

Miss Nadene Maleka Davis

# Vitalitycare and Support Services

## Inspection report

51 Anchor Road  
Aldridge  
Walsall  
West Midlands  
WS9 8PT

Tel: 01922277540

Website: [www.vitalitycaresupportservices.co.uk](http://www.vitalitycaresupportservices.co.uk)

Date of inspection visit:  
25 February 2020

Date of publication:  
27 August 2020

## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Vitality care and support services is a domiciliary support service providing personal care to people in their own homes. They were providing personal care to 14 people at the time of the inspection. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. Where they do, we also consider any wider social care provided.

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

Effective risk assessments were completed. People told us that they felt safe and were aware of how to raise concerns. Staff knew how to identify safeguarding concerns and how to report them. Staffing was sufficient to meet people's needs. Recruitment processes were not always robust in checking employment histories. Medicines were managed safely.

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.

Staff had received suitable training and induction to offer effective care. People were supported to have choice and control with as little restriction as possible. If people needed help to eat and drink, care records detailed the support required. Staff and managers liaised with other health professionals to maximise the quality of care provided. Consent was sought before care was given.

Staff told us they were very happy to be part of the service. They were supported by a registered manager and reported a good morale and sense of team. People gave us positive comments about the care team. People were supported to express their views and make decisions about their care.

People's wishes about end of life care had not always been sought. The accessible information standard (AIS) had not been used to facilitate people's understanding of their own care files effectively. People received person centred care, and were encouraged to have as much independence as possible in day to day living.

The registered manager's audits of daily logs did not always highlight errors in daily care records. Staff said the registered manager was supportive and felt concerns raised would be acted upon.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

We have found evidence that the provider needs to make improvements. Please see the safe responsive and well led sections of this full report.

### Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will request an action plan that details how the provider intends to improve the service. We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### 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 not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Vitalitycare and Support Services

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was carried out by one inspector.

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

This inspection was announced.

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 registered manager would be in the office to support the inspection.

#### What we did before the inspection

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

#### During the inspection

We spoke with three staff members including the registered manager and two care workers. We reviewed a range of records. This included three people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. We viewed a variety of records relating to the management of the service, including policies and procedures.

#### After the inspection

We spoke to three people using the service and four relatives/carers. We also spoke with two further members of staff, a care coordinator and a care worker. We continue to seek clarification from the provider to validate evidence found. We looked at the equality and diversity policy.

# Is the service safe?

## Our findings

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

Rating at last inspection (and update)

At the last inspection this key question was rated as requires improvement (published March 2019) and there was a breach of Regulation 13, safeguarding service users from abuse and improper treatment. 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 this regulation.

At this inspection this key question has remained the same. This service has been rated requires improvement in this domain for three consecutive inspections.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

- References has been sought to evidence suitability and good character of staff and Disclosure and Barring Service (DBS) checks had been completed. A DBS check enables a potential employer to assess a staff member's criminal history and to ensure they are suitable for employment.
- Full employment histories had not always been obtained, meaning that the registered manager could not be sure that a reference was from a staff members most recent employer. Checks were therefore not robust enough to ensure safe recruitment of new staff. The registered manager agreed to review recruitment processes to ensure full histories were obtained.
- No health information had been sought as part of the recruitment process to ensure that staff were well enough to be employed.
- People told us that they felt there were enough staff to provide a service and that they were not rushed.

Systems and processes to safeguard people from the risk of abuse

- The registered manager had since the previous inspection, made the appropriate referrals and notifications to CQC and to other services regarding incidents. People told us that they felt safe when receiving support from staff, one person said, "Yes very safe."
- Staff had received safeguarding training and were able to tell us about people's risks.

Assessing risk, safety monitoring and management

- People and relatives told us that call times were not always reliable. When asked if calls are generally on time, one family member told us, "No not really". Another person said; "not always when they are very busy." There was not a robust system in place to monitor calls times.
- Risk assessments were in place and highlighted the key issues for people. Staff were able to tell us about the risks associated with people's care.
- Risk assessments had been reviewed in a timely way.
- A system was in place to record and monitor accidents and incidents and to identify any trends.

### Using medicines safely

- Medicines were given safely. People told us they were supported to take their medicines, one person said, "Oh yes they never miss that."
- Staff told us, and records indicated that they had received medication training. Newer staff told us they would not be assisting with medication until they had received their training.

### Preventing and controlling infection

- Records and spot checks confirmed that staff were provided with aprons and gloves when assisting people with personal care and wore them appropriately.

### Learning lessons when things go wrong

- The registered manager had systems in place to deal with incidents and accidents. The rota system had been changed as a result of a previous incident demonstrating that improvements had been considered to try to prevent further incidents.



# 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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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 were supported with care that met their needs. The registered manager completed an initial assessment, which included information about people's needs and risks. It also included what people were able to do for themselves and how they could support them to achieve good outcomes. This enabled the registered manager to assess whether they were able to safely meet people's needs.

Staff support: induction, training, skills and experience

- People were supported by staff who had received suitable induction and training to meet their needs.
- People and relatives told us that they thought the staff had the right knowledge and skills to provide good support. One person told us "[The staff] have always been assessed to make sure they are qualified, they are confident."
- One staff member told us about their induction, "I had shadowing for two weeks, yes it was a good induction."

