Faseha Healthcare Recruitment Ltd

Vibrant Home Care

Inspection report

Room G07, The Panorama
Park Street
Ashford
TN24 8DF

Tel: 07939296988

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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?	Requires Improvement
Is the service well-led?	Good

Summary of findings

Overall summary

About the service
Vibrant Homecare - Ashford is a domiciliary care agency providing the regulated activity of personal care. The service provides support to people with physical disabilities and dementia. At the time of our inspection there were 6 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
People and their relatives met with senior staff regularly to review their care and support needs. However, two relatives told us that management were not always forthcoming when people requested changes to their care packages. This was an area for improvement.

There was a lack of information about how people wished to be supported at the end of their lives. This was an area of improvement.

People were safe. Staff had the training and knowledge to identify signs of abuse and escalate concerns as and when required. Risks to people were identified and mitigated. The provider carried out the necessary checks on new staff to ensure they were safe to work with people. People's nutritional and hydration needs were met and infection control measures reduced the risk of spread of infection. Incidents and accidents were investigated and lessons learnt.

People's needs were assessed so staff knew how to support them. Best practice tools were used to monitor people's health. Staff identified when people were unwell or needed additional support and referrals were made to medical professionals as required. Staff had regular training, online and in-person and regular supervisions with management. Ad hoc spot checks and competency assessments took place to monitor staff's performance. 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 were treated with kindness, dignity and compassion. People and staff spoke fondly of one another. Staff took the time to get to know people and encouraged them to maintain their hobbies and interests. People's communication needs were understood, and people told us that they felt comfortable and confident expressing their views and sharing any concerns with staff.

People felt comfortable raising complaints, and these were properly investigated by the registered manager, who demonstrated understanding of duty of candour.

The service was well-led. The provider had oversight of the service and the care and support needs of the people they support. Staff felt supported by management and there was an open-door policy. Audits were carried out on a regular basis by senior staff, the registered manager and provider. Checks and audits identified shortfalls which were then rectified. The provider was part of the Skills for Care network which shared the latest and best practice.

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

Why we inspected
The inspection was prompted in part due to concerns received about staffing levels and a negative culture within the service. A decision was made for us to inspect and examine those risks.

We found no evidence during this inspection that people were at risk of harm from these concerns. Please see the safe, effective, caring, responsive and well-led sections of this full report.

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service was safe. Details are in our safe findings below.	**Good**
Is the service effective? The service was effective. Details are in our effective findings below.	**Good**
Is the service caring? The service was caring. Details are in our caring findings below.	**Good**
Is the service responsive? The service was not always responsive. Details are in our responsive findings below.	**Requires Improvement**
Is the service well-led? The service was well-led. Details are in our well-led findings below.	**Good**

Vibrant Home Care

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
One inspector carried out the inspection.

This service is a domiciliary care agency. It provides personal care to people living in their own houses.

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 time of our inspection there was a registered manager in post.

Notice of inspection
We gave the service 24 hours' notice of the inspection. This was because the service is small and people are often out and we wanted to be sure there would be people at home to speak with us.

Rating at last inspection and update
Inspection activity started on 2 February 2023 and ended on 10 February 2023. We visited the location's office on 2 February 2023.

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 (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

We used all this information to plan our inspection.

During the inspection
We visited the office to look at documentation such as; care plans, risk assessments, audits and staffing documentation.

At the inspection we asked for information to be sent to us electronically which we reviewed off-site. This included documentation relating to; induction and training, staff rotas and meetings, feedback and questionnaires, incident and accident reports and complaints. We also requested further auditing and governance documentation.

We spoke to 3 care staff, the registered manager/provider, an office manager and a newly appointed manager who would be applying to become the registered manager.

We also spoke with 2 people and 3 relatives of people using the service.

Information was received from the local authority and commissioning teams.

