V.I.P Care Solutions Limited

VIP Care Solutions

Inspection report

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Date of inspection visit:
30 November 2016

Date of publication:
28 December 2016

Ratings

Overall rating for this service	Good

Is the service safe?	Good
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

We undertook an announced inspection of VIP Care Solutions on 30 November 2016. We gave the provider 48 hours' notice because the location was a small domiciliary care service and we wanted to make sure that someone would be available to assist with the inspection.

VIP Care Solutions is a domiciliary care agency providing personal care and support to people who live in their own homes. The agency is privately owned and this is the only registered location run by the provider. At the time of our inspection four people were receiving a service, all of whom were paying for their own care. The agency provided care and support to older people.

The service was registered with the Care Quality Commission (CQC) on 18 October 2012, and last inspected on 12 November 2013, where we found that the provider was meeting all the standards we inspected.

The provider was also the registered manager. 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.

We were told that staff received the training and support they needed to care for people. However, there were no recent training certificates available so we could not be sure that staff had received training in the last three years.

The provider told us they carried out quality checks of the service. However they did not always keep records of these.

Records were disorganised and the provider was unable to locate a variety of records we requested, such as meeting minutes and records of spot checks.

The risks to people's wellbeing and safety had been assessed, and there were detailed plans in place for all the risks identified.

There were procedures for safeguarding adults and the staff were aware of these. The staff knew how to respond to any medical emergencies or significant changes in a person's wellbeing.

Feedback from people and their relatives was positive. Everyone said they had formed a good rapport and trusted their care worker.

People's needs were assessed by the provider prior to receiving a service and support plans were developed from the assessments. People had taken part in the planning of their care and received regular visits from the provider.

People we spoke with and their relatives said that they were happy with the level of care they were receiving from the service.

The provider and staff were aware of their responsibilities in line with the requirements of the Mental Capacity Act (MCA) 2005 and told us they had received training in this. People had consented to their care and support and we were told that nobody lacked capacity. Nobody was being deprived of their liberty unlawfully at the time of our inspection.

There were systems in place to ensure that people received their medicines safely and all the people who used the service were able to manage their own medicines.

There was only one care worker employed to deliver support to people who used the service. The provider was in the process of interviewing for another care worker to cover in the event of staff absence. Recruitment checks were in place to obtain information about new staff before they supported people unsupervised.

People's health and nutritional needs had been assessed, recorded and were being monitored.

There was a complaints procedure in place which the provider followed. People felt confident that if they raised a complaint, they would be listened to and their concerns addressed.

People and relatives told us that the provider and care worker were approachable and supportive. They encouraged an open and transparent culture within the service. People were supported to raise concerns and make suggestions about where improvements could be made.

We made a recommendation with regards to training of staff.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 which related to Good Governance. You can see what actions we told 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?

Good

The service was safe.

The risks to people's safety and wellbeing were assessed and there were plans in place for all the risks identified.

There were procedures for safeguarding adults and staff were aware of these.

People were given the support they needed with medicines and all the people using the service were managing their own medicines.

The service was in the process of interviewing for an additional care worker to cover in the event of staff absence. Recruitment checks were undertaken to obtain information about new staff before they supported people unsupervised.

Is the service effective?

Good

The service was effective.

We were told that staff received the training and support they needed to care for people. However, there were no recent training certificates available so we could not be sure that staff had received training in the last three years.

The provider was aware of their responsibilities in line with the requirements of the Mental Capacity Act (MCA) 2005 and understood its principles. People had consented to their care and support. Nobody was being deprived of their liberty unlawfully.

People's health needs had been assessed, and staff liaised with other healthcare professionals to ensure people's needs were met.

Is the service caring?

Good

The service was caring.

Feedback from people and relatives was positive about both the

care workers and the provider.

People and relatives said their care worker was kind, caring and respectful. All the people who used the service were receiving care from a regular care worker and developed a trusting relationship.

People and their relatives were involved in decisions about their care and support.

Is the service responsive?

Good

The service was responsive.

People's individual needs had been assessed and recorded in their care plans prior to receiving a service, and were regularly reviewed.

There was a complaints policy in place. People knew how to make a complaint, and felt confident that their concerns would be addressed appropriately.

The service conducted satisfaction surveys of people and their relatives. These provided information about the quality of the service provided.

Is the service well-led?

Requires Improvement

The service was not always well-led.

The provider had not always maintained accurate, up to date and clear records in relation to people using the service and staff.

The provider told us they carried out quality checks of the service. However they did not always keep records of these.

