Vantage Care Services Ltd

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Inspection report

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Date of inspection visit:
29 January 2018

Date of publication:
06 March 2018

Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on 29 January 2018 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 someone would be in. The last inspection undertaken was a focused inspection on 6 July 2017. That inspection was to follow up if improvements had been made with the key questions of Safe and Well-led from a comprehensive inspection conducted on 24 February 2016. The July 2016 focused inspection found improvements had been made however we could not improve the rating at that time as a rating of good requires consistent practice over time.

Vantage Care Services Ltd is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. At the time of the inspection it was providing a service to 20 people.

There was a registered manager at the service at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

People and their relatives told us they felt the service was safe, staff were kind and the care received was good. We found staff had a good understanding of their responsibility with regard to safeguarding adults from abuse.

Risk assessments were in place which provided guidance on how to support people safely. Medicines were managed in a safe manner. There were sufficient numbers of suitable staff employed by the service in order to meet people's needs. Staff had been recruited safely with appropriate checks on their backgrounds completed.

Person centred support plans were in place and people and their relatives were involved in planning the care and support they received.

Staff undertook training and received regular supervisions to help support them to provide effective care.

Staff we spoke with had a good understanding of the Mental Capacity Act 2005 (MCA). MCA is law protecting people who are unable to make decisions for themselves. People who had capacity to consent to their care had indicated their consent by signing consent forms. However, where people lacked capacity to consent to their care the provider had not followed the principles of the Mental Capacity Act (MCA) 2005. We have made a recommendation about following the principles of the MCA.

The provider respected people's cultural and religious needs when planning and delivering their care. Discussions with staff members showed they respected people's sexual orientation so that lesbian, gay, bisexual, and transgender people could feel accepted and welcomed in the service.

The provider had a complaint procedure in place and people and their relatives knew how to make a complaint.

Staff told us the registered manager was approachable and open. The service had various quality assurance and monitoring mechanisms in place to improve the quality of care delivery.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe. Staff were able to explain to us what constituted abuse and the action they would take to escalate concerns.

Risk assessments were in place which set out how to manage and reduce the risks people faced.

Medicines were administered safely and staff maintained accurate records.

Staff were recruited appropriately and adequate numbers were on duty to meet people's needs.

People were protected by adequate infection control measures.

Is the service effective?

Requires Improvement

The service was not always effective. The provider had not consistently applied the principles of the Mental Capacity Act 2005.

Staff had received the training and support they needed to perform their roles.

People's needs had been assessed and care was planned in a person-centred way.

People were supported to eat and drink in line with their preferences.

The service worked with other services and healthcare professionals involved in people's support.

People were supported to have their routine healthcare needs met.

Is the service caring?

Good

The service was caring. People who used the service told us staff treated them with dignity and respect.

People and their relatives were involved in making decisions about the care and the support they received.

Is the service responsive?

Good

The service was responsive. People's needs were assessed and care was planned in line with the needs of individuals. People and their relatives were involved in planning their own care.

The service had a complaints policy and complaints were resolved in line with the policy.

Staff members showed they respected people's sexual orientation so that lesbian, gay, bisexual, and transgender people could feel accepted and welcomed in the service.

The service had clear systems in place to ensure people received appropriate care at the end of their lives.

Is the service well-led?

Good

The service was well-led. The service had a registered manager in place. Staff told us they found the registered manager to be approachable and there was an open and inclusive atmosphere at the service.

The service had various quality assurance and monitoring systems in place.

Vantage Care Services Ltd

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 29 January 2018 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 someone would be in. The inspection team consisted of one inspector.

Before we visited the service we checked the information we held about the service and the service provider. This included any notifications and safeguarding alerts. A notification is information about important events which the service is required to send us by law. The inspection was informed by feedback from professionals which included the local borough contracts and commissioning team that had placed people with the service, and the local borough safeguarding adult's team. We reviewed the information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

Before the inspection we spoke with seven people who used the service and three relatives. During our inspection we spoke with the registered manager, the care supervisor, the care coordinator, and three care workers. We looked at six care files, four staff files which included supervision records, appraisals and recruitment records, a range of audits, minutes for various meetings, three medicines records, accidents and incidents records, training information, policies and procedures, and complaint information.

Good

Is the service safe?

