

Digital Home Visits Ltd

Vida Basingstoke

Inspection report

Devonshire House
Aviary Court, Wade Road
Basingstoke
RG24 8PE

Tel: 02039667300
Website: www.vida.co.uk

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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

Vida Basingstoke is a domiciliary care service, providing personal care to people living in Basingstoke and the surrounding area. On the day of the inspection 16 people were receiving the regulated activity of personal care.

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 overall were satisfied with the care provided. People's feedback included, "The service is very good and I would recommend this company" and "I am very happy with the carers: they are very helpful and very polite." People provided mixed feedback about the leadership of the service and some people felt some aspects could be further improved.

The provider ensured people received their medicines safely from trained staff. Processes were in place to ensure potential risks to people were identified, assessed and managed. People's daily records were accurate, complete and available. Staff were recruited safely and pre-employment checks completed. People were supported by suitable staff to enable them to stay safe and meet their needs. The provider had processes and practices in place to safeguard people from the risk of abuse. Processes were in place to manage infection control risks arising from the COVID-19 pandemic.

People's needs were assessed and their care and treatment was planned and delivered to achieve effective outcomes. Staff received an induction to their role and ongoing supervision of their work. People were supported to eat and drink. Staff ensured people were supported to meet their healthcare needs and referrals were made to relevant professionals as required.

Staff treated people with kindness and compassion. Staff supported people to express their views and to be involved in decisions about their care. People's privacy and dignity and independence were respected and promoted.

People received personalised care which reflected their needs. The provider had processes in place for people to raise any complaints. Staff were able to support people with end of life care as required.

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. We have made a recommendation about how staff record people's verbal consent to their care.

Processes were in place to monitor the quality of the service and to seek the views of both people and staff. The provider and the registered manager both understood the short-term staffing risks to the service over the summer holidays and had taken action to ensure people received their care as planned. The provider had worked openly with external agencies about staffing issues. The registered manager was working to build a positive culture within the service.

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

Rating at last inspection

The first inspection of this service focused on two key areas, safe and well-led, an overall rating was not provided (published 22 April 2021). There were three breaches of regulations. Two Warning Notices were issued in relation to safe care and treatment and good governance and a requirement notice for requirements relating to workers.

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

This service was registered with us on 10/11/2020 and this is the first overall rating inspection.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection and to provide an overall rating for the service.

You can read the report from our last inspection, by selecting the 'all reports' link for Vida Basingstoke on our website at www.cqc.org.uk.

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.

Vida Basingstoke

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 completed by one inspector and an Expert by Experience. An Expert by 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.

The service had a manager registered with the Care Quality Commission. This means that they 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 24 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.

Inspection activity started on 12 July 2021 and ended on 23 July 2021. We visited the office location on 13 July 2021.

What we did before the inspection

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

the service. We used all of this information to plan our inspection.

During the inspection

We spoke with five people who used the service and seven relatives about their experience of the care provided. We spoke with two members of care staff, the registered manager 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. These included four people's care records. We looked at three 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. We reviewed documentation provided.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

At the last inspection the provider had failed to ensure the proper and safe management of medicines or to fully assess the risks to people of receiving care and treatment, these were breaches of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

Using medicines safely

- People received their medicines safely from trained and competent staff whose medicines competency had been assessed. Staff had access to the provider's up to date medicines guidance.
- People had medicines care plans in place which identified their needs in relation to the administration of medicines and any associated risks. We noted whilst the medicines information on the provider's electronic system was correct for two people whose records we reviewed, their care plans needed to be updated to ensure they contained the latest information about their medicines. The registered manager was informed and took the required action. People had body maps in place to guide staff about where to apply people's topical creams. A person confirmed, "They cream my back for me as I cannot manage to do that."
- Staff completed an electronic medicine administration record (MAR) when they had administered people's medicines. Office staff were then able to review people's MARs to ensure all their medicines had been administered as required.

