Vicsheil Ltd

Vicsheil Ltd

Inspection report

St Lukes Social Enterprise Centre
Unit 8, 85 Tarling Road
London
E16 1HN

Date of inspection visit:
10 May 2017

Date of publication:
30 May 2017

Ratings

Overall rating for this service	Inspected but not rated

Is the service safe?	**Inspected but not rated**
Is the service effective?	**Inspected but not rated**
Is the service caring?	**Inspected but not rated**
Is the service responsive?	**Inspected but not rated**
Is the service well-led?	**Inspected but not rated**

Summary of findings

Overall summary

The inspection took place on the 10 May 2017 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 service first became operational in November 2016. It has been registered at its current location since January 2015. This was the first inspection of the service.

Vicsheil Ltd is a domiciliary care service providing personal care to people in their own homes. At the time of our inspection they were providing support to one person. As a result of this we were not able to provide a rating for this service due to the limited evidence available.

The service had a registered manager in place. 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 2008 and associated Regulations about how the service is run.

Medicines were not always managed safely. The service was not always recording medicines for people. The service was not assessing the risks for people who were supported with medicines. Risk assessments were not robust. Risk assessments contained minimal information and did not always give clear guidance to staff how to support and protect people.

Staff told us they felt supported. Staff received training to ensure they had the knowledge and skills required to perform their roles and responsibilities. However formal supervision to provide staff support and development required to carry out their role was not being provided by the service. We have made a recommendation about staff receiving formal supervision.

People were supported to eat and drink enough and to maintain a balanced diet. Staff supported people to access health professionals to ensure that people's health needs were met.

Staff knew the details of how to support people according to their preferences and how to respond if their needs changed. However people's changing needs were not always reviewed. We have made a recommendation about the service reviewing people's care when their needs change.

Staff had undertaken training about safeguarding adults and had a good understanding of their responsibilities with regard to this. Staff described how they offered people choices and respected their decisions. The service was working within the principles of the Mental Capacity Act 2005.

The service had a robust complaints policy with clear timescales for action. The service had not received any complaints since being registered. People who used the service were confident how to make a complaint.

The registered manager was open and supportive. Staff and people who used the service felt able to speak with the registered manager. The registered manager did not record these contacts. We have made a recommendation about quality assurance mechanisms.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we asked the provider to take at the back of the full version of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inspected but not rated

Due to the limited size of the service at the time of the inspection we are unable to rate this domain.

Medicines were not always managed safely. Risk assessments contained minimal information and did not always give clear guidance to staff how to support and protect people.

Staff were able to explain and identify what constituted abuse and what action they would take to raise concerns.

There were staffing arrangements, which were flexible to meet their needs. The provider ensured that where care staff were recruited that the appropriate checks were carried out.

Is the service effective?

Inspected but not rated

Due to the limited size of the service at the time of the inspection we are unable to rate this domain.

Staff received the training they needed to perform their roles. Staff told us they felt supported however formal supervision was not documented.

The service was following legislation and guidance regarding consent to care.

People were support to eat and drink enough and to maintain a balanced diet.

Staff supported people to access health professionals to ensure that people's health needs were met.

Is the service caring?

Inspected but not rated

Due to the limited size of the service at the time of the inspection we are unable to rate this domain.

People told us care staff were caring. They told us they were supported to be as independent as possible.

Staff told us how they upheld the privacy and dignity of people

using the service.

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

Is the service responsive?

Inspected but not rated

Due to the limited size of the service at the time of the inspection we are unable to rate this domain.

Care plans had not been updated following changes in people's needs. However, staff could describe the updated care needs for people.

People knew how to make a complaint if they were unhappy about the home and felt confident they were listened too.

Is the service well-led?

Inspected but not rated

Due to the limited size of the service at the time of the inspection we are unable to rate this domain.

Staff and people who used the service told us the registered manager was approachable and supportive.

The registered manager maintained regular contact with people and staff to ensure the service was of a good quality.

The registered manager did not keep records of the checks they completed.

Vicsheil 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 10 May 2017 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 the inspection we reviewed the information we held about this service. This included details of its registration with the Care Quality Commission. We spoke with the local authority commissioning team with responsibility for the service, the local Healthwatch, and the local borough safeguarding team. Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During our inspection we went to the provider's office. We spoke with the registered manager and the nominated individual. The nominated individual was the main care worker and the registered manager provided care support as well because this was a small service. After the inspection we spoke with one person who used the service. We looked at one care file, daily records of care provided, recruitment information including training records, medicine records and policies and procedures for the service.

