

Digital Home Visits Ltd

Vida Torbay

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Vida Torbay is a domiciliary care agency registered to provide personal care to people in their own homes. The service provides care and support to people which includes personal care, food preparation and medication support. At the time of this inspection, the registered manager informed us they were providing personal care to 28 people who used the service.

Not everyone using Vida Torbay received a regulated activity. CQC only inspects the service received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

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

People and relatives were happy with the care workers who supported them. Comments included, "Staff are lovely" and "We seem to get regular staff, they talk to him nice and are encouraging".

Staff knew people well and were able to describe risks to people and how these were managed. However, risks to people were not always identified in care records. There were no clear plans in place to identify how risks would be managed, reduced or mitigated.

The systems and processes in place for the safe administration and use of medicines were not always clear and policies were not always followed. We found no evidence that people had been harmed however we could not be sure people were receiving their medicines safely.

People felt safe and comfortable when staff were in their home. Staff recruitment practices were safe.

Most people felt staff were trained and experienced to meet their needs. Comments included, "We have two staff who are 'spot on'" and "99% of staff are brilliant." Three people commented that some staff were better than others. The registered manager told us regular staff spot checks had identified issues which were then resolved through additional training and supervision.

People and their relatives confirmed staff followed good infection control practice in their homes. Staff had completed infection control training and additional training specifically relating to COVID-19. Some staff were unsure of when they should change their mask. The registered manager sent further information out to staff, so they understood their responsibilities in relation to this.

People told us the service was well managed. Comments included, "They seem very good" and "We are very pleased with them." There were systems in place to assess and monitor the quality of the service provided. However, monitoring systems had not identified the issues found at this inspection. When we identified issues during the inspection, the registered manager immediately started work on making improvements.

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

Rating at last inspection

This service was registered with us in October 2020 and this is the first inspection.

Why we inspected

We received concerns in relation to breaches of regulations at another Vida service. These related to risk assessments, care planning, medicines management and governance. As a result, we undertook a focused inspection of this service to review the key questions of safe and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them.

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

You can see what action we have asked the provider to take at the end of this full report.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection.

We will continue to monitor the service to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified two breaches in relation to records, these included risk assessments, the safe management of medicines, and the governance of the service at this inspection.

You can see what action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety.

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 well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Vida Torbay

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

This inspection was completed by one inspector and one assistant inspector. One Expert by Experience telephoned people who received care from the service and relatives to obtain feedback about their 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

Vida Torbay is a domiciliary care agency. It provides personal care to people living in their own homes. 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 48 hours' notice of the inspection because we needed to be sure the registered manager would be available to assist. Inspection activity started on 6 May 2021 and ended on 18 May 2021.

Before the inspection

We reviewed information we held about the service. This included details about incidents the provider must notify us about, such as allegations of abuse, and accident and incidents. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgement in this report. We received feedback from one healthcare professional. We used all of this information to plan our inspection.

During the inspection

We spoke with six people who used the service and seven relatives to gain their views about the service. We also spoke with nine staff which included care workers, office staff, and the registered manager. We reviewed a range of records. This included four people's care plans and risk assessments. We looked at documentation relating to medicines for three people. We looked at three staff files and checked recruitment. We also looked at records relating to the management of the service such as audits and a variety of policies and procedures developed and implemented by the provider.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement. 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.

Assessing risk, safety monitoring and management; Using medicines safely

- Risks to people were not always identified in care records. There were no clear plans in place to identify how risks would be managed, reduced or mitigated. For example, where people were living with health conditions, there was no information on risks, what staff should look for and when to call for medical assistance from healthcare professionals.
- Records did not contain written guidance for staff to follow to ensure people's needs were met safely and consistently. For example, care plans contained information about the moving and handling equipment in place and how many staff should support. However, there was no detailed guidance on how to transfer people safely.
- Medicine risk assessments and care plans were not complete for some of the people reviewed.
- Individuals medicines administration record (MAR) charts did not always contain enough information to support staff in safe administration.
- Where people were prescribed topical creams, it was not clear what to apply, where or how.
- People with occasional use medicines, such as 'when required' (PRN) medicines, did not have protocols in place to support staff to safely administer the medicine or refer to the GP when necessary.
- Information and planning for individuals needing support with long term conditions or high-risk medicines was not consistent. This meant there was not always enough information to support staff in safe administration.

We found no evidence people had been harmed. However, the failure to fully assess the risks to people receiving care was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff had completed training so they understood how to manage possible risks to people. Staff knew people well and were able to describe risks to people and how these were managed.
- When we identified issues during the inspection, the registered manager immediately started work on making improvements to the information in care plans and risk assessments.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us they always felt safe and comfortable when staff were with them in their home.
- The provider had a safeguarding policy in place. This was detailed but referred to an incorrect local authority throughout. We raised this with the registered manager, and they told us this would be amended.

Staff had completed safeguarding adults training. They knew how to protect people and report concerns about people's safety.

- Staff told us they felt confident the provider would respond and take appropriate action if they raised any concerns. The provider worked with the local authority safeguarding team to ensure people remained safe.

