

Miss Nadene Maleka Davis

Vitalitycare and Support Services

Inspection report

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23 January 2019

05 February 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:

Vitalitycare and Support services is a domiciliary care service which is registered to provide personal care to people living in their own homes. At the time of inspection, 19 people were receiving care and support services.

People's experience of using this service:

Statutory notifications relating to two separate allegations of abuse had not been submitted to CQC as required.

People told us they felt safe. However, we found that where allegations of abuse had occurred, these had been dealt with internally to ensure people were safe but they had not been escalated to the local authority as per the provider's own and the local safeguarding policy. Risks to people had been assessed and staff had a good understanding of these risks and how to minimise them. People received their medication as prescribed. Staff demonstrated a good knowledge of types and signs of abuse and how to report concerns of abuse.

People were supported by staff who had the skills to meet their needs. People's consent was sought before providing support. Staff demonstrated a good understanding of the Mental Capacity Act 2005 and what this means for people. People's nutritional needs were met and people were happy with the support they received. People had access to healthcare professionals when required.

People told us staff were kind and caring in their approach. People's independence was maintained and encouraged. People's privacy and dignity was respected. People were communicated with in their preferred way.

People's needs were assessed and reviewed on a regular basis with them and their family. People's care records were person centred and included their likes, dislikes and personal history. People and relatives felt confident raising concerns and where complaints had been raised, they had been dealt with appropriately.

The provider had made improvements in relation to their quality assurance systems and actions had been implemented as a result of errors being identified. Staff, people and relatives spoke positively about the registered manager and provider.

Rating at last inspection:

At the last inspection the service was rated Requires Improvement (25 October 2017). The rating of this service has remained the same. This is the second time that the service has been rated as requires improvement.

Why we inspected:

This was a planned inspection which took place on 22 and 23 January and 05 February 2019. At the last inspection the service was not meeting the regulations and they were required to send us an action plan.

Enforcement:

Full information about CQC's regulatory response to the more serious concerns found in inspections is added to reports after any representations and appeals have been concluded.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received 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 responsive

Details are in our Responsive findings below.

Good ●

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. 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. The expert's area of expertise was older people and dementia.

Service and service type:

Vitalitycare and Support Services is a domiciliary care service.

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 24 hours' notice of the inspection site visit because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

We visited the office location on 22 January 2019 to see the manager and office staff; and to review care records and policies and procedures. The second day of inspection was used to contact people who use the service and their relatives and the third day was used to contact staff for their feedback.

What we did:

When planning our inspection, we reviewed any information we had received about the service. We also contacted the local authority for feedback about the service. We used this information to help us decide what areas to focus on during the inspection.

During the inspection, we spoke with the registered provider, the registered manager, one office staff and seven care staff. We also spoke with five people who used the service and two relatives. We looked at five people's care records to see how their care and support was planned and delivered. We also looked at medicine records, staff recruitment and training files, policies and procedures and the provider's quality monitoring systems.

Is the service safe?

Our findings

At our previous inspection on 07 and 15 September 2017 we rated the service under this key question as 'requires improvement' due to concerns we identified. The concerns were regarding safe recruitment processes and people receiving their medication and as a result the provider was in breach of Regulation 19 and 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, we found these required improvements had been made and the provider was no longer in breach of these regulations. However, we found that the provider was in breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 due to not following their own and the local safeguarding policy and procedures.

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

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.

Systems and processes to safeguard people from the risk of abuse

- The provider had safeguarding policies and procedures in place and staff demonstrated a good understanding of how to spot signs of abuse and how to report concerns both within the organisation and externally. One staff member said, "If I was worried, I would report it the manager and if I thought something wasn't being done, I would contact you [CQC]."
- However, we found that where allegations of abuse had been raised, the provider had not followed their own or the local safeguarding policy by referring the allegations to the police and local safeguarding team to investigate. The provider completed their own investigation but this was not robust due to not being completed by the local authority. The provider informed this was an oversight and acknowledged the need to develop their knowledge.

The provider had failed to protect the person from immediate harm; this was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- People told us they felt safe and were happy with the support they received. One person told us, "I do feel safe with them [staff], they make me feel very comfortable with them."

Staffing and recruitment

- At our previous inspection we found the recruitment processes required improvement as staff had been able to start their employment prior to their Disclosure and Barring Service (DBS) check being completed. DBS checks help providers reduce the risk of employing staff who are potentially unsafe to work with vulnerable people.
- At this inspection, we found the required improvements had been made. We checked recruitment records and saw that the appropriate checks had been carried out prior to the staff member starting work at the service.

