

Vine Social Care Agency Limited

Vine Social Care

Inspection report

57 Lynchford Road
Farnborough
Hampshire
GU14 6EJ

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26 July 2019

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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?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Vine Social Care is a domiciliary care service providing personal care for 48 people at the time of inspection in their own homes.

People's experience of using the service and what we found

Management processes were in place to monitor and improve the quality of the service. However, plans were not effective to address the shortfalls the provider identified in relation to training needs. There was a positive and open culture within the service. However, staff told us they felt supported and could go to the registered manager if they needed to talk as there was an open-door policy.

The provider had not always acted on or learn from incidents, such as an incident highlighting a training need. Systems and processes were in place to manage medicines safely and protect people from the risk of abuse. Infection control measures were in place to minimise the risk of infection.

We recommended the actions from incidents were logged and reviewed in a more robust way to avoid actions being missed in the future. The registered manager told us they would do this.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People's care and support met their needs and reflected their preferences.

Care workers had developed relationships with people they supported. Staff respected people's dignity and privacy and promoted their independence.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 4 August 2018) and there were multiple breaches of regulation. 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 some improvements had been made and the provider was no longer in breach of regulations. However, we did find that there were still areas for improvement and therefore the service remains rated requires improvement.

Why we inspected

This was a planned inspection based on the previous rating.

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 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 on 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 responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are ion our well-led findings below.

Requires Improvement ●

Vine Social Care

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection was carried out 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 48 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before 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 reviewed information we held about the service, for example, notifications. A notification is information about important events which the provider is required to tell us about by law. We used all of this information to plan our inspection. We received feedback about the service from two professionals.

During the inspection:

We spoke with four people who used the service and nine family members. We spoke with the registered manager, the provider, and four staff members. We looked at the care records of five people. We looked at five staff records, including training and recruitment records. We looked at other records to do with the management of the service.

After the inspection

We continued to gather information to validate evidence found. We looked at training data and quality assurance records.

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 requires improvement. At this inspection this key question has remained the same.

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

At our last inspection the provider had failed to ensure staff recruited had sufficient pre-employment checks. This was a breach of regulation 19 (Fit and proper person's employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 19.

- The provider's recruitment process had improved and included most of the necessary recorded checks that showed candidates were suitable to work in the care sector, however further improvements were still required with regards to staff full employment histories. The registered manager had obtained five years of employment history for each employee. They had then begun to request full employment history while we were on inspection and told us they would complete this following inspection due to the large number of staff. There was no impact to people due to this.
- People, relatives and staff we spoke with told us there were enough staff to keep people safe, and that their care calls were mostly on time. One relative told us, "As far as we are aware they come on time. More consistent than other agencies." One person told us, "They [staff] do not always come on time as they have to deal with other people first, other clients make them late it's not their fault."

Systems and processes to safeguard people from the risk of abuse

At our last inspection the provider had failed to ensure that some safeguarding concerns were reported to the relevant agencies. This was a breach of regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 13.

- The provider had effectively reported any safeguarding concerns to the relevant agency to safeguard people from abuse and harm.
- Staff were aware of the risks of abuse, the signs to look out for, and how to report any concerns should they

have any. Staff told us they felt confident any safeguarding concerns would be dealt with effectively.

- People and relatives told us they felt safe with their carers. One person told us, "I have no concerns whatsoever, the staff come four times a day."

Learning lessons when things go wrong

- Incidents and accidents were logged and included details of the type of incident, who was involved and any actions to be taken. We noted that following two incidents it was identified that staff would benefit from further training such as for skin integrity following a red area on a person's skin being noticed and reported by staff. We spoke with the registered manager who told us they were planning to provide this training but had not yet booked it. The provider had however discussed risks of skin breakdown with this member of staff to increase awareness and knowledge in this area. This was an area for improvement.
- The registered manager reviewed all safeguarding reports to identify lessons and improvements to people's care.