People and their relatives found the provider and staff to be approachable and supportive.

The provider was directly involved in the day to day operations and encouraged good communication with staff and people who used the service. This promoted a culture of openness and trust within the service.

VIP Care Solutions

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 30 November 2016 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 was carried out by a single inspector. Another inspector carried out telephone interviews with people and relatives.

Before the inspection, we reviewed the information we held about the service, including notifications we had received from the provider informing us of significant events that occurred at the service.

During the inspection we looked at the care records of all four people who used the service, a care worker's file and a range of records relating to the management of the service. We spoke with the provider and a care worker.

Following the inspection, we telephoned two people who used the service and two relatives of other people to obtain feedback about their experiences of using the service.

Good

Is the service safe?

Our findings

People and their relatives told us they felt safe with their care worker. One person told us that the service was "Very good, extremely good." People we spoke with told us they knew who to contact if they had any concerns, and added that they never had any concerns.

The provider and care worker spoke with us about the needs of different people who used the service. They had identified risks and they were able to tell us about these. For example, they had identified someone who had recently had a fall. They had decided to bring forward a review of the person's needs and involve the GP to ensure that appropriate systems were put in place to mitigate the risk of further falls.

People who used the service and their relatives told us that they felt safe with the agency. Their comments included, "He is safe and this was very important to me. He is not at risk of abuse. [Care worker] keeps me informed and I have been included in his care package", "When [care worker] does shopping there is never a penny missing, and my bag is hanging on the chair all the time and this was never a problem" and "I don't worry about [family member]. I know if something happened, [care worker] would be there."

The provider had a procedure for safeguarding adults and the staff had received training in this. They were able to tell us what they would do if they suspected someone was being abused. The provider told us that they had never had any safeguarding concerns.

All the people who used the service were able to manage their own medicines and staff encouraged them to do this. The provider told us that people occasionally needed some prompting to ensure they did not forget to take their prescribed medicines.

The provider told us that one care worker was able to carry out all the visits and meet people's needs. People confirmed this telling us that their care worker arrived on time, stayed for the agreed length of time and had never missed a visit. They said that they often stayed over the allocated time to make sure people were safe and all their needs were met. Their comments included, "[Care worker] comes three times a day every day. I would not say she has ever been late. She's never called to say she couldn't make it", "I don't think she has ever been late, but at times she stays longer if needed." The provider told us that in the event of staff absence, they would also carry out care visits as they were a qualified nurse. However they told us that they were in the process of interviewing for a suitable care worker that would be available at short notice in the event of staff sickness or holidays.

There were appropriate procedures in place for recruiting staff. These included checks on people's suitability and character, including reference checks, a Disclosure and Barring Service check (DBS) and proof of identity.

There were protocols in place to respond to any medical emergencies or significant changes in a person's wellbeing. We saw evidence in one care record that an ambulance had been called when a care worker found a person on the floor during a visit. This indicated that people received medical attention without

delay.

Where there were risks to people's safety and wellbeing, these had been assessed. These included general risk assessments of the person's home environment to identify if there would be any problems in providing a service and carrying out falls risk assessments. Risks were assessed at the point of initial assessment and were regularly reviewed and updated where necessary. Individual risks were assessed and there were measures in place to minimise identified risks and keep people as safe as possible.

Accidents and incidents were rare, however we saw that when they happened, they were recorded appropriately and included details of actions taken to minimise the risk of reoccurrence. Records showed that the provider carried out the necessary investigations and recorded their recommendations. These were used to review and update people's care plans to ensure that staff were able to meet their needs in a safe way.

Good

Is the service effective?

Our findings

The provider told us that an external company provided all their training. This included what they identified as mandatory such as infection control, moving and handling, health and safety and safeguarding adults. The staff we spoke with confirmed they had attended this training. There were certificates to confirm attendance but these were dated 2013. The provider told us that they had not received certificates for any of the more recent training. We asked for the provider to obtain evidence from the training company that recent training had taken place, but did not receive this. This meant that we could not be sure that staff had received training since 2013.

We recommend that the provider ensures that the staff receive relevant training updates and keep up to date records of this.

Staff told us they were supported through one to one supervision meetings. However there were no records of these meetings. The provider told us that this was because they were a very small company and discussed everything as and when needed. A staff member told us, "I get spot checked regularly. He is the boss. He checks that I do my job properly."

The provider told us that they were in the process of incorporating the Care Certificate into their induction. The Care Certificate is a nationally recognised set of standards that gives staff an introduction to their roles and responsibilities within a care setting.