Good

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were safeguarded from the risk of abuse. People and relatives told us that they felt safe in the company of staff.
- Staff knew signs that may indicate a person is at risk of or encountering abuse. Staff had safeguarding training and if staff were concerned, they told us they would report their concerns to management who knew how to report concerns to the local authority.
- Staff were aware of the whistleblowing policy and felt confident safeguarding concerns would be investigated appropriately by management.
- The registered manager had liaised with relevant safeguarding authorities as and when required.

Assessing risk, safety monitoring and management

- Risks to people were assessed and mitigated. There were risk assessments and guidance for staff on how to support people who were at risk of developing pressure sores and people using specialist medical equipment.
- A person wrote in a feedback questionnaire 'they are a fantastic team and I feel safe with them which is paramount to me.' Another person told us 'staff are on it, they note down any changes, even a tiny mark - they will monitor it'. A relative told us that 'staff are so knowledgeable; they note down everything.'
- There was thorough guidance for staff on the use of emollients that contain flammable ingredients. For example, only creams that did not contain alcohol could be used for a person using medical equipment that placed them at greater risk of fires.
- When peoples care and support needs changed, risks assessments were reviewed. For example, if someone's mobility was decreasing staff would carry out another environmental risk assessment to mitigate any falls risks within their home.

Staffing and recruitment

- There were enough staff to support people. People told us 'I always have the same girls supporting me, they are fantastic.' Staff told us that they normally supported the same people, 'it helps with consistency of care.'
- Staff were on time when visiting people, if there were discrepancies seen on the system staff used to check in and out of calls, these were investigated by a member of the management team to find out the reasons. A person told us; 'We have never had a missed call. Staff are rarely late, only if there is a genuine reason and they always let us know.'
- We saw evidence that the care coordinator had spoken to staff when the system indicated they were late to a call. There was a legitimate reason, which was confirmed when we spoke to the person staff were

visiting.
● Staff were recruited safely, with references sought and appropriate checks carried out to ensure staff were safe to work with people, such as DBS checks. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely
● People were supported to take their medicines safely.
● Staff had appropriate medication training, and management carried out competency assessments before allowing staff to give medicines to people. There were random spot checks carried out to double check staff competencies. A member of staff told us 'I think people find it reassuring when managers carry out random spot checks, it reassures them that we are doing things as we should be'.
● Staff followed guidance on their online medication system. Some people required 'as required' medication, and there was guidance for staff as to how and when to offer these to people. For example, if people said they were in pain, or were making facial expressions that suggested they were in pain.
● There were a series of checks carried out by senior carers, office managers and doubled checked by the registered manager and provider to ensure medicines were provided safely, to identify and investigate any medicine errors.

Preventing and controlling infection
● Staff took appropriate preventative measures to minimise the risk of spread of infection.
● We were assured that the provider was using PPE effectively and safely. Staff and management carried out PPE audits to ensure there were no shortfalls. People told us that staff wore appropriate PPE on visits.
● We were assured that the provider was responding effectively to risks and signs of infection.
● 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
● When incidents occurred or errors were made, these were investigated by the provider.
● The online system used by carers alerted management if there were any incidents or tasks that were not completed during their care calls. We saw that these alerts were checked daily to address any issues.
● As the service was recently registered, there had not been any incidents requiring management to act on their duty of candour, however management were aware of their responsibilities under this. Relatives told us management followed up with them if there had been any discrepancies on the system, such as late calls.

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.

Assessing people's needs and choices; delivering care in line with standards, guidance, and the law
- People's care and support needs were assessed prior to them using the service. This established whether their needs could be met and included a thorough assessment which allowed staff to build their care plan and understanding of the person before supporting them.
- A relative told us that their loved one's assessment was very thorough and detailed.
- Staff recorded people's health needs, medical history and life story so that staff had knowledge of the person they would be supporting. Staff told us that before meeting new people they would spend time reading through their care and support plans.
- Staff also used tools such as Malnutrition Universal Screening Tool (MUST) and Waterlow scoring to monitor people's health. The Waterlow Score is a medical assessment tool used to assess the risk of a bed-bound patient developing pressure sores (bedsores).

