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Vitascare

Inspection report

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Date of inspection visit: 5 & 6 November 2015

Date of publication: 03/12/2015

Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Requires improvement



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Requires improvement



Overall summary

We carried out an announced inspection of the service on 5 and 6 November 2015. Vitascare provides personal care to people in their own homes. At the time of our inspection the service was providing the regulatory activity of personal care to 4 people.

The provider, who is registered with us as an individual, manages the service so is not required to have a registered manager.

People did not always have risk assessments in place that identified the risks to people's safety. Additionally, there was not always sufficient care planning documentation in

place to ensure that staff had sufficient guidance to support people safely. People were supported by staff who could identify the different types of abuse and knew who to report any concerns to. People told us they felt safe and the staff who visited them in their home supported them in a safe way. Accidents and incidents were investigated and plans were put in place to support people. There were enough staff to meet people's needs however safe recruitment procedures were not always followed. Where responsible, the staff supported people with their medicines in a safe way.

Summary of findings

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA). They aim to make sure that people are looked after in a way that does not restrict their freedom. We found one example where the appropriate assessments had not been carried out for a person who required it.

People spoke highly of the ability of staff to support them effectively, however records showed that the manager had not ensured staff received on-going training for their role. Staff told us they received regular supervision of their work and felt supported by the manager. People were supported by staff to buy and to eat and drink the food and drink they wanted. Where appropriate, people were supported by staff to visit their GP or other healthcare professionals.

People felt the staff were kind and caring and treated them with respect and dignity. People were provided with information about how they could contact social workers and their local doctor's surgery, however, information for people on how to access independent advice about decisions they made was not currently provided. People told us they felt included in decisions made about their care and support. People's privacy was respected by the staff. Where English was not a person's first language, staff were provided who could communicate with them in a language they could understand. People were encouraged to do as much for themselves as possible and staff understood people's likes and dislikes.

People's care records contained information for staff on how they would like their personalised needs to be met. People were involved with the planning of the care and felt able to contribute to decisions made. Where appropriate, the staff supported people with following their hobbies and interests. People were confident in raising a complaint and felt the staff and the manager would respond to this appropriately.

The registered manager's auditing processes were not always used effectively and had not identified the issues raised within this report. The records used in the running of the service were not always appropriately completed or reviewed. People, relatives and staff spoke highly of the manager and felt they were always available when needed. Staff understood the aims and values of the service and how they used these values to support and care for people. People, relatives and staff were encouraged to become involved with the development of the service and felt their views were welcomed and valued.

We identified three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see the action we have told the provider to take at the back of this report.

Summary of findings

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 consistently safe.

The risks to people's safety were not always appropriately assessed or reviewed and care plans were not always in place to support staff to reduce these risks.

Safe recruitment procedures were not always followed.

People were supported by staff who had received safeguarding adults training and knew who to report concerns to. Accidents and incidents had been recorded, reported to the manager and investigated.

Where appropriate people's medicines were managed safely.

Requires improvement



Is the service effective?

The service was not consistently effective.

People received support from staff effectively; however some staff had not received refresher training for their role.

Staff received supervision and appraisal of their work.

Where needed, staff supported people with buying their food and with eating and drinking.

Staff applied the principles of the MCA appropriately when providing care for people. Although there was one example where a MCA assessment was needed that was not in place.

People were supported by staff to access external healthcare professionals.

Requires improvement



Is the service caring?

The service was caring.

People felt the staff were kind and caring and treated them with respect and dignity.

People felt included in decisions made about their care and support.

People were encouraged to do as much for themselves as possible and staff understood people's likes and dislikes.

Information for people on how to access information from external healthcare professionals was made available, however access to independent advice about decisions they may make was not.

Good



Is the service responsive?

The service was responsive.

Good



Summary of findings

People's care records contained guidance for staff to support people with their personalised needs.

People were involved with reviews of their care, and people and relatives felt the staff and the manager responded appropriately to their comments.

Where appropriate, staff supported people to follow the activities that interested them.

People felt able to make a complaint if needed and were confident the manager would respond quickly if they did.

Is the service well-led?

The service was not consistently well-led.

The registered manager's auditing processes were not always effective and had not identified all of the issues raised within this report.

The records used in the running of the service were not always fully completed or reviewed.

People and staff spoke positively about the registered manager and staff understood the aims and values of the service.