People and their relatives spoke positively about their care worker and the service they received. People said that their care worker knew what they were doing and had the skills and knowledge they needed to support them with their needs. One person told us, "I think she is trained and has experience in working with people that are not always easy. She worked out the way to work with my [family member] who is not always easy to work with."

One care worker told us they were able to discuss people's needs anytime they wanted. They said, "We are always discussing our clients. We want the best for them and never let them down. We have very high standards. We know them very well and they trust us. We make sure we meet their needs."

People's nutritional needs were assessed and recorded in their care plans. These included their dietary requirements, likes and dislikes and allergy status. Guidance to staff included, '[Person] has neither tea or coffee or all forms of energy drinks due to religious reasons' and '[Person] hates cold food and no salt in food'. Some people told us that their care worker supported them with their food shopping, and always bought what they requested. People who required support at mealtimes such as warming up already prepared food of their choice, or cooking a meal told us they received this service and were very satisfied. This meant that people's nutrition and hydration needs were consistently met.

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's capacity to make decisions had been assessed and they had been asked to consent to their care and treatment. People told us that their consent was sought before any care was carried out. People told us they had been consulted about their care and had agreed to this.

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. We checked whether the service was working within the principles of the MCA. The provider told us that all the people who used the service had the capacity to consent to their care and support and that none of the people using the service were being deprived of their liberty unlawfully.

We saw that people had signed their support plan indicating that they understood and consented to their care and support. We were told that people were given a copy of their care plan and people confirmed this. They also told us that the staff offered them choices when providing care and support. One person said, "When doing breakfast, she always asks what I want" and a relative told us, "[Care worker] does his shopping and always asks what he wants." The staff we spoke with told us they always respected people's choices when providing care. They were able to offer examples of this and demonstrated thorough knowledge of each person's likes and dislikes.

Good

Is the service caring?

Our findings

People and their relatives were complimentary about the service and the care they received. All people we spoke with said they had one regular care worker and had built a good rapport with them. People said that their care worker was kind, caring and respectful. People's comments included, "If I had to mark her on a scale out of 10, I would give her 100", "She encourages me to do things", "She even feeds my cat that waits for her every morning" and "I would recommend her to anybody." Relatives echoed this. Their comments included, "I am so thankful for the service, they are good, efficient, caring and go above and beyond what is expected", "I am very happy and so is my [family member], and he is very difficult to please at times", "Dignity and privacy was the most important thing I wanted for [family member], as he is very private. The way she approaches him, the way she stands and cleans him. She is firm but always approaches him with care and respect", "She is very caring. She even went to hospital to see him" and "If I have a problem, she will help."

Care plans indicated that people were treated with dignity and that staff respected their human rights and diverse needs. People we spoke with confirmed this. People and their relatives told us they were involved in discussions about their care and support, and had signed to give consent for their support.

During the initial assessment, people were asked what was important to them. Religious and cultural needs were recorded. All the people using the service requested to be assisted by a female care worker and were receiving this service.

Care plans contained relevant and sufficient information to know what the care needs were for each person and how to meet them. Care plans contained a 'Care Passport' entitled, 'This is me'. These included sections such as, 'My likes and dislikes', 'Things that are important to me' and 'Things you must know to keep me safe'.

The above evidence demonstrates that people were receiving a person-centred service which fully met their individual needs.

Good

Is the service responsive?

Our findings

Care plans we looked at were clear and contained detailed instructions for staff to follow to ensure people's needs were met. They were developed from the information gathered from the initial assessments and were based on people's identified needs, the support needed from the staff and the expected outcomes. Instructions included, 'Assist to elevate legs on her small stool for circulation' and 'Serve food with hot drinks and pudding as instructed by [person]'.

Records we viewed showed that people had taken part in the planning of their care. People and relatives told us they were happy with the input they had into organising and planning their care. Their comments included, "We put the care plan together at the beginning" and "I met [care worker] when she cared for my friend. When I got more disabled I got her number and she came and we talked about what I needed."

Care plans were person specific and took into consideration people's choices and what they were able to do for themselves. They contained information about the person's background, communication needs, routines, personal care needs, and anything specific to the person such as their religion, ethnicity and cultural needs. Staff told us they encouraged people to do things for themselves if they were able to. People described a variety of support they received from the service. Those we asked thought that the care and support they received was focussed on their individual needs. For example, where a person sometimes became upset or anxious, we saw that their care plan included, 'I need somebody by my side when anxious, just to talk to me. I don't want to be ignored'.