Staff support: induction, training, skills and experience
- People were supported by staff who had the knowledge and training to support them safely. Training for specific conditions and equipment was organised before supporting people. A relative told us there is always at least one member of staff who has had the training.
- A person told us '[staff] are very good'.' A relative commented 'I think they know their stuff; the girls are more than capable.'
- New staff underwent induction training and then a period of shadowing until they felt confident working alone. New staff were required to undertake the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- Staff had to face to face and online training, which staff we spoke to found inciteful.
- Staff felt supported and had regular supervisions with management. They told us that they felt comfortable and confident raising any concerns or ideas for improvement with management at these meetings.

Supporting people to eat and drink enough to maintain a balanced diet
- People were supported to eat and drink enough to meet their needs.
- Risks were well documented in peoples care plans, and staff were knowledgeable about how to support people. For example, one person could eat what they wanted, but staff needed to be present in case of choking. Guidance in the care plan told staff about what to do if the person choked and a referral had also

been sent to speech and language therapy to assess whether any further steps needed to be taken to support the person at mealtimes.
● Staff encouraged people to keep hydrated, and care plans recorded what people liked to drink and how they should be encouraged to drink. For example, one stated to make a tea at the start of the visit and leave a jug of water within reach when they left.
● Staff also knew the signs of dehydration and would put in hydration charts to monitor if required.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care
● Peoples received consistent and effective care and were supported to live healthier lives.
● People were supported by staff who knew them and their needs well, and medical assistance would be sought as and when required. A person told us '[staff] are very astute, if there is anything slightly wrong, a blemish on my skin, they pick up on it straight away.'
● Referrals were made as and when required. We saw that people were referred to the district nurses when they developed marks that could potentially develop into pressure areas.
● Referrals had been made to occupational therapists and speech and language therapists, and assessments were chased if peoples condition changed, and they needed to be seen sooner.
● A relative told us that staff notice any slight changes, '[They] suggest what to try, [staff member] is great at managing that, keeps [relative] on an even keel, we are blessed with [staff member].'
● Relatives told us that staff would contact them if there were any concerns about their loved one's health. They would also contact medical professionals on their behalf or in the event of an emergency.
● Guidance from professionals was in peoples care plans and staff were aware. For example, how to support people who were bed-bound and at risk of choking at mealtimes.

Ensuring consent to care and treatment in line with law and guidance
The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

● People were asked for their consent before staff supported them, this was a requirement written in peoples care plans. Staff told us that they always asked consent before supporting people, and if they didn't want support that was their choice and staff respected it.
● People's choices were respected and when people's capacity was in question, their capacity was assessed for specific decisions, such as personal care and bed rails. If people did not have capacity to make their own decisions, they were supported to access advocates and best interest meetings were held with advocates, attorneys or deputies to act in the person's best interest.

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 were treated well and staff respected equality. People told us that staff were kind and compassionate. People we spoke to described staff as 'kind and caring' I feel very comfortable with them, look after me ever so well… they take care,
- A relative told us '[Staff member] has been wonderful, if it wasn't for [them], we wouldn't have [relative] anymore.'
- Staff spoke fondly about the people they supported and their families. They were knowledgeable of them, addressing them by their preferred names and could tell us about what was important to them.
- Staff had training in equality and diversity and were knowledgeable of peoples protected characteristics.

Supporting people to express their views and be involved in making decisions about their care
- People were supported to express their view. People and their loved ones had regular reviews with managers, together they went over their care and support plans and discussed any changes they would like to make.
- People told us that they would share their views with staff during visits if and when the need arose.
- The online care plan allowed people and their loved ones to access their care and support plans, so they could review these in their own time and request any changes. A relative told us that they were confident staff had enough information and guidance to support their loved one, as they regularly checked on the care planning site.

Respecting and promoting people's privacy, dignity and independence
- People were treated with respect and had their dignity and independence promoted . One person said that they never felt uncomfortable with staff. 'They are always mindful of my dignity and privacy – very professional.'
- Staff said that they would close curtains and ask friends and family if they could leave the room during personal care.
- People told us that staff were respectful and encouraged people to keep mobile and maintain independence as far as possible, which they did so by encouraging people to maintain hobbies and interests.
- A person told us that staff supported them to mobilise to build up their strength but were very careful not to push them too far.