Our findings

People who used the service and their relatives told us they felt the service was safe. One person said, "I feel safe with the carer." A second person told us, "I feel safe because they're protective of me." A third person told us, "I feel safe because they [staff] put my best interests at heart and they take care of my care seriously and they wouldn't do anything detrimental." A relative said, "I feel safe with the carer who looks after my [relative]."

Staff knew what to do if there were any safeguarding concerns. They understood what abuse was and what they needed to do if they suspected abuse had taken place. Staff told us they would report any witnessed or suspected abuse to the registered manager. All staff had received up to date training in safeguarding adults from abuse. The organisation's safeguarding and whistleblowing policies and procedures were also contained in the staff handbook which was given to all new members of staff when they first joined the service. One staff member told us, "I would report to the manager." A second staff member said, "I would call my manager and let them know the situation. I would tell the social worker." Staff were aware of their rights and responsibilities with regard to whistleblowing.

Records showed there had been two safeguarding incidents since the last inspection. The registered manager was able to describe the actions they had taken when the incident had occurred which included reporting it to the Care Quality Commission (CQC) and the local authority safeguarding team. This meant that the provider reported safeguarding concerns appropriately.

People's care files included risk assessments which had been conducted in relation to their support needs. Risk assessments covered areas such people's health needs, mobility, medicines, personal care, communication, nutrition, moving and handling and daily living skills. Most risk assessments were specific to the individual and included information for staff on how to manage risks safely. For example, one person was assessed as being at risk of absconding. The risk assessment gave guidance about how to support this person at home and in the community to ensure their safety. Some risk assessments lacked some detail about how to mitigate risks however in people's care plans more detailed guidance was available. Staff we spoke with were familiar with the risks that people presented and knew what steps were needed to be taken to manage them.

Accident and incident policies were in place. Accidents and incidents were documented and recorded and we saw instances of this. We noted incidents were responded to in a timely fashion and outcomes and actions taken were recorded. The service had one incident since the last inspection, whereby a person sustained an injury. As a result the person's risk assessments and support plans were updated to support them more safely. Records confirmed this. There had been no further incidents for this person. This meant the service learned from incidents and put procedures in place for prevention.

People were happy with the support they received with their medicines. One person told us, "They do help me with meds." Another person said, "They [staff] make sure I take my tablets. They give them to me from my dosette box." A dosette box separates medicines into individual compartments for different times of the

day for each day of the week. For people who needed support to take their medicines information had been included in their plan of care. This information also included the strength and dosage, and how to administer medicines that were prescribed on a 'when required' basis (PRN). PRN medicines are to be taken as needed instead of on a regular dosing schedule. All staff spoken with had completed training in the administration of medicine. Staff told us that if they had any concerns about medicines, for example a change of prescription they would discuss this with the individual they were supporting and their family members and raise it with the office team. Medicines administration record records (MAR) were appropriately completed and signed by staff when people were given their medicines. MAR were returned to the provider's office every month and audited. Records confirmed this. This meant people were receiving their medicines in a safe way.

Through our discussions with the registered manager, staff, relatives and people who used the service, we found there were enough staff to meet the needs of people who used the service. Staffing levels were determined by the number of people using the service and their needs, and could be adjusted accordingly. One person told us, "[Staff] always turn up on time." A second person said, "It's been very rare that staff haven't attended but if it does happen they send someone else." A third person told us, "They normally call me to say if late, but it's very rare. I presume they have enough staff." A relative said, "The carer tells my [relative] when she's on holiday and he'll have a replacement. Always provided a replacement."

The service had an out of hours on call system shared between the registered manager and the office team. A staff member told us, "We have an out of hour's number." Each person had the out of hour's number available to them in their home. One person told us, "I've got a number in a folder." This meant staff and people who used the service could get assistance, advice and support if needed outside of office hours.

The provider followed safe recruitment practices. Staff recruitment records showed relevant checks had been completed before staff worked unsupervised at the service. We saw completed application forms, proof of identity, references and Disclosure and Barring Service (DBS) checks. The DBS is a national agency that holds information about criminal records. One staff member said, "I gave [the service] references and they did a DBS." This meant the provider had done all that was reasonable to ensure people were suited to working in the caring profession.

Records showed staff had completed training on infection control. Staff had access to policies and guidance on infection control. Staff told us supplies of protective clothing were available which included gloves, aprons and shoe covers. One staff member told us, "We have hand gel, gloves and shoe covers." Another staff member said, "You get [protective clothing] from the office." This meant people were protected from potential cross infection.