People's needs were assessed and the support and care provided was all agreed prior to the start of the visits. Relatives confirmed that they were involved in these assessments. Information related to mobility, medicines, care needs and personal preferences was recorded so that comprehensive information was available. This resulted in people's needs being consistently and comprehensively met.

The provider told us that review meetings were undertaken regularly and as and when there were changes to a person's health. This prompted an immediate review to ensure the service could continue to meet people's needs. People and relatives confirmed that reviews were regular. Their comments included, "I go down there regularly. We discuss it on a regular basis. It is changeable due to my [family member]'s age and we review it constantly. [Care worker] always calls and asks for my opinion", "We never sat down and reviewed the situation. We review it informally on a weekly basis. If I need anything, I ask and she does it" and "We have a little check list, if I had drinks, food etc. and she [care worker] checks it every day. She always leaves asking 'Alright [person's name]? Can I do anything else for you?"

Records showed that the service worked closely with professionals when people's needs changed. This included organising a meeting with the pharmacist and the GP to undertake a medicines review when a prescribed medicine was not suitable for a person who used the service.

There were processes in place for people and relatives to feedback their views of the service. Quality questionnaires were sent to people and their relatives. However the provider told us that they did not always

sent these back. These questionnaires included questions relating to how people were being cared for and if their care needs were being me. We were only able to view one questionnaire returned to the service. It indicated an overall satisfaction with the service. Comments included, "Since VIP have taken over her care, we have little worry or concern for her welfare as her care being received is just as her family would wish for her. Thank you" and "I love the service I receive."

The service had a complaints policy and procedure in place. These were supplied to all people using the service. People and relatives told us they were happy with the service and had no complaints. Their comments included, "[Care worker] is phenomenal and I am really happy. My [family member] is happy too. Normally he would complain but he doesn't with [care worker]", "If I don't like something I go straight to [care worker]. The manager came to ask if I was happy with everything and if I had any concerns."

Requires Improvement

Is the service well-led?

Our findings

Some of the records relating to the way in which the service was managed were not clear or easily accessed. The provider had difficultly locating some of the records relating to how the service was operating, for example we were shown only one record of a staff meeting and one record of a spot check, both of which were handwritten and difficult to read. The provider told us they regularly undertook quality audits. However, with the exception of one recorded satisfaction survey and one recorded spot check on the staff performance there were no records of these checks. Therefore the provider was not able to demonstrate that they had an effective quality monitoring system and that problems were being identified and acted upon. Although we were told that staff had received training, the provider was unable to provide evidence of any recent training.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People and their relatives thought the service was well-led. They told us they met the provider regularly, when they carried out spot checks or came to review their care. The provider told us they also visited when the staff were working to assess their competency and make sure they were caring for people in the way they should. The staff and people using the service confirmed this. One relative told us, "I don't have any communication with the main office, only with [care worker]. The main office did a spot check on [care worker]. My [family member] told me" and "I would really recommend the company. I am happy my [family member] is in their hands. If I have any queries, they always help. [Care worker] helps with the whole lot."

The provider was a private organisation who registered the service to provide personal care in 2013. The provider told us they wanted to provide the best service they could and they recognised the importance of caring well for people. They said, ''We have very high standards. That is why it is difficult to employ the right care workers. We want people who want to care the way we do. Our clients deserve nothing less." They also told us, "We want to keep the service small and give very good care. Care that goes above and beyond. That is more important to us."

The provider knew the service well and was able to tell us about each person's needs in detail and how they cared for them. They told us they regularly contacted and visited people who used the service and this was confirmed by relatives and the staff.

The provider was also registered with the Care Quality Commission as the manager. They were a qualified nurse and had a degree in psychology.

The provider had a range of policies and procedures which were available for the staff to view at the agency's office. The provider was aware of the Regulations relating to notifying the Care Quality Commission about significant events. However, no such events had occurred since the service had been registered.

The registered manager told us they attended provider forums and events organised by Skills for Care

whenever they could and kept themselves abreast of development within the social care sector by accessing relevant websites such as that of the Care Quality Commission (CQC).

The provider had a Philosophy of Care which included that 'All people supported by or who work at the agency and all people who visit will be treated with respect at all times' and 'We uphold the human and citizenship rights of all service users and all who work and visit here'. It was clear from our observation that the provider and staff were working hard to follow this.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The registered person did not always assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity. Regulation 17 (2) (a)