Assessing risk, safety monitoring and management

- People reported their care was provided safely. A relative said staff supported their relative to use the shower safely.
- Potential risks to people had been assessed and measures were in place to manage any risks identified. Staff had assessed potential risks to people such as those from pressure ulcers and moving and handling. They had also assessed risks to people from their environment and fire safety. Staff were provided with key information, such as how many staff and what equipment was required, to support the person safely. Staff had completed training in moving and handling and had their practical competency assessed.
- Where risks to people were identified, these were shared appropriately with other agencies to ensure people's care could be provided safely. Staff had identified at one person's initial assessment, they could not be transferred safely. Staff had made an urgent referral to the relevant professional and put interim measures in place to support the person safely.

At the last inspection the provider had failed to maintain an accurate, complete, accessible and contemporaneous record in respect of each person, this was a breach of regulation 17 (Good governance) of

the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- People's records of their care provided were complete and provided a description of their care at each visit. Office staff reviewed people's electronic records to ensure all their allocated care had been provided and their daily notes were complete.

At the last inspection the provider had failed to ensure all pre-employment checks had been completed, this was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 19.

Staffing and recruitment

- The provider had ensured staff's suitability for their role and required checks had been completed. These included checks on staff's identity, suitability for their role, employment history with an explanation for any gaps and their health. The provider's pre-employment checks included a Disclosure and Barring Service (DBS) check and other required checks upon staff's suitability for their role.
- People provided mixed feedback about the consistency of their care staff, most people felt it was good whilst others felt they did not always receive consistent care. Feedback included, "[Person] has good continuity of care", "[Staff] arrive on time and stay for the time we have agreed" and "I don't always get the continuity though." The registered manager was able to demonstrate wherever possible people had regular staff allocated to deliver their care. It was not always possible to provide consistency of care for days the person's allocated regular staff did not work. There was an ongoing staff recruitment programme to address this issue for people.
- The provider's electronic system showed the length of people's care calls and the records reviewed showed calls were of the length commissioned.

Systems and processes to safeguard people from the risk of abuse

- People said they felt safe with the staff who provided their care. A relative told us, "My [relative] is very safe with [relative's] carers." No safeguarding concerns had been raised since the last inspection, but the registered manager understood what to report and how.
- Staff had completed both safeguarding adults and children training and had access to the provider's policies on safeguarding and whistleblowing. Staff spoken with understood their role and responsibilities to report any safeguarding concerns.

Preventing and controlling infection

- We were assured staff were using personal protective equipment effectively and safely.
- We were assured staff had completed infection control training.
- We were assured that the provider was accessing COVID-19 testing for staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of their office.
- We were assured that the provider's infection prevention and control policy was up to date.

Learning lessons when things go wrong

- Staff were instructed in people's care plans to report any incidents and had access to relevant documents to report incidents. The registered manager told us since our last inspection there had not been any safety incidents. Records showed when concerns about people had arisen, these had been appropriately shared with external agencies.
- Processes were in place to ensure any relevant information which could impact upon the delivery of a person's care was shared with relevant staff for their information.

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 of this key question for this 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 obtained a copy of the commissioner's assessment of the person's care needs and risks to inform their care planning. People's care needs were then holistically assessed, including their oral health care needs. People's care and treatment was planned to achieve effective outcomes for them. A relative confirmed, "When the care package was put into place we had a meeting with the company and the carer."
- Staff completed equality and diversity training to ensure they understood people's protected characteristics and how to safeguard people against discrimination. People's care plans noted any needs related to their protected characteristics. A person said, "It is important that the carers put everything back in the correct place as being blind I then know where it is, and they do."
- The provider's policies reflected current legislation and good practice guidance.

Staff support: induction, training, skills and experience

- People's needs were met by appropriately skilled staff. Staff received an induction to their role and training based on the requirements of the Care Certificate, this is the industry standard for inducting staff new to care. Staff confirmed they shadowed more experienced staff during their induction. People's feedback included, "My [relative] has had a stroke and also has dementia but the carers understand how to provide personal care safely" and "The carers are well trained to do their job."
- Staff received ongoing support, observations of their practice and supervision in their role. The provider ensured supervisions were used to review staff's practice and to identify areas for improvement.