Assessing risk, safety monitoring and management

- People had comprehensive risk assessments in place to manage risks such as the risk of falls or moving and handling. Risk assessments had detailed information for staff to follow to minimise risks.
- Environmental checks and risk assessments where needed were carried out to ensure people were safe in the premises.
- We noted in people's files that where necessary people had body maps to monitor skin concerns, for example; bruises or redness on their skin.
- The provider had a business continuity plan to manage risks such as bad weather, or large numbers of staff going sick.

Using medicines safely

- We reviewed policies and procedures that were in place to make sure people received their medicines safely, according to their needs and choices, and as prescribed.
- People received their medicines from trained staff who had their medicines competency checked.
- The provider had a system to audit medicines records and follow up any gaps or mistakes in records.
- Where medicines errors had occurred the provider had taken steps to seek medical advice from medical professionals to ensure people were safe and put measures in place to minimise the risk of reoccurrence such as refresher training for staff..

Preventing and controlling infection

- The provider had processes in place to reduce the risk of the spread of infection.
- Staff had access to hand gel, disposable gloves and aprons. The provider checked the use of this equipment on spot checks and people and relatives told us these were used.
- Staff received training in infection control and food hygiene.
- There were reasonable steps in place to protect people from the risk of acquiring an infection.

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's care needs were assessed and comprehensive care plans were created which were individual to the person.
- Staff told us care plans contained the information they needed to support people according to their needs and preferences, and that they contained clear instructions of what the person's care needs were.
- People and their relatives told us they received effective care.
- One person told us, "I was involved in care planning. If we say something they will make changes that we are asking. Things like making sure [Loved one] is eating and drinking enough."

Staff support: induction, training, skills and experience

- Staff completed an induction based on the Care Certificate, which is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.
- Staff completed mandatory training such as safeguarding, as well as training specific to people's individual needs, such as epilepsy and mental health. One person told us, "They [staff] seem to be well trained, excellent and professional."
- The management team had an effective system to monitor that mandatory staff training and competency checks were carried out and evidenced to ensure staff skills remained at a good standard.

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

- People were supported to eat and drink enough. People's risks and preferences around food and drink were assessed, such as whether they were at risk of malnutrition or dehydration.
- If staff were supporting people with eating they gave them choices of what they would like.

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

- The service worked with other agencies to maximise the support people received.
- The registered manager told us they worked in partnership with district nurses, pharmacies, GPs and social workers to meet people's needs, we saw evidence of this in people's care files.

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

- People were supported by staff who knew them and their healthcare needs.
- People were supported to arrange healthcare appointments where required.

- Staff were provided with information about people's medical conditions and how they impacted on them so they could support them effectively.
- The registered manager sought and acted on guidance from other professionals such as specialist nurses.

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 understood mental capacity and the principles of the MCA. People's capacity to consent to specific decisions was considered and reflected throughout their support plans. People were supported to express their views and make choices about their care to give them maximum choice and control.
- There was evidence the service undertook best interest meetings where someone lacked capacity to make a specific decision and involved people who were important to them.

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 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; equality and diversity:

- People, relatives and staff we spoke with told us that the staff who cared for people were kind and caring.
- One person told us, "I am happy with them." One relative told us, "We are very happy with the care, they go above and beyond. [Loved one] has an animal and they even make sure that's looked after."
- People's individual needs, preferences and beliefs were respected by the service. Any specific requirements were catered for where possible. One person told us, "They seem to be doing quite well and respectful."

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

- People were actively involved in their care and support decisions and their relatives where this was appropriate.
- The provider ensured people and their families could feedback regarding the service in a number of ways to gather people's views on the service provided. This included face to face, on the phone or through feedback forms.
- One person fed back that following their loved one being in hospital and being assessed by the agency there, that it would have been nice for the agency to visit the home also before commencing care; the provider had taken to address this.

Respecting and promoting people's privacy, dignity and independence:

- People, relatives and staff confirmed that people were treated with dignity, respect and that their independence was promoted as much as possible. One relative told us, " [Loved one] can't really do things for herself but they [staff] do talk things through with her, about shopping and do a list so that she has choice and independence.
- Staff we spoke with told us how they promoted people's independence and respected their privacy and dignity. One staff member told us, "I close doors and curtains and cover people up when I bath them. I ask them if it is ok to do a task so they are in control and have choice."