People, relatives and staff were encouraged to become involved with development of the service and felt their views were welcomed and valued.

Requires improvement



Vitascare

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 was planned to check whether the provider is 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 for the service under the Care Act 2014.

This inspection took place on 5 and 6 November 2015 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that staff would be available.

The inspection was carried out by one inspector.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This 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. We reviewed information the provider had sent us including statutory notifications. We reviewed previous inspection reports, information received from external stakeholders and statutory notifications. A notification is information about important events which the provider is required to send us by law.

We visited the homes of and spoke with three of the four people who used the service. We also spoke with one relative, two members of the care staff and the manager.

At the provider's office we looked at the care records for all four people who used the service, as well as a range of records relating to the running of the service.

Is the service safe?

Our findings

The risks to people's safety were assessed by the manager. However the risk assessments in place lacked detail and were not always supported by a care plan to address the identified risk. For example, we saw a person had been identified as 'high risk' as they were unable to mobilise themselves independently of staff. However, the care plan provided little information for staff on how to support this person safely. This could place their safety at risk.

There were other examples. We saw a person had been assessed as requiring support with accessing their toilet, assistance with eating and drinking and assistance with their personal care. However the risk assessments for these people contained very limited information and were also not always supported with a care plan to advise staff how to support the person safely.

The manager told us that they regularly reviewed people's needs and the risks to their safety. However we saw little recorded evidence of this within people's care records.

Assessment of the environment people lived in had been carried out, although these lacked detail and did not always provide staff with the detailed information they would need to ensure people's safety. For example we saw a person's home had a steep staircase. Their care records stated they were at 'high risk of falls'. There was no guidance for staff within the care records on how to support this person with accessing the upstairs part of their home. Although the person and their relative told us they were satisfied with the way staff supported them, the lack of a detailed environmental risk assessment and guidance for staff could place the person's safety at risk.

We raised these concerns with the manager. They agreed that the risk assessments and care plans required more detail about how to ensure the risk to people's safety was reduced. They did however assure us that people were supported in a safe way. They also agreed that they would immediately start to record in each person's care records when they had reviewed each risk assessment.

These examples were a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us they felt safe and that their care and support needs were met in a safe way. One person said, "I feel safe

when the staff are here [in the person's home]. I have the help that I need." Another person said, "I feel really safe when [staff member name] is here. They seem to know the score." A relative we spoke with said, "We are very confident that [family member] is safe."

Plans were in place to support people in an emergency. The manager had ensured that staff were provided with the information they needed if they were present at people's homes and they needed urgent assistance.

Where people had been involved in an accident or incident it was recorded by the staff and reported to the manager. The manager told us they reviewed the incident reports and made recommendations to staff to reduce the risk of these incidents happening again. A relative told us they felt confident that if something happened to their family member the manager would put plans in place to reduce the risk of it happening again.

People told us they felt able to do the things that they wanted to do and did not feel their freedom was unnecessarily restricted. A person's relative told us the staff supported their family member with accessing their garden. They told us their family member knew being in their garden could place their safety at risk; however it was something they wanted to do so the staff supported them in doing so. When we asked the person about this, they smiled and told us they enjoyed being outside with the staff.

The risk to people's safety was reduced because the staff who supported them had attended safeguarding adults training, could identify the signs of abuse and knew who to report concerns to both internally and to external agencies. A safeguarding adults policy was in place. However training records showed that some of the staff required refresher training to ensure their knowledge reflected current guidance.

Information was available for people on how they could maintain their safety and the safety of others. This included how to report concerns if they felt they or others had been the victim of abuse.

People told us the staff arrived at their house on time, were never late and when the staff were in their home they carried out their duties in a safe way. One person said, "The

Is the service safe?

staff turn up on time. I never have to wait.” Another person said, “They [staff] are always on time.” Another said, “They [staff] are early sometimes. They are never late. They sometimes stay longer than they need to which is nice.”

The manager told us they were confident they carried out safe recruitment procedures to ensure that the staff who supported people had the right skills and experience to do so safely. We checked the records for four members of staff. We saw criminal records checks had been carried out prior to people commencing their role and proof of identification had also been recorded. However, there were a lack of written references in place for two of the staff. The manager told us they were confident that the staff they had in place were suitable for their role; however they stated that they would ensure that references for new staff recruited in the future were requested and received before they commenced work.