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

- The staff supported people to eat and drink enough and records were kept helping monitor this. Care plans reflected people's individual dietary needs which staff we spoke with also understood.
- People told us they were happy with the support they received with eating and drinking. One person told us, "I choose what to eat, yes I'm happy with that."

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

- Staff supported people to access health care services. This included contacting emergency services when needed as well as GP's and the district nursing team.
- People's care plans included information about people's healthcare needs, medical history, medicines and any allergies.

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

- People told us about progress they had made and improvements to their wellbeing that had been achieved by working with staff and other healthcare professionals such as occupational therapists and social workers.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible,

people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

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

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

We checked whether the service was working within the principles of the MCA.

- The service was working within the principles of the MCA. People's care plans included specific decisions which people may need assistance with. The registered manager had not needed to submit any applications to the Court of Protection.
- Staff described how important gaining consent was, one staff member told us, "I make sure I ask permission, so they have control of the situation." A relative told us, "Yes they are very good, they are very respectful."

# 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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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 told us they liked the staff and that they were kind to them. One person said, "Staff are pretty good and they are kind, we know them pretty well."
- Staff whom we spoke to told us about the people they supported and spoke about them with affection. Staff were able to tell us about people's particular needs. One staff member said, "I like listening to people's stories and I like to make them laugh."

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

- People were involved in making decisions about their care. They told us they decided what they wanted to do and what they wanted to eat each day.
- A relative told us, "They [staff] won't do anything without being directed by [the person receiving care]."
- People's care was reviewed regularly and their wishes and views about the support they received was discussed. People were able to ask for changes which were recorded and agreed.

Respecting and promoting people's privacy, dignity and independence

- People told us that they were treated with dignity and respect. One relative said, "They do get on well with the carers and they know the routine and they know and respect [them]."
- Staff members were able to describe ways in which they ensured people's dignity and privacy were respected.
- People were encouraged to be independent. Staff gave examples of occasions where they had supported people to gain confidence in completing tasks for themselves. For example, one person who had been unable to walk was now being supported to walk with a mobility aid.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant people's needs were not always met.

### Meeting people's communication needs

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

- The manager was not familiar with the requirement to follow the accessible information standard. This has not been considered when developing care plans, reviews and correspondence. This meant that people's care plans and reviews may not be very accessible to them in some instances without assistance.
- The registered manager advised they would look into developing care plans, reviews and complaints forms in line with AIS.

### End of life care and support

- No one was receiving end of life care at the time of our inspection. However guidance was not available in people's care records about their end of life wishes. Care records included prompts to include this information but had not been completed.
- The registered manager had not gained this information but agreed that it was an important part of planning for the future and that it would be included in future reviews.

### Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People and relatives told us that they were involved in reviewing their care plans. We also saw evidence of this in people's care files. One family member told us, "Yes I get invited to review and I have seen the care plan."
- People's care plans included details of their personal history and their specific needs and preferences.

### Improving care quality in response to complaints or concerns

- People told us they knew how to complain and who they would speak to. Relatives told us that they had not had cause to complain but when they had raised issues they had been dealt with appropriately. One person told us, "[the registered manager] is very good and deals with any issues I have."
- The complaints procedure explained how to make a complaint and set out how people could expect concerns to be dealt with.

# 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 remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Although there were some systems in place to monitor the quality of the service and the care provided to people, improvements were required. For example, audits of daily logs had not identified recording issues relating to the staff in attendance at each call.
- All the people and relatives we spoke to told us that calls were sometimes late. One person told us due to specific care needs this left the person feeling uncomfortable for up to an hour some mornings. The provider's assurance systems had not identified this as an issue.
- The provider's systems had identified that end of life care plans should be in place but had not ensured that these had been completed in a timely manner
- Recruitment checks had failed to identify that full employment histories had not always been recorded and therefore gaps in employment could not be identified and explored. Suitable proof of identification had not always been recorded.
- The registered manager had not kept up to date with changes in legislation and was not aware of the need to comply with accessible information standards.
- The registered manager told us about plans to introduce an electronic call monitoring system to assist with auditing of when calls are made and by whom.

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

- Feedback was not solicited from people, relatives, staff or other health professionals in the form of regular satisfaction surveys. People did receive courtesy calls on occasion to ask for feedback on how happy they were about the service they received. Regular reviews were also held for people, to which relatives were invited, in order to review care packages.
- Staff told us that they had regular staff meetings to receive updates and that changes to people's care needs were identified by calls from the managers or messages sent out to the full staff team.
- Assessments did not include information about people's sexual orientation and people's cultural needs and background were not always recorded.
- The registered manager gave assurance that these aspects of people's care needs would be sought in future assessments.
- People were supported by a diverse staff team. One relative told us that their loved one was very pleased to be receiving care from same gender staff.

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

- Staff were committed to providing good quality care to people and we received positive comments about the care team. Staff described ways in which they worked alongside people to ensure care was delivered in the way they wanted it.
- Staff described the registered manager as very supportive and said that they felt comfortable to raise any issues or concerns that they had and that they would be listened to and acted upon.

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 was a registered manager in post at Vitality care and support services.
- The registered manager complied with legal requirements for duty of candour, they displayed the services rating in the offices and on the website.

Working in partnership with others

- The service had established good working relationships with health and social care professionals. This enabled good outcomes for the people they supported.