Inspected but not rated

Our findings

We were unable to make a judgement on this key question. There was only one person receiving personal care at the time of our inspection. As a result of this it was difficult to make a judgement on how effective the service was based on the care provision to one person.

People were at risk of not receiving their medicines safely. The administration and prompting of medicines to show people had received their prescribed medicines was not always recorded clearly. The provider's policy on the administration of medicines was not being followed. The provider's policy on medicine recording stated, "Full details of all medicines administered, together with what, if any, assistance was rendered, must be recorded on the service users home medication record as part of the care plan." Medicines administration record (MAR) charts were not always clear when medicine should be given, what dose and any special information, such as giving the medicines with food. Also records showed the MAR charts were being signed at the end of the day instead of each individual dosage taken throughout the day. This meant when dosage times are not clearly recorded people may receive their medicine at the wrong times which may cause serious harm. After the inspection the registered manager sent us an updated MAR chart which showed medicines prescribed, dosage, specific times to be taken, and special information such as side effects.

Records showed people did not have in place assessments looking at risks associated with medicines. The registered manager told us this was discussed with people when they were initially assessed and reviewed. However this did not reflect clearly in records. The registered manager advised us that after the inspection the person being supported with medicines would be assessed. The above issues meant people were at risk of not receiving their medicine consistently and safely.

Risk assessments were not always robust. People had assessments which identified risks in relation to their moving and handling, personal care, dietary needs, communication, sensory functions, fire safety, manual handling and environment. However these risk assessments contained minimal information and gave no clear guidance to staff to follow to protect the person from risk and promote their independence. Staff we spoke with had an understanding of people's risks and could explain what they would do to minimise these. After the inspection the registered manager provided us with updated risk assessments, which meant that those relating to certain tasks were improved and contained some details of how risks were managed. The inconsistencies in risk assessments meant there was a risk that people and staff did not receive safe support.

The above issues were was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated

Activities) Regulations 2014.

People who used the service told us they felt safe. One person when asked if they felt safe using the service said, "Yes, if anything goes wrong I give them a call and they will come around." The same person told us, "I feel safe having a bath."

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 vulnerable adults. Records confirmed this. The organisation's safeguarding and whistleblowing policies and procedures were also contained in the staff handbook. One staff member told us, "I would report to the manager. If nothing happened I would report to the social worker and CQC."

The registered manager was able to describe the actions they would take when reporting an incident which included reporting to the local authority safeguarding team and the Care Quality Commission (CQC).

Records of financial transactions of the people using the service did not show any discrepancies in the record keeping. The service kept accurate records of any money that was given to people and kept receipts of items that were bought. Financial records were signed by the staff member and the person who used the service and we saw records of this. This minimised the chances of financial abuse occurring. One person told us, "They [staff] log how much I spend. Every time I get a receipt."

The provider had processes in place for when recruitment checks were carried out to reduce the risks of employing unsuitable staff. This included up to date criminal records checks, two satisfactory references from their previous employers, photographic proof of their identity, a completed job application form with their full employment history and proof of their eligibility to work in the UK, where applicable.

The registered manager told us because the service was small the nominated individual was the main care worker and the registered manager provided support when needed. The registered manager told us if additional support was needed they would use a 'sister' domiciliary care agency located in the same building as the provider. One staff member when asked about if additional support was required said, "We would have to call another agency. [Registered manager] has a relationship with them. Not had to use them." A person who used the service expressed no concerns about the delivery of the service including missed or late calls. The person told us, "They [staff] turn up [specific time] which suits me. If they are a bit late they will call me."

The service had an infection control policy which included guidance on the management of infectious diseases. During the inspection we saw supplies of protective clothing available which included gloves, aprons and shoe covers.

Inspected but not rated

Our findings

We were unable to make a judgement on this key question. There was only one person receiving personal care at the time of our inspection. As a result of this it was difficult to make a judgement on how effective the service was based on the care provision to one person.

People who used the service told us they were supported by staff who had the skills to meet their needs. One person said, "They are pretty good. Using them about six months." The same person told us, "I can't fault them and that's the truth."

