

Vanity Care Ltd

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## 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?

Requires Improvement ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

This inspection took place on 30 September 2016. The provider was given 48 hours' notice because the location provides a domiciliary care service in people's own homes and we needed to be sure that someone would be available to assist with the inspection. It was the first inspection since the service moved to a new location in March 2014. The service was last inspected in June 2013 and we found that the service did not meet all the standards we inspected. During a follow up inspection in December 2013, we saw that improvements to the service had been made.

Vanity Care provides personal care and support to people in their own homes, within east London. At the time of our inspection, 14 people were using the service.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered care homes, 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.

Systems were in place to ensure people were protected from the risk of abuse. Staff were aware of the different types of abuse and how to respond. People had their individual risks assessed and staff were aware of the plans to manage the risks. People received care at home from staff who understood their needs. When required, staff administered prescribed medicines safely to people. Staff had received training to do this.

Staff had been recruited following appropriate checks and the provider had sufficient staff available to provide support to people. People told us they received support from staff who understood their preferences and encouraged them to remain as independent as possible. They were listened to by staff and were involved in making decisions about their care and support. People were supported to meet their nutritional needs.

Staff were attentive, respectful and patient when providing care to people. People told us that they were generally happy and felt well cared for. Staff ensured people were treated with privacy and dignity.

Staff undertook training and received supervision to support them to carry out their roles effectively. The registered manager and the staff team had attended training on the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). However, we found that the service did not have a suitable policy on the requirements of the MCA. We have made a recommendation about reviewing the policy to make it more relevant to the MCA.

People's needs were assessed before they received care in their home. The care plans were person centred and tailored to meet their needs. Care plans were regularly reviewed to reflect people's changing needs. People and their relatives felt able to talk to the registered manager and said that most issues were dealt

with in a timely manner. However, some people and relatives did not always feel that staff were responsive to their needs. We have made a recommendation about this.

Staff told us that they received support and encouragement from the registered manager and were provided opportunities to develop in their roles. Staff told us any concerns they had would be addressed by the registered manager. People and their relatives were encouraged to express their views and give feedback about their care.

The registered manager was committed to monitoring the quality of care provided to people. They ensured that regular checks were completed and looked at where improvements could be made.

## 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. Staff understood how to protect people from harm and abuse.

Staff supported people in a safe way.

Staffing levels were sufficient to ensure people received support at times that suited them. Staff were recruited by following the service's safe recruitment procedures.

Staff supported people to take their medicines safely.

### Is the service effective?

Good 

The service was effective. Staff received training and support to enable them to provide effective care. They received supervision to monitor their performance and development needs.

Staff understood the requirements of the Mental Capacity Act (MCA) 2005. People's capacity to make decisions was recorded. However, we have made a recommendation about reviewing the service's current policy on the MCA.

People had access to appropriate health professionals when required to ensure their needs were met. Staff assisted in the preparation of food and drink to ensure people had their nutritional requirements met.

### Is the service caring?

Good 

The service was caring.

Staff had developed positive caring relationships with the people they supported and promoted their independence.

People were involved in making decisions about their care and their families were involved. Staff respected people's individual needs and preferences.

### Is the service responsive?

Requires Improvement 

The service was not always responsive to people's preferences

for their care. Some people told us staff did not always listen to or understand their needs and preferences and that their communication skills could be improved.

Care plans were detailed and provided guidance for staff to meet people's individual needs.

There was a complaints policy and procedure in place which enabled people to raise complaints. Complaints were responded to appropriately.

### **Is the service well-led?**

The service was well-led. The registered manager was organised and approachable.

The service recruited effectively and staff received the necessary support and guidance.

The service had a quality assurance system. The quality of the service provided was monitored regularly. People and their relatives were able to provide their views on the service and on staff so that improvements could be made.

**Good** 

# Vanity Care Ltd

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection took place on 30 September 2016 and was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service and to provide a rating under the Care Act 2014. It was an announced inspection, which meant the provider knew we would be visiting. This was because it was a domiciliary care agency and we wanted to make sure that the registered manager or someone who could act on their behalf would be available to support our inspection.

The inspection team consisted of one adult social care inspector. Before the inspection, we reviewed the information that we held about the service, including feedback from the local authority. We looked at any complaints we received and statutory notifications sent to us by the provider. A notification is information about important events which the provider is required to tell us about by law.