Requires Improvement

Is the service effective?

Our findings

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act 2005. Domiciliary care services must apply to the Court of Protection for legal authorisation to deprive a person of their liberty.

The registered manager and staff had an understanding of the MCA and how the act should be applied to people living in their own homes. Staff explained how they supported people to make choices about their daily lives. Staff also told us they spoke with people who used the service and family members to get an understanding of people they supported and their likes and dislikes. Records showed people had been involved and consulted about various decisions and had confirmed their agreement with them. One staff member told us, "For example I will ask them [people who used the service] before I change a pad. I don't force them but I will explain." Another staff member said, "Sometimes they can't make some decisions but I still need to speak to them. I definitely get their permission." One person told us, "They [staff] always ask before they do something. They always ask permission."

People's rights to make decisions were documented in the planning of their care. Records showed consent to care forms were signed by the person receiving a service. Useful information about people's preferences and choices was recorded. However we saw one person was unable to sign documents and the relative had signed on their behalf. There were no records that the relative had a Lasting Power of Attorney (LPA). In order for a relative to consent they must be a legally appointed decision maker. The registered manager acknowledged this relative was not authorised to consent on their family member's behalf.

We recommend the service seeks and follows best practice guidance from a reputable source on ensuring it adheres to the principles of the MCA.

People and their relatives told us they were happy with the service they received and felt staff had the skills and experience they needed to provide them with effective care and support. One person said, "[Staff member] does a good job for me. I can't complain." Another person told us, "They're [staff] good at their jobs because they respond to my needs." A third person said, "Carer is good at the job and she does what she has to do." A relative told us, "The carer does a wonderful job. I couldn't complain about anything that she does."

Before a person started to use the service a senior staff member would carry out an assessment of their needs, before an agreement for placement was made. This was carried out to ensure that the service could meet the person's needs. Records showed that an assessment of their needs had been carried out before

they came to stay at the service. Information was obtained from the pre-admission assessment, and reports from health and social care professionals had been used to develop the person's care plan. One person told us, "I had a say in what I wanted." Another person said, "At the beginning of my care, a senior member of staff came and we spoke about how the care was to be done and how the carer interacts with me." A third person said, "I've only been on system less than a month. Someone came to assess my needs. Care plan put into place and servicing my needs." This helped staff to ensure that people received individualised care and support which took account of their wishes and preferences.

Staff were trained and supported to have the right skills, knowledge and qualifications necessary to give people the right support. A staff member told us, "They [office] call about training. They do safeguarding, health and safety, and fire training. It's in a classroom. Get offered [training] every six months." Another staff member said, "They [office] let me know about training." Staff we spoke with confirmed that they had received all of the training they needed. The training matrix and staff files we looked at confirmed that staff had received training for their role which would ensure they could meet people's individual needs. This included training in topics such safeguarding, equality and inclusion, food hygiene, infection control, challenging behaviour, health and safety, medicines, first aid, fire awareness, dementia awareness, moving and repositioning, end of life care, duty of care, privacy and dignity and mental capacity awareness.

New staff joining the service completed the care certificate. The care certificate is a recognised qualification that ensures that staff have the fundamental knowledge and skills required to work in a care setting. When new staff joined the service they completed an induction programme which included shadowing more experienced staff. One staff member said, "Induction involved how to do personal care and manual handling. I shadowed for about two days."

Staff received regular supervision and we saw records to confirm this. Record showed topics including looking at training, record keeping, whistleblowing, safeguarding, finances and medicines. The provider had a supervision policy that stated staff would receive office based supervision and observational supervision. Observational supervision involved a staff member observing a care worker carrying out their normal duties. Staff members and records confirmed this was being completed regularly. One staff member said, "I did one recently. [Office staff member] talked about any issues with clients, if I am happy working with service users and the company, and where I need to improve." Another staff member told us, "We talk about the care work and the support for service user. They ask if you are not happy."

People and their relatives told us they were well supported with meal preparation. One person said, "They [staff] cut it [food] up for me as I can only use right hand. They make sure that I eat something when I don't want to." A second person told us, "[Staff member] make my breakfast and lunch with no problem at all." A relative said, "Carer helps feed my [relative]. Will heat food up and make toast." People and their relatives told us care staff knew people's preferences with food and this was reflected in care records.