- We received mixed responses in relation to whether people felt there were enough staff to meet their needs. People told us that whilst staff had never missed a call, they were often late. One person said, "I don't think they have enough staff, they can be late."
- We discussed this with the provider who advised they are aware there are some issues with late calls due to staff having travel problems which is being dealt with by supporting these staff where needed and letting people know if a staff member was running late. The provider used audits to monitor late calls and where there was a regular late call, this was addressed with the staff member and discussed with the person and their relative where required.

Assessing risk, safety monitoring and management

- Individual risks to people were assessed and staff we spoke with were knowledgeable about how to minimise risks to people. For example, for people that were at risk of developing sore skin, staff explained how they would ensure they provided pressure relief, apply creams and follow advice from health professionals.
- People's risk assessments included what the risks were, what triggers may be and how to minimise these risks. People confirmed that they were supported to ensure their safety when moving around the home. One person told us, "I use a walker to walk around and they [staff] make sure I am safe when I use it. No rugs to trip over things like that."

Using medicines safely

- At our previous inspection, we found that people's medication was not given as prescribed and had not been recorded accurately on their Medication Administration records (MARs).
- At this inspection we found improvements had been made. People received their medication as prescribed. Staff told us they felt confident providing support with medication and had been trained to do so. Staff explained how they recorded what people had taken on their MAR and any concerns or changes were recorded and reported to the office.

Preventing and controlling infection

- People were protected from the risk of infection because staff had access and wore personal protective equipment (PPE). People and relatives', we spoke with confirmed that staff wore gloves and aprons when required.

Learning lessons when things go wrong

- Lessons were learnt and shared when incidents or errors had occurred. For example, staff meeting minutes documented discussion around medication recording errors and following concerns being raised, staff members had been spoken to in meetings when required. The provider told us and staff confirmed that when there had been any areas highlighted for improvement, they were either spoken to at the office or received emails, messages or phone calls.
- However, as safeguarding incidents had not been reported to the local authority, we could not be sure that all lessons and recommendations for the service had been identified and learnt from.

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

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 and their relatives had been involved in their initial assessment of their needs prior to using the service and records showed that they were updated when their needs changed.

Staff support: induction, training, skills and experience

- People were supported by staff who had the skills to meet their needs. People and relatives told us they thought staff were competent and supported people safely. One person said, "I do think they [staff] are trained well. They [staff] look after me very well and are good at their job". A relative told us, "Yes [person's name] uses a hoist to transfer and they [staff] always use it safely and competently."
- Staff told us they completed an induction when they first started which they found useful. This included shadowing a more experienced member of staff first to ensure they were ready to support people on their own. People we spoke with confirmed this and explained that when new staff started, they were introduced to them by one of their regular, experienced carers first.

Supporting people to eat and drink enough to maintain a balanced diet; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Where required, people were supported with their meals and drinks to ensure they maintained their nutritional needs. People and relatives told us they were happy with how this worked and did not have any concerns. One person said, "They do get my dinner ready for me...it is usually a meal to heat up and I choose what I fancy."
- We saw that where required, referrals had been made to the appropriate professionals. For example, records showed that one person had started coughing when drinking and had therefore seen the speech and language therapist (SALT) team for an assessment of their nutritional needs.
- People and relatives', we spoke with confirmed that staff contacted healthcare professionals and supported people to make their own appointments when required. One relative explained, "They [staff] will leave messages for the district nurse and they do work with them."

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 with appropriate legal authority.

- We checked whether the service was working within the principles of the MCA. Staff had a good understanding of this legislation and the importance of gaining consent from people before providing support. One staff member explained how they would support someone who could not verbally communicate to make decisions and gain their consent. They told us, "You should always ask them [people], give them a choice...if they cannot tell me, I would use body language, look at their face, show them or get them to write things down."

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

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 told us staff were kind and caring in their approach and they felt they had a good relationship with them. One person said, "I do think they [staff] are very kind...they always ask if there is anything more I need things like that," and another person told us, "They [staff] are caring, nothing is too much trouble for them."
- Staff told us they supported the same people on a regular basis and so had a good relationship with them and knew them well.

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

- People and relatives told us that they were given choices and their preferences were respected. One person told us, "I choose what I want to eat, drink and wear." A relative explained, "Yes [person's name] was asked and said they only want female carers. They have respected that and only send ladies."
- Staff we spoke with demonstrated they understood the importance of ensuring people were able to make their own choices regarding their care and support.