Records showed staff had completed training specific to their role. Training included safeguarding adults, moving and handling, first aid, infection control, food hygiene, food safety, fire safety, health and safety, medicines, equality and diversity, person cantered care, communication, privacy and dignity, fluids and nutrition, mental health, learning disabilities and dementia. One staff member told us, "I do online training. I've done the care certificate." The care certificate is a recognised qualification to give staff the foundation knowledge required to work in a care setting.

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.

We checked whether the service was working within the principles of the MCA. Records showed that people using the service had signed their care plans and consent forms to give their consent to the care and support provided. People told us consent was also sought on a daily basis. One person told us, "They [staff] always ask first. I think I signed a consent form." The same person said, "They [staff] ask me what needs to be done." This showed us that people's ability to make decisions and consent to the care and support provided was considered.

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 to get an understanding of people they supported and their likes and dislikes." One staff member told us, "I ask [person] what they want. If I change the bed sheets. If I'm going shopping I will ask [person] what they want." The registered manager told us, "I will ask to turn on the lights. We ask permission for everything. Everything we do we ask."

Staff provided support where required in the preparation of people's meals and drinks. Although nobody was at risk of malnutrition, staff supported people in ensuring people's nutritional needs were met. For example, one care plan stated the person liked specific food and drinks they preferred. Daily logs confirmed the person received the drinks and food they preferred. One staff member told us, "In the morning I make an egg sandwich and tuna sandwich." Records showed this choice of food was reflected in the person's care plan. One person said, "They [staff] make my food. They do all the cooking. I eat it all. It's very healthy. It's my choice."

Care records in people's homes included the contact details of their GP so staff could contact them if they had concerns about a person's health. Where staff had more immediate concerns about a person's health they called for an ambulance to support the person and support their healthcare needs. One staff member told us about calling an ambulance and giving basic life support for someone who had collapsed. Daily log records confirmed. Staff supported people to access healthcare services when required. One person told us, "[Staff] tell me when my appointments are."

Staff told us they felt supported by the registered manager. One staff member said, "I feel supported by [registered manager]. He tells me things and we discuss things." The registered manager told us he would talk to the nominated individual/care worker on a daily basis however did not complete any formal written supervision. The supervision policy for the service stated, "The aim will be to have one to one supervision from a senior staff member at least three monthly."

We recommend the service seeks and follows best practice guidance on recording support and supervision provided to staff.

Inspected but not rated

Our findings

We were unable to make a judgement on this key question. There was only one person receiving personal care at the time of our inspection. As a result of this it was difficult to make a judgement on how effective the service was based on the care provision to one person.

People told us told us that they felt the service was caring. One person told us when asked if they thought the service was caring said, "I think they do. Always coming to see me and call to see if I'm alright." The same person said, "It's a very good relationship with [staff member]. [Staff member] knows exactly what I like done."

Positive, caring relationships had been developed with the person who used the service. The main care worker told us they had cared for the person for a long period of time previous to joining this service. The staff we spoke with clearly cared about the people they supported and understood their needs. One staff member told us, "I accept [person who used the service] for who they are. [Person] is close to me." The same staff member said, "I like caring cause I like to support [people who used the service]." One person said, "[Registered manager] took me to buy a mobility scooter which is above and beyond."

People were involved in making choices about their care. One member of staff told us, "[Person who used the service] gets choices. [Person] can choose what they want" One person told us, "They [staff] ask what needs to be done."

Staff told us they got to know people through communication. For example, the registered manager told us, "Once I started getting involved [with providing care support] I asked [care worker] questions. [Care worker] tells me how [person] likes coffee made."

Staff told us how they made sure people's privacy and dignity was respected. They said they explained what they were doing and sought permission to carry out personal care tasks. One staff member told us "I assist [person] to bathroom and then [person] closes the door. When [person] dresses themselves they close the door." The registered manager said, "We respect [person] privacy." One person said when asked if staff treat them with respect and dignity, "Yeah, definitely. They [staff] call me 'Sir' all the time."

People were encouraged to maintain their independence and undertake their own personal care where possible. Where appropriate staff prompted people to undertake certain tasks rather than doing them for them. Staff gave us examples of how they helped people to be independent. One staff member said, "We encourage [person] to go out in the community. I encourage [person] to do things." The registered manager

told us, "When having a bath I support [person] to get in. I leave [person] by themselves until they call me for help." One person told us, "They [staff] help me with the bath. They [staff] wait outside if I need anything done."