Good

Is the service caring?

Our findings

People and their relatives told us they were well treated and the staff were caring. One person told us, "The carer is very caring. [Staff member] treats us like one of the family and it doesn't seem to her that it's just a job. Two of the carers went to my [relative's] funeral. I couldn't go so they represented me at my [relative's] funeral." The same person said, "The carer comes in and chats. I treat her like a friend. She acts like a friend." A second person said, "They [staff] are caring. It's just their attitude. They laugh all the time." A third person told us, "When carers get here we spend ten minutes talking about things to be done and they just get on with it. We talk about life things. They know what I need." A fourth person said, "When I'm upset [staff member] talks to me. [Staff member] smiles and it makes me feel better."

Staff told us that the people they supported had been with them for long periods of time so they knew them well. Staff spoke in a caring way about people they supported and told us that they enjoyed working at the service. One staff member said, "[People who used the service] are lovely to work with. Sometimes I don't want to go on holiday. I want to look after them. We are family." Another staff member told us, "It's interesting supporting people and bringing them out of their shell and give them a life."

Support plans contained detailed information about people's communication needs and preferences. This helped give staff the information they needed to build rapport with people in order to establish positive relationships with them. For example, one support plan stated, "I understand verbal communication. It takes some time to get to know my communication and this can be challenging for support staff at first. I'm very helpful and will show you what I want [by] using flash cards and pointing. I also respond to questions with yes and no very well." The provider continued this supportive approach in the way they introduced care workers to the people they cared for. Staff confirmed they visited people and completed shadowing before being allocated to work with people on a permanent or replacement basis. Care plans captured if people had a preference for care workers of a specific gender and records showed this was respected.

Support plans also contained information about people's background and personal history. For example, there were details about where people lived, their family history and other activities they were currently engaged with. There was information about people's interests.

People told us their privacy and dignity were respected. One person said, "[Staff] are very respectful and I'm very happy." A second person told us, "I told them [staff] that I appreciate what they do because they do everything with dignity. They're part of my family." Staff we spoke with gave examples about how they respected people's privacy. One staff member told us, "I close the door when I am giving a wash. I will tell them what I am going to do before I touch them." A second staff member said, "I will ask them if they want me to come in [to their home]. I will ask them when they want me to change their bedspread." A third staff member said, "I don't talk about [people who used service] lives. I keep their privacy. That's important."

The provider promoted people to live as independently as possible. Staff gave examples about how they involved people with domestic tasks and doing certain aspects of their own personal care to help become more independent. This was reflected in the support plans for people. For example, one support plan stated,

"Support staff need to prompt me when it comes to selecting clean clothes. I can do my own laundry but I need to be prompted." One staff member told us, "I have one client and I try to let him do his laundry. I want to keep him busy to help him to stay independent." Another staff member said, "I say to [person] to run a bath before I come in. They do it themselves."

Good

Is the service responsive?

Our findings

People and their relatives told us the service was responsive to people's needs. One person said, "The carer is very responsive." A second person told us, "All I have to do is call them and if it's urgent they come quickly." A third person said, "[Staff] go above and beyond with what they have to do."

Support plans contained detailed information and clear guidance about all aspects of a person's health, social and personal care needs, which helped staff to meet people's individual needs. The support plans covered personal care, sleeping routines, dressing, medicines, support with health appointments, behaviours that can challenge food and drinking preferences, finances, mental health, accessing the community family, culture and spiritual needs, mobility, and sexuality and relationships. The support plans were person centred. For example, one person had specific spiritual needs. The support plan stated, "I'm a [specific spiritual faith]. I don't go to [place of worship] at the moment however I do pray in the house. So every time the carer comes to visit me they need to take their shoes off before they come in. It is a respect to my religious beliefs."

People's care and support was planned proactively with them and the people who mattered to them. Relatives were fully involved, where appropriate, in identifying people's individual needs, wishes and choices and how these should be met. They were also involved in regular reviews of each person's care plan to make sure they were up to date. Records confirmed this. One person said, "[Senior staff member] has been here two to three times within a year and they're coming again." Another person told us, "[Senior staff member] has been twice to see how I was getting on." Detailed support plans enabled staff to have a good understanding of each person's needs and how they wanted to receive their care.