Staffing and recruitment

- Staffing levels had been planned and organised in a way that met people's needs and kept them safe. There were enough staff available to support people in their own homes. There had been some issues with the provider's electronic system which had resulted in people's care calls not being updated. This meant there had been occasions where staff had attended calls that had been cancelled. The registered manager told us any care calls that hadn't been carried out were alerted to the office. The provider had arranged to introduce a new system.

- People told us staff were usually on time. Two people told us they would like a rota so they knew which staff member were due and when. The registered manager told us they were able to send out rotas for people on request. Some staff told us they had enough time to travel between visits. Other staff told us they felt they didn't have enough time. The registered manager told us they used a live system which looked at what was happening in the local area to work out travel time. They said they would continue to monitor this.

- People told us they had good continuity of regular care staff. Comments included, "We seem to get regular staff, they talk to him nice and are encouraging" and "Staff are lovely." Most people felt staff were trained and experienced to meet their needs. Comments included, "We have two staff who are 'spot on'" and "99% of staff are brilliant." Three people commented that some staff were better than others. The registered manager told us regular staff spot checks had identified issues which were then resolved through additional training and supervision.

- Staff recruitment practices were safe. Checks such as a disclosure and barring (police) check, had been carried out before staff were employed. This helped to ensure they were suitable to work with people.

Preventing and controlling infection

- The provider had infection control and COVID-19 policies and procedures in place.

- People and their relatives confirmed staff followed good infection control practice in their homes. They said they felt safe and staff wore personal protective equipment (PPE) appropriately

- Staff had completed infection control training and additional training specifically relating to COVID-19. Some staff were not aware they needed to change their mask after every visit. During the inspection, the registered manager sent further information out to staff so they understood their responsibilities in relation to this.

- Infection control practice was observed to ensure staff were following guidance.

Learning lessons when things go wrong

- Where incidents had occurred, the registered manager had asked staff to attend additional training to minimise the risk of it happening again.

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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. 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

- Quality assurance systems were in place to assess, monitor and improve the quality and safety of the service. However, monitoring systems had not identified the issues found at this inspection in relation to care plans, risk assessments, and medicines management.
- For example, whilst some 'spot checks' of care were undertaken, there was no evidence of a formal process to assess staff's continued competency in administering medicines. The service had a medicines policy, although staff did not always follow this.
- Records relating to care provided to people were not complete. There was some conflicting information. This meant staff may not deliver people's care in a way that met their needs and kept them safe.
- There had been issues with the provider's electronic system. During the inspection, we identified a systems issue with the electronic medicines administration record (EMAR). The registered manager was not aware of this and took action to resolve the issue.

We found no evidence people had been harmed. However, the failure to operate effective systems to monitor the quality of the service and mitigate possible risks was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- When we identified issues during the inspection, the registered manager immediately started work on making improvements to the information in records.
- The registered manager told us arrangements were in place to change the electronic system to a different system.

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

- Most people told us the service was well managed. Comments included, "They seem very good" and "We are very pleased with them." Two people told us there had been some issues at the beginning, but these had been resolved. Two people told us their phone calls hadn't always been responded to. The registered manager told us there had been some issues with the phones, but this had now been resolved.
- People told us they would feel able to raise any concerns. Where concerns had been raised, people told us these had been dealt with quickly.
- Staff enjoyed their work. Comments included, "I really love what I am doing" and "It's so nice to meet all the people and you build up a genuine bond with them." Most staff felt supported in their role. Comments

included, "Management have been great. I have just phoned one of them if there is ever anything and nothing has been too much trouble and I find them absolutely perfect" and "always turns around and says thank you guys for doing all your support and that means so much to us as staff." One staff member felt support could be better.

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 CQC sets out specific requirements that providers must follow when things go wrong with care and treatment. This includes informing people and their relatives about the incident, providing reasonable support, providing truthful information and an apology when things go wrong. The provider understood the need to be open and honest with people and relatives.
- The provider was aware of their responsibilities to provide CQC with important information and had done so in a timely way.

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

- People and their relatives were asked to share their views about the service through regular home visits, telephone discussions and questionnaires. The latest feedback showed people were happy with the care delivered and how the service was managed.
- Staff told us they felt able to contribute their thoughts and experiences on the service. Staff meetings were held to discuss the running of the service and staff had the opportunity to share information and raise queries. Most staff spoke positively about communication within the service. They told us they were provided with information they required. Two staff felt communication could be improved.

Working in partnership with others; Continuous learning and improving care

- The service worked in partnership with key organisations including the local authorities that commissioned the service and other health and social care professionals to provide effective joined up care.
- A healthcare professional told us the service had communicated well with them. When an incident took place, the issue was quickly identified and actions taken to prevent it from happening again. This had worked well for the person involved.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations 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 will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Risks to people had not been assessed and action had not been taken to mitigate risks. Regulation 12 (2)(a)(b)(g)
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance People's records were not complete, accurate and up to date. Monitoring systems were not fully effective. Regulation 17 (2)(c)(f)