

VIRTUS CARE LTD

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Inspection report

58 Lancaster Road
London
W11 1QR

Tel: 07725980827

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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

Virtus is a domiciliary care agency. At the time of the inspection, the service was providing support to one person.

CQC only inspects services where people receive personal care. This is 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

Risk assessments were not always identifying the more complex aspects of people's care or being reviewed when changes to people's health occurred.

Despite the above shortfall, people told us they felt safe and trusted the staff providing care and support.

People's care plans were person-centred and their choices were respected in relation to all aspects of their care.

Staff supported people to do the things they wanted to do and promoted people's independence where appropriate.

Staff supported people to take their medicines safely where this formed part of an agreed package of care.

People's privacy and dignity was maintained.

The provider met people's nutritional needs.

The service worked in partnership with other professionals to optimise people's health and well-being.

The provider had policies and procedures in place including an appropriate complaints procedure.

Safe recruitment processes were being followed to ensure staff were suitable for their roles.

The provider had quality monitoring systems in place but these were not always identifying the shortfalls we found during our visit.

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 registered with us on 14 September 2018 and this is the first inspection.

Why we inspected

This was a planned inspection.

Enforcement

We have identified a breach of the regulations in relation to safe care and treatment at this inspection. Please see the action we have told the provider to take at the end of this report.

Follow up

We have made a recommendation in relation to governance of the service and told the provider they must take action to improve the service. We will ask the provider to send a report of actions on how they will make changes to ensure the service improves their rating to at least Good.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Not all aspects of the service were 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?

Aspects of the service were not always well-led.

Details are in our Well-led findings below.

Requires Improvement ●

Virtus Care LTD

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 carried out by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes.

Notice of inspection

This inspection was announced. We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 1 August 2019 and ended on 6 August 2019. We visited the office location on 1 and 2 August 2019.

What we did before the inspection

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 judgements in this report. We looked at information we hold about the service such as notifications of events and registration information. We used this information to plan our inspection.

During the inspection

We spoke with the registered manager and reviewed a range of records. This included one person's care records and related documentation. We looked at records for two members of staff in relation to

recruitment, training, supervision and appraisal. We reviewed policies and procedures and other records relating to the management of the service.

After the inspection

We spoke with one person using the service and two members of care staff. We contacted a quality monitoring representative and gained their feedback about aspects of the service.

Is the service safe?

Our findings

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

This was the first inspection of this service. We rated this key question Requires improvement.

This meant some aspects of the service were unsafe. There was a risk that people could be harmed.

Assessing risk, safety monitoring and management

- The provider assessed individual risks to people in relation to skin integrity, medicines compliance, behaviours that challenge, choking, and risks presented by the home environment including risk of fire. However, risk assessment processes were not always identifying, assessing, monitoring and mitigating the more complex aspects of people's care.
- Risk assessments were not always being reviewed and updated to reflect people's changing healthcare needs. For example, one person's risk assessment had not been updated following significant changes to their health status after a stay in hospital.
- The registered manager told us that they were currently crushing one person's medicines before administering via a PEG. At the time of our inspection, we did not see appropriate guidance in place to evidence that this had been discussed and agreed with the person's GP and prescribing pharmacist. We requested and have since received information from the registered manager to demonstrate that these medicines are being administered safely and as prescribed.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Preventing and controlling infection

- The provider had an infection control policy and related procedures in place.
- The registered manager told us she supplied staff with disposable gloves and aprons as and when needed.
- Staff understood the importance of using appropriate protective clothing to manage and minimise the spread of infections.

Using medicines safely

- The provider had a medicines policy and related procedures in place and staff were required to complete medicines training before providing support with this task.
- Care records contained a comprehensive list and photographs of people's current medicines for guidance and information purposes.
- The names of people's medicines were written on medicines administration records (MARs). MARs we reviewed were completed appropriately with clear explanation given where medicines had been declined.

Systems and processes to safeguard people from the risk of abuse

- Staff were familiar with the provider's safeguarding policy and related procedures. Staff told us they would report any concerns to their manager and other agencies if they suspected or witnessed abuse in any form.
- Staff were familiar with the provider's whistleblowing policies. Whistleblowing is when a worker reports suspected wrongdoing at work. A worker can report things that are not right, are illegal or if anyone at work is neglecting their duties, including if someone's health and safety is in danger.

Staffing and recruitment

- Staff records included evidence that pre-employment checks were carried out before new staff were appointed and commenced employment. This included requests for employment references, Disclosure and Barring Service (DBS) checks and confirmation of identity. A DBS check is when the Disclosure and Barring Service complete a criminal record check and ensure that people are not barred from working with vulnerable adults or children. However, we noted and brought to the attention of the registered manager that employment references sent by email lacked company stamps/logos and the full professional title of referees.

Learning lessons when things go wrong

- Staff understood their responsibility to report and record any accidents, incidents, events, complaints and concerns.
- The provider reviewed incidents to ensure all necessary steps were taken to minimise repeat occurrences. This included carrying out investigations and making referrals to other agencies and healthcare providers.

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.