People's cultural and religious needs were respected when planning and delivering care which included specialised food preparation. Discussions with staff members showed they respected people's sexual orientation so that lesbian, gay, bisexual, and transgender people could feel accepted and welcomed in the service. The registered manager told us, "We would start with an initial assessment and how they want the service to suit them and let them choose the carers they would like. You respect what they want." A staff member told us, "I would respect them. I would not discriminate." Another staff member said, "I would respect that person."

The provider had a system in place to log and respond to complaints. There was a complaints procedure in place. This included timescales for responding to complaints and details of who people could escalate their complaint to if they were not satisfied with the response from the service. The complaints procedure was contained in the service user handbook which was given to all new people when they first joined the service.

Most people and their relatives were aware of how to make a complaint. One person told us, "I've got all the details to complain so I know what to do." All the people and relatives we spoke with told us they had never had cause to make a complaint. Records showed the service had received one complaint since the last inspection. We found the complaint was investigated appropriately and the service had provided a

resolution for the complaint in a timely manner.

At the time of our inspection the service did not have any people receiving end of life care. The provider did have an end of policy for people who used the service. The policy was appropriate for people who used the service. End of life care training was provider for staff. Records confirmed good staff attendance. One staff member said, "I would encourage [people who used the service], show love, and talk to them. Anything they want I would try and support them." Another staff member said, "I would have to give extra support. We do training on end of life."

Good

Is the service well-led?

Our findings

Most people who used the service and their relatives told us they had regular contact with the registered manager and the office staff. One person told us, "The manager is lovely." A second person said, "The manager is awesome. Very efficient." However four out of the ten people we spoke with did not know who the registered manager was. One person told us, "I'd like to see management more often." This meant people had a mixed experience of the availability of the registered manager.

People's feedback regarding the service was very positive. One person said, "They [staff] always turn up on time, never leave me unaided and always keep me informed. I'm very happy with service." A second person told us, "What they do well is supply good staff." A third person said, "Everything is done well. I'm so happy."

There was a registered manager in post. Staff spoke positively about the registered manager. They said they felt comfortable raising concerns with them and found them to be responsive in dealing with any issues raised. One staff member told us, "She's good. She wants the best for the company. She wants [people who used the service] to have the best." A second staff member said, "She likes to support carers. Any issues she is there for us. She is very nice. I love the company and they give the support." A third staff member told us, "She's nice. I've been working here for a long time. I'm pleased with her." A fourth staff member said, "I like her. The office staff are very supportive."

Staff meetings were held regularly. Topics of meetings included medicine records, risk assessments, appraisals, supervision, training, care plan reviews and report writing. One staff member said, "[Office staff] call us in for staff meetings," A second staff member told us, "Meetings are every three months. [Discuss] how we are doing, what our needs are."

The service involved people and their relatives in various ways and sought feedback on the service provided. This included regular reviews with people and relatives, and an annual survey. Spot checks included visiting people in their home and telephone calls to people and their relatives. The spot checks topics included communication, time keeping, respect and dignity, health and safety, care records, personal protective equipment, medicines records and complaints. One person told us, "Spot checks have been done a couple times. They look round the house and observed carers." A relative said, "[Office staff] have been there [relative's home] twice [to spot check]."

The quality of the service was also monitored through the use of annual surveys to get the views of people who used the service and their relatives. The last annual survey was conducted in October 2017. Records showed 43 surveys were sent out and nine were returned. One person said, "Yes, I have received surveys." Another person told us, "They call me [regarding] surveys and ask if any problems." The questionnaire for people who used the service and their relatives included questions about safety, personal protective equipment, competency of the care staff, respect and dignity, spot checks being completed by office staff, and communication with office staff. Returned surveys were positive. Comments included, "since [relative] has started having a carer she is more happy and confident", and "[person who used service] is very happy with [staff member] and also very happy with [replacement staff member] whilst he was on leave."

The service carried out an annual internal audit that was conducted by operational staff. The registered manager told us aspects of the service that were audited, for example training, staffing and the views of people using the service. The registered manager advised us that the report for the audit was pending at the time of the inspection.

Records showed the service received feedback and updates from other services involved in supporting people, for example social services, district nurses and mental health teams. This information was contained within the care files and ensured that the service was working together with other professionals involved in people's care.