We also reviewed the provider information return (PIR). The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The PIR also provides data about the organisation and service.

During the inspection, we spoke with the registered manager and a senior member of staff. After the inspection process we spoke, by telephone, with two staff, the training provider, three people who used the service and two relatives. We looked at documentation, which included six people's care plans, including risk assessments; five care staff recruitment and training files and records relating to the management of the service.

# Is the service safe?

## Our findings

People told us they felt safe using the service. One person told us, "Yes it is very safe." Another person said, "The carers do things safely, they are quite good." A relative told us, "Yes, I believe they are safe when they look after my [family member]."

The service had policies and procedures in place to inform staff how to deal with any allegations of abuse. Staff understood their roles and responsibilities regarding reporting abuse and they were aware of the local authority's safeguarding procedures. This ensured any allegations were reported and investigated appropriately. Staff demonstrated satisfactory knowledge of safeguarding people and could identify the types and signs of abuse, as well as reporting any concerns they might have. One member of staff, "I would make an assessment of the situation and report it to the manager."

The service also had a whistleblowing policy in place. Whistleblowing is a procedure to enable employees to report concerns about practice within their organisation to regulatory authorities. Staff told us they were aware of the provider's whistleblowing policy and knew which other agencies to contact outside the service to report any concerns.

Care and support was planned and delivered in a way that ensured people's safety and welfare. We saw risk assessments had been undertaken which informed staff how to keep people safe. Care plans contained individual risks assessments and the actions necessary to reduce the identified risks. These included areas such as nutrition, moving and handling and medicines management. For example, one person had a risk assessment in place to ensure they were supported to move from one place to another. Their care plan stated, "I am not able to walk and need support with transfers, mobility and nutritional needs." Staff understood what could put people at risk. Risk assessments provided information on the likelihood of a risk occurring, such as a person who is prone to falls and what equipment was required to support them to prevent them from falling. Risk assessments were updated to reflect any changes in people's needs. The environment where people lived was also assessed by the registered manager prior to the service starting, to ensure it was safe for people and staff.

People received care and support at times that they required. The registered manager demonstrated an electronic system that they used to coordinate the days and times that care would be provided to people. From looking at these rotas, the daily notes and time logs, we saw that staff were able to cover shifts and complete the required tasks according to people's requirements. Staff told us they were satisfied with their workloads and schedules. They told us they had sufficient time between their shifts to deliver the support that was detailed in people's care and support plans.

Most people who used the service told us that staff usually arrived on time or were notified by the service if, for example, their member of staff was running late due to traffic. Some people said that this was not always the case and their carers did not always arrive on time. However, they were generally satisfied with the service. One person said, "My carers don't always come at set times. The times change every so often but things are OK at the moment." The registered manager told us that people were able to provide immediate

feedback about issues such as staff not arriving at suitable times. This enabled the registered manager to make any necessary changes and improvements.

There were enough staff employed to meet the needs of the people using the service. The registered manager made sure that each person had staff who were familiar with their care and support needs, to look after them. People and their relatives confirmed they usually had the same staff providing care and this helped with consistency.

Staff worked together in order to move people safely. There were always two staff for a person that required manual handling assistance to help lift them up, with the use of a hoist. Staff were trained to use such equipment. They entered and exited people's homes safely by ensuring that they announced themselves when arriving by ringing the doorbell. Staff were required to identify themselves when they entered a person's home and carried identification and wore a uniform. People confirmed that staff wore identification badges so that they knew who the member of staff was. Staff used Personal Protective Equipment (PPE) such as gloves, shoe covers and aprons to prevent any risks of infection when providing personal care.

We looked at staff files and saw checks had been undertaken before new staff started working for the service. We saw evidence of identity checks, references being received and applications made with the disclosure barring service (DBS) for each staff member. The Disclosure and Barring Service carry out a criminal record and barring check on staff who intend to work in the health and social care field. This helps employers make safer recruitment decisions. The registered manager also carried out checks to ensure that staff were legally entitled to work in the United Kingdom.