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

This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Each member of staff was given a handbook which outlined the provider's key principles, values and service objectives.
- The registered manager told us and staff confirmed they completed the care certificate as part of their induction.
- Staff were supported via a system of on-going observation, supervision and appraisal. A member of staff told us the registered manager was "very supportive" and had made them "feel very calm and relaxed" during their period of shadowing.
- The provider used a computerised system to identify which members of staff had completed mandatory and supplementary training courses. We noted that staff had yet to complete training in stroke and epilepsy awareness despite already providing care to a person with both of these conditions. We discussed this with the registered manager who told us that training was planned for these subjects and other areas of care practice before the end of 2019.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The registered manager completed assessments to identify people's care needs and determine the level of support they required before a service was provided.
- Care and support plans identified clear outcomes and were reviewed in consultation with people receiving a service.
- People using the service were given a service user guide which provided useful information about the service and important contact numbers.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- Staff contacted a range of health care professionals if there were concerns about people's health and wellbeing. People were supported to access healthcare services appropriately.
- The provider documented people's needs and choices via support plans, daily task records, observation charts, checklists, correspondence and survey feedback. When needed and with consent, this information was shared between other healthcare professionals and agencies.

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.

Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Care records contained information addressing capacity and consent issues in relation to the day to day choices and decisions people were able to make in their lives.
- A statement in one person's care record read, 'Please remember that I like to make my own choices and decisions in every area I can, so do not make assumptions or choose for me'. Staff told us they respected this person's right to choose.
- The registered manager and staff promoted choice and independence and people were supported to do the things they wanted to do and enjoyed doing. A member of staff told us, "[Name of person using the service] is in control of [their] household, I'm not there to invade, I make sure we respect their choices."

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

- Staff supported people with hydration and nutrition and prepared meals where this formed part of an agreed package of care.

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.

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

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; respecting equality and diversity

- A person using the service told us, "I have the best carers in Britain. They know how to deal with my mental health issues, they support me, they calm me down."
- Staff developed positive relationships with people using the service. People spoke highly of staff and were happy with the support they received.
- Where people using the service displayed behaviours that challenged, staff demonstrated a good understanding of the possible triggers and the action they could take to reduce any episodes of distress and anxiety experienced.

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

- People were involved in the care planning process and subsequent care reviews.
- People were asked to sign their care and support documentation in agreement with the terms and conditions of the service to be provided.

Respecting and promoting people's privacy, dignity and independence

- People were asked if they had a gender care preference regarding staff who might be providing personal care support and their preferences were respected.
- A person using the service assured us that staff were mindful of their need for privacy and told us "[Staff] always ask me if I want something before doing anything."
- The provider ensured people's personal information and confidential records were stored securely.

Is the service responsive?

Our findings

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

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

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

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care plans reflected their preferences and guided staff about how to provide person-centred care and support. Documentation included information about people's medical history, mental and physical healthcare needs, social and emotional needs.
- The provider had recently introduced an electronic system for recording contemporaneous notes about all aspects of people's care.
- We saw evidence the provider had gained consent to record and store confidential and personal information electronically from the person using 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.

- People's communication needs were recorded in their care and support plans.

Improving care quality in response to complaints or concerns

- The service had a complaints policy and procedure in place.
- The registered manager told us there had been no formal complaints since the service registered with CQC in September 2018.

End of life care and support

- The service was not currently supporting anyone with end of life care at the time of the inspection.
- Staff told us they were confident supporting people with complex care needs and knew how to use equipment such as wheelchairs, hoists and sliding sheets.
- The registered manager told us appropriate end of life training would be provided in the near future.

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

- The registered manager demonstrated an understanding of regulatory requirements and had systems and processes in place to assess, monitor and improve the quality of care provided by the service. For example; daily task records and MARs were being reviewed on a regular basis. However, auditing systems were not always identifying the shortfalls we found in relation to risk assessment processes.

We recommend the provider seeks suitable guidance in relation to the development and implementation of robust quality assurance systems.

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

- The registered manager provided some of the care herself and was therefore on site to coach staff and observe performance. A person using the service told us, "I couldn't ask for a better manager."
- Staff understood their roles and were clear about when they would need to seek guidance and support from the registered manager whom they described as "kind", "supportive" and "knowledgeable."
- The registered manager told us and staff confirmed that informal team meetings took place as needed.
- A member of staff told us, "We're a little family and we have to support each other."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care; Working in partnership with others

- The registered manager told us and records reflected that referrals were made to relevant agencies and other healthcare professionals when people needed additional support. This included referrals to services such as occupational therapists, district nurses, wheelchair services and the London Fire Brigade.
- People using the service, relevant family members, staff and colleagues were asked to provide feedback about the service. Completed feedback was reviewed by the registered manager and any opportunities to improve the way in which the service was managed were acted upon.
- Networking opportunities for registered managers were identified and attended by the provider.

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 the provider's registration requirements including the duty of candour.
- A quality monitoring representative we spoke with was confident in the planning, management and delivery of safe care and support provided by the service and staff.

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 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider was failing to fully assess, monitor and review all known risks to people's health, safety and well-being.</p> |