Discussions with staff members showed that they respected people's sexual orientation so that lesbian, gay, bisexual, and transgender people could feel accepted and welcomed in the service. One staff member said, "I would welcome that person like any other person. We should not judge them. Everyone has a different ailment so care different." The registered manager told us, "Everyone is equal. Need to appreciate the diversity of everyone. It would be the same care unless someone had specific needs."

The provider ensured confidential information about people was not accessible to unauthorised individuals. Records were kept securely so that personal information about people was protected. When staff spoke about people they did so in a kind and respectful way. They did not openly discuss personal information about people to ensure information was kept private.

Inspected but not rated

Our findings

We were unable to make a judgement on this key question. There was only one person receiving personal care at the time of our inspection. As a result of this it was difficult to make a judgement on how effective the service was based on the care provision to one person.

People told us the service was responsive to their needs. One person told us, "They [staff] do everything you want."

The registered manager told us after receiving an initial referral from a local authority or a self-funding person they met with the person and their relatives where appropriate. This was to carry out an initial assessment of their needs and determine if the service was able to meet those needs. The registered manager told us care plans were developed based upon the initial assessment and information provided by the commissioning local authority, people, observations and assessments.

The registered manager told us care plans were reviewed annually. The person who used the service started receiving personal care from November 2016 with the provider. However, the needs for that person had changed in March 2017. The local authority had reviewed the person's care package and we saw records of this. Records showed that the care plans and risk assessments had not been reviewed by the provider. However the registered manager and staff could describe the updated care needs for that person. After the inspection the registered manager provided us with an updated risk assessment and care plan.

We recommend that the service seek advice and guidance from a reputable source, about people's assessments being reviewed regularly.

The updated care records contained detailed guidance for staff about how to meet people's needs. There was a wide variety of guidelines regarding how people wished to receive care and support including personal care, practical tasks, nutrition, preferences for going to bed and getting up, social support and companionship, medicines, and independence. The updated care plans were written in a person centred way that reflected people's individual preferences. For example, care plans detailed how the person liked to take a bath and specific foods they enjoyed.

The service 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. One person told us, "I would tell [care worker] or [registered manager] if not happy. Never had to." The registered manager told us there had

been no complaints since the service was registered. Records showed a copy of the service's complaint procedure was kept in the care folder in people's homes.

Inspected but not rated

Our findings

We were unable to make a judgement on this key question. There was only one person receiving personal care at the time of our inspection. As a result of this it was difficult to make a judgement on how effective the service was based on the care provision to one person.

People who used the service told us they had regular contact with the registered manager. One person told us about the registered manager, "We talk quite a lot." The same person said, "[Registered manager] is fine. Good as gold."

There was a registered manager in post. They were aware of their responsibilities as registered manager and of the need to notify CQC about reportable incidents. They told us there had been no reportable incidents since the service was registered. They had current policies and procedures in place to run the service.

Staff spoke positively about the registered manager. One staff member told us, "[Registered manager] is ok. He likes to finish something and it be done properly. He knows what he is doing."

The registered manager described in detail the support provided to people, and knew them, their preferences and needs well. They had built up a strong relationship with people who used the service. The registered manager said about the person who used the service, "I will talk to [person]. Had a recent meeting." The attitude and approach of staff providing care was aligned with that of the registered manager. This demonstrated that a positive, person centred culture had been developed in the service.

Staff told us they had regular staff meetings. One staff member told us, "We have a meeting to talk about what to do and expect." Records showed the last staff meeting was 12 January 2017. Agenda items included training, Care Act 2014, communication, risk assessments, care planning and time management.

The registered manager was not recording the contact they had with staff, and people using the service. Following discussion they recognised the importance of recording these checks and have started to keep a running record of their contact with the service. Whilst the service was only working with one person and informal mechanisms had been effective in ensuring the registered manager had oversight of the service and an understanding of the quality of the service delivered, these would not be sufficient for a larger service. After the inspection the registered manager sent us a quality assurance monitoring form that would be used on a regular basis. The quality assurance monitoring form looked at daily records, accidents and incidents, financial records, medicines and environment.

We recommend the service seeks and follows best practice guidance on quality assurance and audit processes for domiciliary care services.

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 People who used the service were not protected from the risks associated with the unsafe administration of prescribed medicines. Detailed individual risk assessments were not in place to identify and protect people from the risks associated with their assessed personal care needs. Regulation 12 (1) (2) (a) (b) (g)