Care plans detailed if prescribed medicines were to be administered by either staff or relatives or were to be taken by the person themselves. We looked at daily record notes and saw that staff administered medicine when this was stipulated in personalised care plans. Staff who were required to give people their medicine, recorded the dosage taken in medicine administration record sheets (MARS) and in their daily log books to evidence that the medicine was taken. One member of staff told us, "We administer and record medicine if we are required to and record it and sign the MAR sheet. Otherwise the relatives administer our client's medicine." Staff were also observed administering medicines by the registered manager or a senior carer as part of regular spot checks. Spot checks were observations of staff to ensure that they were following safe and correct procedures when delivering care.



# Is the service effective?

## Our findings

People and relatives told us that staff met their individual needs and that they were happy with the care provided. One person told us, "They are good. They come and do their jobs. They do what they need to do." One relative told us, "They seem to be trained well."

People's consent was sought before any care was provided. Staff acted on their wishes and asked for their consent before they provided any care. People receiving care told us that the service shared information with them and their family members. We looked at records held in the office and saw that consent was confirmed with people and relatives and the contents of care plans were agreed.

People were able to make their own decisions and were helped to do so when needed. Staff understood their responsibilities under the Mental Capacity Act 2005 (MCA) and what this meant in the way they cared for people.

The 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. We checked whether the service was working within the principles of the MCA and that people's human rights were protected. We saw that records of capacity assessments were available, where applicable. One member of staff told us, "I understand there are levels for people and their ability to make decisions. We have to assess their capacity and act in their best interest." Staff received training on the MCA. However, the service's policy in relation to the Mental Capacity Act 2005 was brief and did not contain sufficient information for staff. It did not directly refer to and was not wholly relevant to the MCA. This meant that staff did not have up to date information on how to effectively support people who lacked capacity or where to find the relevant support.

We recommend that the service reviews and update its policy on the Mental Capacity Act (2005).

Staff told us they received the training and support they needed to do their job well. Staff had received training in a range of areas which included safeguarding adults, safe medication management, fluid and nutrition, equality and diversity, moving and handling people, health and safety, working in a person centred way and infection prevention and control. The training was provided by an external provider and staff attended training sessions or completed additional training online. We looked at staff training records which confirmed that they completed their training or if they required refresher training. Staff were also in the process of completing or had completed a Diploma in health and social care. The registered manager said, "We do refresher courses every year for topics like medicine management and safeguarding adults. Some are done every three years such as moving and handling."

Staff who were recently recruited completed an initial three day induction and shadowed more experienced

staff to learn about people's individual care needs and preferences. Staff told us the induction training they received provided them with the knowledge they needed. A member of staff said, "I enjoyed the training. I learnt of important things for my role." Another member of staff said, "When I started I shadowed a colleague when I was doing my induction. I was also observed by the manager."

Staff were supported and monitored by the registered manager and a senior carer. The registered manager or a senior carer visited people in their homes after a new care package had commenced and carried out unannounced competency checks. This ensured staff were following correct procedures, such as when providing medicine. We saw evidence that observation and competency checks were carried out by the registered manager as a way of assessing staff performance.

Staff were aware of how to fulfil their roles and responsibilities. They received a handbook when they began their employment which set out codes of practice, terms and conditions, the service's philosophy and the policies and procedures they were required to follow. Staff confirmed that they had read and understood the handbook.

Staff confirmed they had regular supervisions where they had the opportunity to discuss the support they needed, guidance about their work and any training needs in order for them to develop and gain further skills. Supervision sessions are one to one meetings with line managers, where staff are able to review their performance. Records confirmed that supervision meetings took place every two months. Team meetings were also held, which staff found helpful and supportive. Staff received appraisals annually to monitor overall performance and to identify any areas for development. One member of staff told us, "I have had supervisions and attend meetings. I am doing my QCF level 5 as part of my development. The manager is very supportive and encouraging." The registered manager told us that they were keen to develop experienced staff so that they could also apply for managerial or senior positions.

People were supported to eat and drink sufficiently enough to help keep them healthy. Some people required support with their meal preparation and staff assisted them accordingly. People were able to make choices about what they wanted to eat and drink. One staff member said, "We can make food when required, such as soup, sandwiches or a cup of tea. Most of the time, the person's relative will provide this." Relatives felt that their family members received the support they needed to eat well and have sufficient amounts to drink.