Where people required support with their medicines there were processes in place to ensure the staff did so in a safe way. Guidance was available for staff to prompt and

supervise people with their medicines if needed. People told us they felt the staff supported them with this in the way they wanted to be supported. One person said, “The staff help me take my medicines, I’m fine with that.” Another person said, “I manage my own medicines, I don’t need help from them [staff]; although they do sometimes ask if I’ve taken them just to remind me.”

We spoke with a member of staff who could explain how they assisted the person they supported with their medicines. We looked at the person’s medicine administration records (MAR), used to record when they had received or refused their medicines. The records had been completed appropriately. We asked the manager how they ensured that the staff’s ability to administer medicines was regularly assessed. They told us they did this when they first started working at the service, but did not continue to do so. They told us they would ensure that regular checks of staff competency in this area were carried out in the future.

Is the service effective?

Our findings

We reviewed the training records of four members of staff. The training records showed staff had completed training in areas such as safeguarding of adults, mental capacity, moving and handling and first aid. However, we found examples where staff had not undergone refresher training to ensure they supported people in line with current best practice. For example one member of staff completed their safe moving and handling training in 2009, but had not carried out any further training in this area since then.

The manager did not have the processes in place that enabled them to be aware what training staff had completed and when it was due for renewal. They told us they were confident that the staff carried out their role effectively, however they acknowledged they should have records to show what training the staff had completed. As a result, we were unable to judge whether the training staff had undertaken was sufficient to meet people's needs and to provide effective care and support.

These examples were a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People spoke positively about the staff and felt they understood their health needs. One person said, "I am very happy with the care that I get from the staff."

The manager told us that the staff completed an induction and shadowed more experienced members of staff before they commenced their role. The manager told us new staff to the service would complete the new nationally recognised qualification called the 'Care Certificate'. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. It gives people who use services and their friends and relatives the confidence that the staff have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support.

Staff told us they felt supported by the manager to carry out their role. They told us they received regular assessment of their work. The records we looked at reflected this. Staff also told us they were able to discuss their performance during supervision sessions with the manager. One member of staff said, "I feel confident in my role, but if I'm not happy I can discuss things with my manager and she helps me to sort it."

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. We checked whether the service was working within the principles of the MCA. The staff we spoke with had a good knowledge about they would incorporate the MCA into their role.

The manager told us the people they supported were able to make their own decisions about the care and support they received. People's care records contained a number of examples where they had signed to say they agreed to the care and support given. However, one person had been assessed as being unable to manage their finances and they were supported by staff do so. The appropriate MCA assessment was not in place. This meant decisions may be being made for this person that had not followed the principles of the MCA or the appropriate legal process.

People were supported to maintain a healthy and balanced diet and where needed support to eat and drink. People's care records contained information about the food they liked and disliked. People told us the staff supported them with meals, carried out shopping duties if needed and helped them to ensure the food they ate was safe to eat. One person said, "I cook my own meals but they are there to help me if I need it."

People were supported to ensure their nutritional needs in respect of the cultural background were respected by the staff. One person told us the staff had sourced a supermarket that sold the food and drink that reflected their cultural background. They told us they were pleased to have support to do this.

The staff we spoke with gave examples of how they supported people to eat and drink sufficient amounts and that they were aware of people's dietary needs. One member of staff said, "I have spent time with the person I support and have watched how they eat and the support they need. If they need me, I am there. I also do their shopping. I buy the healthy stuff fish and vegetables but they also like sweet things so I buy them treats as well."

Is the service effective?

We found examples from the care records we looked at that people's nutritional and dietary needs had been assessed and planned for.

People told us they were supported by the staff to access their GP and other external healthcare professionals when needed. One person told us that whenever they had asked for assistance the staff had always agreed to support them.

Another said, "I had a specific health issue that I needed support with. [The manager] ensured I got the help I needed." People's records showed they regularly attended appointments with the support of staff.

The staff we spoke with had a good understanding of people's day to day health needs how they supported to ensure those needs were met.

Is the service caring?

Our findings

People told us they felt the staff who supported them in their home were kind and caring. One person said, “My carer is very nice. They are new, but they already know what I need.” Another person said, “I like the staff, they are nice to me.”

People told us they were supported by staff who gave them choices and respected their wishes. One person said, “They [staff] talk to me and always go with my decision.” Another person said, “They talk to me about my care. I tell them what I want.”