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 good. At this inspection this key question has remained the same.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences and give them choice and control

- Staff planned care and support in partnership with people.
- People's needs were captured in comprehensive care plans which contained detailed information about how they wished to receive care and support.
- People were receiving care and support which reflected their diverse needs in respect of the seven protected characteristics of the Equality Act 2010 which are age, disability, gender, marital status, race, religion and sexual orientation. For example, people were supported to attend religious services. All people supported by the service were respected and there was no evidence of any discrimination in the service.

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 provider had not needed to give people information in an alternative way, such as in a written format but they did support a person who did not speak English. This person was given a care worker who spoke the same language, so they could communicate effectively.

Improving care quality in response to complaints or concerns

- The provider had systems in place to log, respond to, follow up and close complaints. We noted that the registered manager had dealt with complaints as per their policy.
- People and relatives told us they were aware they could complain but had not needed to. One relative told us, "There have been issues that [Loved one] hasn't got on with carer. I verbalised this and it was dealt with. She is very particular." Another relative told us, "If I had something negative to say, [registered manager] would have heard from me."

End of life care and support

- Where the provider had supported people at the end of their life, they worked closely with the person's GP and specialist end of life care services to make sure people were kept comfortable, dignified and pain-free.
- The provider was not currently supporting anyone at the end of their life.

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 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

At our last inspection the provider had failed to notify the CQC of concerns of abuse to a service user. This was a breach of regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 18.

- We reviewed the provider's safeguarding information and any incidents. The provider had notified the CQC of all concerns and incidents that were required to be notified.
- The provider had systems and processes in place to monitor the quality of the service. However, these were not always effective in ensuring that identified areas of improvement were actioned, such as identified training not being arranged.
- There were regular quality checks on care files, care logs, medicines records, staff files and other records. These were effective in identifying improvements needed.
- Spot checks and competency checks were carried out on staff to monitor the quality of the care being given. Staff had not had regular supervisions although did feed back to us that they felt well supported with the provider's open door policy and team meetings.

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

- People, relatives and staff gave us mixed feedback when asked if the service was well-led. One person told us, "They do what I need and do it reasonably well." Comments from relatives included, "Additional communication would be good not just through carers", "No improvements to make. I have recommended them to others" and, "Overall yes [well managed]. Horrified how they do rotas on daily basis and get so many people come into the house. Need to have rotas in advance." One staff member told us, "I am happy with my company, if I call with an emergency they respond immediately."
- The service had a clear vision and set of values which promotes person-centred care.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open

and honest with people when something goes wrong

- The registered manager was aware of their responsibilities in relation to the duty of candour and had acted with openness, transparency and candour when things had gone wrong.
- The registered manager told us that they only provided care for people whose needs they could meet. This helped to reduce incidents as staff were skilled to provide the support people required.

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

- In addition to day-to-day contact with people who used the service, quality assurance surveys were given to people and relatives to gain feedback to improve the service. We noted changes had been made following feedback such as changes in the way assessments were carried out, such as adding an additional assessment in a person's home if they were assessed in hospital.
- The service had raised money for charities by holding events such as a cup cake day.
- Staff had the opportunity to share their opinions on the service in team meetings and with the managers 'open door' policy. We observed an open culture within the staff team and the registered manager. Staff comments included, "We have meetings and 'get together's' to share experiences." "We get support immediately if there are any concerns."

Continuous learning and improving care

- The management team met regularly to discuss improvements needed. These were logged but some actions had been missed. We spoke with the registered manager who told us they would look to improve the way they monitor improvements needed in future.
- Actions required to improve the service came from audits, quality assurance processes and feedback.

Working in partnership with others

- The provider worked in partnership with the local authority and other agencies such as community nurses, specialist palliative nurses, GPs, pharmacies and specialist healthcare providers.