Staff monitored people's health and welfare and made referrals to health care professionals where appropriate. People were supported to attend health appointments where needed or as requested. Staff were aware of what actions they needed to take if a person was not well. Staff were able to contact the registered manager out of office hours and during weekends in case of emergency.

## Is the service caring?

### Our findings

People and their relatives told us that the staff treated them with respect, kindness and dignity. They also told us staff listened to what they said and provided them with care according to their wishes. One person said, "My regular carer is very nice." A relative told us, "They are caring and polite. They are never rude or shout."

Staff understood the importance of respecting people's privacy and dignity. They knew about people's individual needs and preferences and spoke about them respectfully. One member of staff told us, "We have to show respect. We let them know what we are doing and ask for consent. We make sure doors are closed when we are providing personal care."

Staff told that they got to know people and their families well. One member of staff said, "I have a good relationship with my client and their families. Some of them are really lovely." One person said, "My regular carer is really nice." A relative told us, "My relative is very happy with the carers. They are kind and considerate."

People told us they had involvement in their care plan and were consulted in their care and support. One person told us, "Yes I was involved and we discussed my care needs." Care records showed where people had been involved and had agreed with their plans of care. This meant people had the opportunity to contribute and have their say about the support they received. Care plans were scheduled to be reviewed annually and we saw that most care packages had commenced earlier in the year.

People's care records identified their specific needs and how they were met. Records also provided guidance to staff on people's preferences regarding how their care was delivered. We saw that people were supported to remain as independent as possible by staff. For example, one person's care plan stated, "I want to retain my dignity by maintaining my personal hygiene." Another care plan stated, "I like to have my food in the lounge in my chair. I can eat and drink myself."

We also noted that people had their personal wishes recorded in their care plans. For example, one person was said to "want to live with my [loved one] at home. I don't have any interests now as I feel tired and just like to watch TV during the day." This meant people's rights and personal preferences for how they wished to be cared for and spend their day were acknowledged and respected.

Staff had received training in equality and diversity. They treated people equally, regardless of their gender, race or disability. Staff knew people well and had a good understanding of people's care needs, personal preferences, their religious beliefs and cultural backgrounds.

## Is the service responsive?

### Our findings

Most people told us that staff were responsive to their care and support needs and they were happy with the care they received. One person told us, "I am happy with the carers, they listen and understand me." Each person had a support plan which was personalised and reflected their personal choices and preferences regarding how they wished to be cared for. However, we spoke with a relative who told us that some staff did not always listen to instructions or requests when asked about certain things. They said, "The carers are ok but sometimes they do things that can annoy, like use too much toilet roll when attending to my [family member]. I have pointed this out but they still do it. They don't speak that much." We asked if this was a continuing issue and they told us that when contacting the office, they could not get through to speak with office staff as the call was diverted to an answering machine. Another person told us, "I think communication is a problem. It could be better. The carers don't always do things properly or recognise my needs. Sometimes they leave cups and plates unwashed."

People could contact the service if they had any concerns or complaints. The service had a policy and procedure for reporting complaints. People were provided with information about how they could raise complaints in an easy to read leaflet. They confirmed that they knew how to complain. One person told us, "I would contact the manager but I don't have any complaints." Another person said, "I don't have anything to complain about at the moment. The service is fine as it is." We noted that most issues were brought to the attention of the registered manager. We looked at records and saw that action was taken promptly in response to any concerns. We saw that the service had not received any formal complaints at the time of our inspection. However, we noted that no complaints were recorded about people not being able to contact the office or staff not listening to people. They were not brought to the attention of the registered manager. One person said, "I never like to complain."

We recommend that the service always ensures that the office is contactable and calls are answered. Staff should also be reminded of their responsibilities to listen to the needs and preferences of people and relatives when providing care in their homes.

People told us they had regular carers and they were generally satisfied with their care arrangements. The service ensured that they had the staff available to provide care before agreeing any care packages. The service received referrals from the local authority, for people who required assistance with personal care or people being discharged from hospital. Discussions were also held with other health or social care professionals.