The manager told us they ensured that people received care from the same member of staff at the same time of day. They told us this ensured that they were able to build positive and trusting relationships with the people they supported. People told us they received care from the same staff and if the staff member was unable to attend then the manager attended in their place. The consistency in the allocation of staff to support people has ensured that people felt comfortable with them.

We spoke with a person for whom English was not their first language. They told us they had difficulties communicating in English but they had been assisted to do so by the manager and the staff who supported them. They told us, “I have been given help with learning English. The manager has given me books to read which has helped me improve. Until I am fully confident the manager has provided me with a member of staff that can speak my language.” They also told us on the rare occasion when that member of staff could not attend, an English speaking member of staff had made the effort to learn some words and sentences in their native language in order to improve communication between them. They told us this made them feel valued and respected by the staff.

People were supported by staff who understood their likes, dislike and preferences. The care records contained limited information about people, such as their life history; however, when we spoke with people about the staff they told us they knew them well. The staff we spoke with clearly knew people well.

People told us they felt able to speak with the staff about their care and told us the staff respected their wishes. One person said, “We have had meetings but also chats about what I want and what I want the staff do for me.” Another person said, “I feel the staff do care about me and they do what I want them to do.”

People were provided with information for who they could talk to if they wished to discuss their care needs with people other than the staff who supported them. This information included the contact details for the local authority, social workers and their local doctors’ surgery. The manager told us they did not currently provide information for people if they wished to speak with an independent advocate, but following this inspection they would do so. Advocates support and represent people who do not have family or friends to advocate for them at times when important decisions are being made about their health or social care.

People told us they were treated with dignity and respect by the staff. A relative we spoke with said, “[Name] wasn’t allowing the staff to support them with their personal care. However, now they have got to know them, [name] trusts the staff. This has had a big impact on [name’s] dignity.”

The staff ensured that people were able to remain as independent as they wanted to be. One member of staff said, “I observe people and see what they can and can’t do. I encourage them to do as much for themselves as possible, but if they can’t or won’t do something, then I help as much as they want me to.” A person who used the service said, “When I walk with my frame I can do things for myself. I decide what I want to eat, what I want from the shops and what I want to wear. The staff support and respect me in doing all of this.”

The staff could explain how they ensured that people were provided with the privacy they needed in their homes and how they ensured that people were treated with dignity at all times. One member of staff said, “I always make sure people have the privacy they need. It is their home. But if they do need help, I make sure I do it in a way that maintains their dignity.” People did not raise any concerns with us about their privacy or dignity being compromised.

Is the service responsive?

Our findings

People received care and support that was focused on their individual needs, preferences and routines. People's care records contained daily routines that had been discussed with them to ensure that they received care and support in the way they wanted it. All of the people we spoke with told us they or their family member's care and support needs were met in the way they wanted them to be. They told us they had been involved in the planning of their care. This included the level of support they wanted with their personal care, their ability to mobilise independently and the assistance they wanted with carrying daily tasks such as cleaning their own home or buying their food. One person we spoke with told us how they liked to remain as independent as possible. They also said, "My carer respects me and what I want. They know when I need help and when I don't."

The manager told us people's care package was developed and based on people's needs and requests. They told us this was discussed with them before they started using the service and then they ensured once the support had started, that regular discussions were held with them to ensure they were happy. A relative we spoke with told us they thought the staff went well above what they were required to do. This included sometimes staying longer on calls to ensure their relatives were settled or waiting for family to arrive to ensure they were not left alone for long periods of the day. They also told us the manager had made a significant improvement to their family member's life. They told us the registered manager had noticed that their family member was struggling to move safely around their living room. They responded to this by seeking permission to rearrange the furniture in their living room to give them more space. They told us this had an immediate and positive impact on the person's safety and independence.

Some of the people we spoke with told us they had family to support them when the staff were not with them,

however others did not. The manager told us their staff did whatever was possible to ensure people did not face social isolation and to reduce the risk of loneliness. One person told us the staff supported them with a weekly visit to the hairdressers and going for afternoon tea afterwards. They said, "I really look forward to that. I know they [staff] stay longer with me than they should, but by not rushing me that really does show they care."

People's care records contained information about their religion and whether they required support from the staff to practise it. Although no support was currently required, the manager told us they would provide people with the support they needed if they wanted it.