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

- People were involved in decisions about what they ate and drank. People's dietary needs were noted in their care plan and any associated risks identified. People told us, "[Staff] will help prepare dinners" and "[Relative] is given drinks when and, what [relative] wants."
- Staff had completed nutrition and hydration training. They kept food and fluid records to monitor people's intake, where any risks were identified. People's records showed staff prompted people to eat and drink where required and ensured people had access to food and drinks between their care calls.

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

- People's care plans informed staff of their diagnosis and their GP's contact details for use if required. A person confirmed, "The staff are well trained and when I had a urine infection the carer phoned the doctor."
- Staff ensured they liaised with other services as required to ensure people were referred to relevant professionals to meet their needs or to manage identified risks. Records showed staff had identified when

people needed to be referred to other services for assessment, such as occupational therapy.

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.

- Staff had undertaken MCA training and had access to guidance, in the event a person lacked capacity to make a specific decision, to ensure legal requirements were met.
- The registered manager informed us no-one currently lacked the capacity to consent to the care provided. People had signed their consent to their care where they were physically able to. We noted one person's consent to care and treatment form had been signed by their relative. Although records demonstrated this person had capacity to consent to their care, staff advised they themselves could not physically sign the consent form.

We recommend the provider reviews good practice guidance for the recording of people's consent.

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 of this key question for this 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 provided positive feedback about the caring nature of staff. Their comments included, " [Staff] are all very kind and caring" and "The carers are lovely." People and their relatives told us staff showed concerns for their well-being in a meaningful way. A relative who lived with their loved one said, "The carers come in to shower my [relative] they don't need to do anything else but always ask if there is anything they can help me with." People's daily records demonstrated staff ensured people were comfortable and understood and respected their wishes.
- People's care plans provided staff with information about people's personal history and preferences about their care. People confirmed staff knew them well and their preferences. A relative said, "The carer knows what [relative] likes to do, plays card with them and knows what TV programmes they like to watch." People had positive relationships with the staff who provided their care.

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

- People told us they were involved in decisions about their care. A relative said, "They will always ask [relative] if it is ok to do things like wash their hair." Another relative told us, staff understood their loved one needed to sleep often and respected this. People's records showed their families had been involved in making decisions about their care, where they wanted them involved.
- People told us staff did not rush their care. Their feedback included, "I don't feel rushed when the carers help me." People's daily records showed staff spent time chatting with people as well as providing their care.

Respecting and promoting people's privacy, dignity and independence

- Staff completed dignity in care training and had access to the provider's dignity and respect policy. Staff told us of the measures they took to ensure people's privacy and dignity was upheld during the provision of their care. People's daily records demonstrated staff had provided people's care with respect and dignity. The provider checked staff's adherence to their training and guidance via spot checks.
- People told us they felt staff provided their care in a manner which respected their privacy and dignity. Relatives said, "She [staff] treats [relative] with respect and is very kind, and she shows the same respect to [spouse] and I" and "[Staff] are very kind and respectful and treat my [relative] with dignity."
- People's care records noted what they could and could not do for themselves. One person had lost confidence and their records noted, 'Carers can support me with this by encouraging me to do things as independently as possible.' Another person's records noted what tasks they liked to do for themselves.

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 of this key question for this 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 or those acting on their behalf contributed to their care planning and support. People's care plans reflected their physical, mental, emotional and social care needs and the actions staff needed to take to ensure these were met. Relatives said, "[Relative] has a care plan and it lists all of [relative's] likes and dislikes and what we expect of the care package" and "There is a care plan that can be referred to." People's care plans holistically reflected their identified needs, their personal routines and wishes.
- People's needs related to any sensory impairment were noted and any support they required from staff. A person said, "I am registered blind so they [staff] help me do the tasks I cannot manage."
- People overall felt their needs were met. Two relatives reported they had not been provided with a copy of the care plan as requested. The registered manager advised people and their relatives could access the care plan electronically and copies were sent to people.
- People had reviews of their care and received regular customer quality assurance calls to check their satisfaction with their care.

