more to do" and "They are trying to get [Person who used the service] out more. They have done well during lockdowns, trying different things."
- During Covid-19 lockdowns it had been difficult for people to access all their usual activities. Staff had worked proactively to find alternative activities for people and had, as guidance allowed, reintroduced activities. Care records included information on how staff would know the person was enjoying what they were doing.
- Staff had also ensured peoples relatives had been able to keep in touch with them and were kept updated about what activities they had been doing. Staff took lots of photographs when they were on activities, this was for the person but also so they could show people's relatives what they had been doing.

Improving care quality in response to complaints or concerns

- There was an appropriate system in place to manage complaints. There was a positive approach to possible lessons learned.
- Relatives we spoke with said they had no complaints but could raise any concerns and were listened to. One said, "If I needed to raise something I would. I wouldn't hesitate."

End of life care and support

- At the time of our inspection, nobody was receiving support at the end of their life. Processes were in place to enable people's wishes to be identified and recorded if they or their relatives wished.

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

- Senior staff we spoke with were passionate about providing a quality person centred service. Staff spoken with shared that passion and commitment.
- Relatives were very positive about the staff and the care and support provided. They spoke positively about the service and the way it was managed. Relatives told us, "Vesta care are exceptionally good. I have every confidence in them. They have met my expectations and more" and "They have a very good team. They are doing a good job."
- Staff told us they enjoyed working for the service and felt valued. They said, "It's such a good atmosphere, a good team" and "It's so homely. We all get on."

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

- There was a range of quality monitoring and auditing in place to ensure managers have oversight of the service and any actions that need to be taken.
- The provider had good oversight of the service. Systems of daily, weekly and monthly meetings and quality assurance checks and audits were in place. Where issues were found they were dealt with promptly.
- The service is required to have a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. 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 location did not have a registered manager. Where satisfactory steps have not been taken to recruit one within a reasonable timescale this can be a limiter on the rating for Well-led. However, the provider had taken satisfactory steps in a timely manner to recruit a new manager, who had started the process of applying to register with CQC.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Satisfaction surveys had been completed with staff and relatives and visiting professionals. The feedback from all had been very positive, and action had been taken where ideas for improvement had been shared.
- Relatives told us they had been kept informed during the Covid-19 pandemic and felt staff had done their best to keep them in touch with their family members. They told us that staff had been flexible and supported visits when restrictions allowed. Relatives said, "They are a very supportive organisation. They listen and they have kept me in the loop" and "We are honest, they listen and react to us really well."

- Staff worked well with other professionals and organisations involved in people's support and health care.

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; Continuous learning and improving care

- Records confirmed managers of the service and the provider understood and acted on the duty of candour.
- Statutory notifications are certain changes, events and incidents that the registered providers must notify us about that affect their service or the people who use it. The provider had notified CQC as required.
- Systems were in place to protect people in the event of an emergency. Contingency plans gave information to staff on action to take for events that could disrupt the service.
- We found there was a positive approach to ensuring continuous development and learning. The provider had a system in place that enabled them to review any accident, incident, safeguarding or complaint. This helped ensure they could identify good practice and where improvements needed to be made.
- The service had a range of policies and procedures to guide staff on what was expected of them in their roles. Each month staff were given set policies to read, this helped ensure staff were up to date with any changes. Managers also reviewed one policy each month to see if it could be improved and was still reflective of the service.