During our inspection, we saw that an initial assessment of people who use the service was carried out before a care package was agreed, including any risk assessments. People had a copy of their care plan in their homes. We saw that care plans were updated to reflect people's changing needs. The care plans were personalised and included details such as how a person wanted their care to be delivered, their personal interests, likes and dislikes and details of significant relationships, friends and relatives. We noted that people were able to highlight their previous occupation or an event from their past. For example, one person's plan said, "I used to work on the railways and in a glass factory. I like to watch good films." This

information was important because it enabled people to say something about themselves or their personality and informed staff about the things they enjoyed doing.

We saw that care plans contained details of what support they wanted for each part of the day when a member of staff was scheduled to visit, such as in the morning, lunchtime or in the evening. Staff completed daily records which contained details about the care that had been provided to each person and highlighted any concerns or issues.

## Is the service well-led?

### Our findings

The registered manager was responsible for the day to day running of the care agency and was also the registered provider, which meant that they were the director of the agency. The registered manager demonstrated good knowledge of the people who used the service and had experience in providing care to people. Prior to our inspection, we received some negative comments from people about the service. However, during our inspection, we found that people were generally satisfied with the quality of the service and confirmed that the service was managed well. People told us, "The manager is approachable" and "It seems to be a good service and the manager does a good job."

Care staff told us they were "happy" working for the registered provider. One member of staff said, "The manager is excellent. You can go to them and feel confident they will listen and sort out any problems or issues. There is a friendly atmosphere amongst all the staff." Another member of staff told us, "I am enjoying the work and the management is good and supportive." The registered manager said, "We make sure that we recruit the best people. If they don't have experience, that is OK because we will train them. However, my staff have to be caring and above all demonstrate respectful and good behaviour."

Team meetings were held monthly by the registered manager. They enabled staff to discuss any areas of practice or concern as a group and this was confirmed by the minutes of meetings we looked at. Items covered during team meetings included any staff concerns, feedback from people using the service, guidance for staff on codes of conduct and a more general discussion. We saw that brief minutes of the meetings were available and they were well attended.

The office staff also made routine telephone calls to people or received feedback from people who called the office. People were visited in their homes by a senior carer or the registered manager to ensure that they were happy with the care and support that was delivered. Daily report records, which contained information on medicines that were administered, were brought back to the office each month to be audited and quality checked. This ensured that staff had completed them thoroughly. We saw that the daily records were a log sheet for all staff to complete at the end of a visit that helped inform staff about the tasks that were required to be carried out for each person, for each part of the day. Staff would check and log each task, write any comments and sign the sheet. We found that the log sheets were thorough and ensured that people were provided with the appropriate level of care. The registered manager told us, "I have tried to instil good practice in my staff, such as timekeeping, good reporting, teamwork and professionalism."

We also saw that there was a system to monitor that staff were following a set schedule on their individual rotas. Staff were required to log in to the system using a Freephone number from people's phones with their permission, when they commenced care and support in their homes. This helped managers and office staff see that staff had arrived to carry out personal care for people at allocated times and according to the wishes of the person.

The registered manager understood their role and responsibilities. They carried out quality assurance audits to check whether the service was running as it should be. They notified the CQC of incidents or changes to

the service that they were legally obliged to inform us about. People's records were kept securely which showed that the service recognised the importance of people's personal details being protected and to preserve confidentiality.

People were provided with staff performance questionnaires which enabled them to provide immediate feedback about staff who provided care. It was another way for the registered manager to monitor staff performance. The registered manager told us, "I make sure our clients are being looked after and are happy. The performance questionnaire is very useful as we can use it to make any necessary changes for people." We saw that questionnaires were returned and completed by people and comments included, "I want to keep my carer. [The carer] is very friendly and does their job. They are helpful and cooperative." This ensured that care was being delivered and people were satisfied with their care worker.

People and relatives were able to provide their views and general opinions of the service. We saw survey questionnaires and staff monitoring checks which had been sent out or returned this year. The service had received compliments and positive feedback from people and relatives. We saw that where there were negative comments, the registered manager took action to resolve any issues. For example, we noted that one person commented, "I would like staff to come before 1 o'clock." Another person wrote, "The carer is not very friendly. I prefer my other carer." We found that these requests were responded to and met to maintain people's satisfaction of the service. Other comments included, "I liked my carer. I miss them" and "I am very happy with the service and my carer. Very friendly."