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.

- People's communication needs were noted within their care plan. No-one currently required information provided in an alternative format, but this could be provided if required.

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

- The service was not currently commissioned to support people with activities beyond sitting services to enable relatives to have a break from their caring responsibilities. However, they could provide this support if required.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy in their statement of purpose, which people could review. This set out how to make a complaint and how any complaints would be investigated and responded to and how to escalate any complaints if the person was not satisfied with the response. The registered manager said they had not received any complaints since the last inspection of the service.

End of life care and support

- The service was not currently supporting anyone at the end of their life. Staff had completed relevant training and end of life care plans were available for use with people as required.

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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At the last inspection the provider had failed to effectively operate systems to monitor the quality of the service, this was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

Continuous learning and improving care

- The registered manager had responded to the issues identified at the previous inspection and taken action to address them. Processes were in place to ensure potential risks to people had been assessed, documented and mitigated. Staff maintained a complete written record of the care provided to people during their care calls.
- Processes were in place to monitor and audit the quality of the care provided. Office staff monitored the delivery of people's care and identified and addressed any issues. They also checked the duration of people's care calls, staff's completion of people's medicine records and the content of people's daily notes. People's electronic records demonstrated when their notes had been checked and the actions taken in response to alerts that any care task had not been completed.
- The registered manager also monitored the quality of the service provided through feedback from people's reviews, quality calls to people, staff supervisions and observations of staff's practice.

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

- Since the last inspection, the provider's senior leadership team had changed. The new team were experienced in social care delivery. They understood the registered manager's strengths and the areas they needed to develop.
- There were sufficient staff to provide people's care as commissioned. However, the small size of the staff team and the lack of any nearby provider offices from which staff could be deployed to provide additional support, meant there was limited capacity to cover unplanned staff absences, such as sickness or accidents.
- During the course of the inspection, there was a temporary staffing issue, due to an unexpected number of staff absences. The registered manager and one office staff member primarily covered people's calls over one weekend. Everyone receiving a regulated activity received their care as planned, but there was a potential risk they might not have. The registered manager and the provider acted to ensure people received

their care.

- The provider has since put in place incentives and support to stabilise staffing over the summer holiday period, which they have identified as a risk and provided evidence people's care calls for this period have been covered.
- The provider had taken all reasonable measures to address this issue, whilst they recruited additional staff. However, the current size of the staff team, meant the service was vulnerable to unforeseen staffing pressures.

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

- People provided mixed feedback about the leadership of the service. Whilst overall people were satisfied, others told us they lacked the correct contact details for the office or reported they felt their feedback was not always acted upon. The registered manager advised people had been provided with the correct contact numbers and said rosters were sent out to people if requested.
- The provider's mission statement and model of care delivery were set out in their statement of purpose. Processes were in place to enable the registered manager to monitor practice and service delivery against the stated aims of the provider.
- Since the last inspection, the registered manager had introduced an 'Employee of the month' scheme. This aimed to validate and celebrate staff's work and to motivate the team.

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

- There had not been any incidents which required reporting under the duty of candour. The registered manager understood their legal duties and responsibilities.

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

- People's views about their care were sought through reviews of their care, spot checks on the care provided and regular telephone quality calls. People's feedback included, "Since we started having this service there have been several phone calls made to check the carers are doing a good job and if we are happy" and "A lady from the office phones me to check."
- Staff's views on the service were sought through their supervisions and team meetings.

Working in partnership with others

- This was the second time this year the service had experienced staffing issues. The provider agreed with the local authority during the inspection they would not take on any new packages of care, whilst they stabilised staffing.
- The provider has been transparent with external agencies including CQC, about the staffing issues they were experiencing and what action they were taking to address them for people.