In each of the care records that we looked at we saw reviews had been carried out with people and, where appropriate, their relatives to discuss whether they were happy with the care provided. Where changes were needed these were implemented. A person who used the service said, "They [the manager] talk to me a lot about my care needs. If I want something changing, it happens." A relative told us they felt fully involved and were confident that if the care and support needs of their family changed, then this would be responded to quickly by the registered manager.

People were provided with the information they needed to raise a complaint. The manager had ensured people had their direct telephone number if they wished to speak with them personally, but also the number for external agencies if they wished to speak with someone else about their concerns.

People told us they knew how to make a complaint and that it would be acted on. One person said, "I have no complaints at all, but if I did I know they [the manager] would sort it for me." Another person said, "Oh no, I have no complaints at all."

The staff we spoke with understood the complaints procedure and could explain what they would do if a person complained directly to them about the care they received.

Is the service well-led?

Our findings

The manager told us they were aware of the risks to people's health and safety and they had the plans in place to ensure that people were safe and received the care and support they needed. However, the registered manager was unable to provide examples of the audits they carried out that enabled them to regularly identify risks to the people who used the service and the service as a whole. For example they had not ensured that thorough recruitment checks were completed prior to staff commencing their role. They had also not ensured that staff received the appropriate in-work training and development to ensure the support provided for people met current training and best practice guidelines.

The manager had not ensured that there were robust recording processes in place. The manager had not identified that people's care records lacked detail, were not fully completed and did always accurately reflect the level of care and support that people received.

These issues, along with the other concerns raised within this report could increase the risk to people's health and safety.

These were examples of a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People and the staff spoke positively about the manager and commented on the open, caring and friendly approach they had to managing the service. One person said, "I needed some help with an issue that I had and she was there to help me." Another person said, "She is amazing. She is always there for you. She goes way above what she needs to do." A relative said, "She is part of our family, she has been a great help to us all." A staff member said, "She really cares. She works really hard to give people the best support possible. She really is amazing."

The manager ensured that people's views were welcomed to improve the quality of the service people received and to aid the development of the service. In each person's home

that we visited we saw a communication book had been provided for staff, relatives, people who used the service and other visitors to write any comments they had about the service. These were then regularly reviewed. The registered manager told us they welcomed people speaking with them directly, but this was another way people could give their views if they did not wish to.

People and staff told us they felt their views were welcomed by the manager. One person said, "I can talk to her, but there is nothing I need improving here." A relative said, "The communication book works. It enables us to let the manager know of things that we or my family member need or if there is something we want doing. It always gets done." A staff member said, "The manager welcomes my input and always takes on board what I have to say."

The staff we spoke with understood the process for reporting accidents and incidents. They knew who they could report their concerns to externally if they needed to, and ensured they did so by following the manager's whistleblowing process.

The manager told us they were aware of their responsibilities to meet the conditions of their CQC registration. These responsibilities included informing the CQC via a statutory notification if a person receives a serious injury or if they were being deprived of their liberty. We checked the registered manager's records and found these processes had been adhered to appropriately.

The staff we spoke with could explain the aims, values and goals of the service and how they incorporated them into their role to provide people with safe and effective care and support. One member of staff said, "The main aim is to ensure people are encouraged to be as independent as possible within their own home, whilst always keeping people safe."

The manager told us they held regular staff meetings to discuss the risks to people and the service as a whole and how they could contribute to reducing those risks. A member of staff said, "She always makes sure things are explained clearly to us and what is expected of us."

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

| Regulated activity | Regulation |
|--------------------|---|
| Personal care | <p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>The registered person did not always;</p> <p>(a) assess the risks to the health and safety of service users of receiving the care or treatment;</p> <p>(b) do all that is reasonably practicable to mitigate any such risks.</p> |

| Regulated activity | Regulation |
|--------------------|--|
| Personal care | <p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>The registered person did not always;</p> <p>(a) assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity (including the quality of the experience of service users in receiving those services);</p> <p>(b) assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity.</p> <p>(c) maintain securely an accurate, complete and contemporaneous record in respect of each service user, including a record of the care and treatment provided to the service user and of decisions taken in relation to the care and treatment provided.</p> |

| Regulated activity | Regulation |
|--------------------|--|
| Personal care | <p>Regulation 18 HSCA (RA) Regulations 2014 Staffing</p> <p>The registered person did not ensure that:</p> <p>(2) Persons employed by the service provider in the provision of a regulated activity:</p> |

This section is primarily information for the provider

Action we have told the provider to take

(a) received appropriate training.