Respecting and promoting people's privacy, dignity and independence

- People were supported to be as independent as possible. Staff explained how they promoted people's independence by ensuring they were aware of what the person could do for themselves encouraging this and providing support where required. One staff member stated, "I find out what they can do and then help them to do that, like cutting up their food so they can eat on their own."
- People and relatives told us that staff respected their privacy and dignity and staff demonstrated they understood how to ensure this was done and the importance of this. One person said, "Yes they [staff] are very respectful towards me." A relative explained, "They [staff] are very respectful in the way they speak to [person's name] and very considerate of their dignity when using the commode or washing them."

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

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

- People's needs had been assessed and reviewed with them and their relatives. Records we viewed showed that care plans were person centred and included people's likes, dislikes, preferences and personal history. We saw that where reviews had taken place, the person's input into what they were happy or unhappy with had been recorded and changes to their care plan had made as a result. For example, adding in extra calls where people felt it was needed or moving call times around.
- Staff we spoke with confirmed they had access to people's care plans and found them useful and informative. One staff member said, "The care plans are always up to date, available and everything you need is there."

Improving care quality in response to complaints or concerns

- People and relatives told us they had not needed to make a complaint or raise concerns but knew how to and would feel comfortable doing so.
- The provider kept a record of both verbal and written complaints. We saw that these were acted on appropriately by responding to the concern and reporting back to the complainant with the outcome in an open, honest and timely way.

End of life care and support

- The service was not currently supporting anyone who was receiving end of life care. However, we saw that people's care records included information about how the service would support them if they were receiving end of life care. We saw that as part of the person's assessment and reviews, this was discussed with the person if they felt comfortable talking about it.

Is the service well-led?

Our findings

At our previous inspection on 07 and 15 September 2017, we rated the service as requires improvement in this key question and found the provider was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the provider's quality assurance systems were under developed and ineffective. At this inspection we found the required improvements had been made and the provider was no longer in breach of this regulation. However, we found the provider had failed to notify of us allegations of abuse and therefore they were in breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

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

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- A Registered manager was in post and was present on the day of the inspection site visit. The registered manager and provider had not appropriately submitted notifications to the Care Quality Commission (CQC). The provider is legally obliged to send us notifications of allegations of abuse, as well as death notifications, outcomes of DoLS applications and serious injuries. At this inspection we identified two allegations of abuse which should have resulted in a notification to the CQC but which had not been completed. We asked the provider about these. They told us that as they had dealt with the allegations internally by completing their own investigation and because no harm had come to the people involved, they did not think a notification was required. They advised that in hindsight, they could see they should have notified CQC and would do so in future.

This was a breach of Regulation 18: Notification of other incidents (Registration) Regulations 2009.

- The provider had developed and improved their quality assurance systems since our last inspection. We saw they were completing audits for medication, daily care records and spot checks of staff's practice. As a result, actions had been implemented to improve the quality of the service for people. For example, where spot checks had been completed and areas for improvement identified, supervision or a discussion had been held with the staff member to support the staff member to develop.
- Staff confirmed regular spot checks took place and they were given helpful feedback for areas where they could develop their practice.
- The provider explained how they used the daily care records to audit late and missed calls. for example, taking action by speaking with the person using the service and staff members if the same call was late on numerous occasions.

Planning and promoting person-centred, high-quality care and support; and how the provider understands

and acts on duty of candour responsibility

- The service promoted person centred and high- quality care. People had been involved in their care planning and reviews and had access to their care records.
- People and relatives spoke positively about the service, explaining they felt it was well-led and would recommend the service. One person said, "Yes definitely, I would recommend them."
- We discussed this with the provider and they advised, it was something they were aware of and were addressing by looking at staffing levels, recruitment and continuing their audits of the daily care records.
- Staff told us they felt supported in their role and found the registered manager and registered provider helpful and approachable.

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

- The provider engaged with people through regular phone calls and reviews of their care. We saw that people's feedback had been sought as part of their review.
- The provider told us of plans to implement people and relative surveys to gain feedback but these had not yet been put in place. The provider told us and records confirmed that although this was not yet implemented, they ensured they gathered people's feedback during reviews and that they often had people call to raise issues which were dealt with timely and appropriately.

Continuous learning and improving care

- The provider and registered manager also completed care calls when required so felt that this was a good way of keeping their training and knowledge current. The provider also informed they attend the same and additional training to the staff members.
- The provider acknowledged that due to failing to submit notifications and follow their own and local safeguarding policies and procedures, they needed to refresh and develop their knowledge and skills in these areas.

Working in partnership with others

- The provider told us, they worked closely and felt they had a good working relationship with local GP practices, pharmacies and district nurses.

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	<p>Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>The provider had failed to follow their own and the local safeguarding policies and procedures by reporting allegations of abuse to the local authority.</p>