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

- People did not always receive personalised care and support.
- People and their relatives had regular meetings and reviews with management whereby they could discuss their care and support plan and any changes. However, some people had mentioned that there had at times been a lack of flexibility regarding changes to care packages. There were instances when people had requested changes, but this had been dismissed rather than explored to see whether they could be accommodated. This was an area for improvement.
- People and relatives had access to their care and support plans online, relatives told us that their loved one's care plans were up to date. They told us that they could communicate observations or requests to staff via the online system. We saw conversations between relatives and staff on the system.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were met.
- Care plans detailed peoples communication needs and how staff should communicate with them. For example, There was guidance for people who were hard of hearing but did not like wearing hearing aids

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 maintain relationships and encouraged to keep up their hobbies and interests.
- Relatives told us that staff knew their loved ones well and encouraged them to take part in activities they enjoyed, such as playing musical instruments and listening to music.
- Care plans reflected people's likes, dislikes, interests and life history. When asked, staff were knowledgeable of people and told us how they supported people in their hobbies as it helped to maintain mobility and their mental health.

Improving care quality in response to complaints or concerns

- Complaints were investigated appropriately, and lessons had been learnt as a result.
- People and their relatives told us that they would be confident raising concerns with management and were confident that these would be addressed. One relative had previously raised a concern and were

happy with the outcome of the management investigation.

● Management were proactive in reviewing and following up comments and concerns raised by staff at care calls. Staff had recently contacted relatives following a note left on the electronic care system that a person was unhappy about staff being late to a recent care call. The relative told us that they were pleased with managements response.

End of life care and support

● People were not always asked about their wishes and preferences at the end of their lives. This is an area for improvement.

● If people had 'Do not attempt resuscitate' agreements in place, this was recorded in peoples care plans, along with treatment escalation plans which stated whether people would prefer to be treated at home or hospital if they were to become seriously unwell.

Good

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 service had a positive person-centred culture.
- The communication between people, staff and management was open and supportive.
- Management and staff had a good relationship. Staff felt supported and there was a supportive culture, which promoted person-centred care.
- The provider, management and staff knew people and their needs well and liaised with different services and professionals to achieve positive outcomes for people. For example, they were chasing medical professionals to arrange assessments so that people could be given appropriate specialist support.
- People told us that staff worked as a team to support them. Staff knew people's preferences and worked together to ensure people were given the care and support they required.

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 duty of candour and we saw that management had been open and honest with people and their relatives when things had gone wrong.
- We saw correspondence between management and people following a complaint, whereby management were open and apologetic.

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

- Management and staff knew their roles and responsibilities and the roles of others within the team. The provider had oversight of the service and requested daily updates from managers so they were aware of any changes or concerns.
- Staff carried out a series of checks such as; medicine and care notes, which were double checked by management and the provider.
- When errors were identified or information omitted, these were identified and actioned by management. For example, a care plan audit found that guidance for manual handling was missing, but we saw that this was now in the persons care plan, along with other information that had been missing during the audit.

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

● People were involved in the running of the service. People and their loved ones told us that they were asked for feedback regularly, over the phone and during reviews.
● Questionnaires were also completed by people, their loved ones and staff. However, questionnaires mainly consisted of a series closed questions, which were answered 'outstanding' in all the small number of questionnaires we saw. This was a missed opportunity for learning and improvement. There was one open text box for people's comments and a person had stated 'I must say [staff] are outstanding at their job - very professional.'

Continuous learning and improving care
● The provider and manager kept up to date with the latest and best practice through online conferences and updates from training companies such as Skills for Care.

Working in partnership with others
● Management worked with people's doctors, to request and chase referrals to health professionals such as occupational therapy and speech and language therapists.
● Management were also attending recruitment fayres and speaking with job centres to find new members of staff.