

Vital Healthcare Services Limited

# Vital HealthCare - Buckinghamshire

## Inspection report

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06 March 2023

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## 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?

Good ●

# Summary of findings

## Overall summary

### About the service

Vital HealthCare - Buckinghamshire is a supported living service providing personal care to people as part of the support they need to live in their own homes. The service supports younger adults and older people with a learning disability and autism.

Not everyone who uses the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we consider any wider social care provided. At this inspection 3 people were receiving personal care.

### People's experience of using this service and what we found

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

### Right Support

People had a good quality of life and were fully supported to lead fulfilling lives. Personalised support plans gave clear information for staff to follow in keeping people safe, whilst enabling people to be as independent as possible.

Effective systems were in place to monitor incidents and mitigate the risk of repeat incidents. People were involved in managing their personal risks and in making decisions about how to keep safe. Staff were skilled in recognising signs when people experienced emotional distress and knew how to support people to keep safe.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests. People were supported to understand their rights and have meaningful relationships. People told us they knew if needed, how to raise any concerns and felt confident they would be dealt with properly.

### Right Care

Staff ensured people had full access to healthcare services. People's support plans were personalised. People using the service and their relatives confirmed staff provided support with care and compassion.

### Right culture

Staff put people's wishes, needs and rights at the heart of everything they did. The service promoted a culture of inclusion, diversity and equality.

People were supported to express their individuality. The staff team were caring and dedicated to the people they supported. People had the opportunity to try new experiences, develop new skills and gain independence. Staff supported people to pursue their chosen hobbies and interests and follow their cultural and religious beliefs.

People led inclusive and empowered lives because of the ethos, values, attitudes and behaviours of the management and staff. Staff ensured risks of a closed culture were minimised. People's quality of life was enhanced by the service's culture of transparency, respect, improvement and inclusivity.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

This service was registered with us on 23 July 2021 and this is the first inspection.

#### Why we inspected

This inspection was prompted by a review of the information we held about this service.

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Vital HealthCare - Buckinghamshire

## **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 Health and Social Care Act 2008.

#### Inspection team

This inspection was carried out by 1 inspector.

#### Service and service type

This service provides care and support to people living in 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection a registered manager was in post

#### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because people and staff providing their support are often out and we wanted to be sure there would be people at home to speak with us.

Inspection activity started on 22 February 2023 and ended on 06 March 2023. We conducted a site visit to the office on 02 March and visited people living in two supported living settings on 02 and 06 March 2023.

#### What we did before inspection

We reviewed information we had received about the service since registration. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We sought feedback from the local authority and professionals who work with the service. We used this information to plan our inspection.

#### During the inspection

We met with 3 people living in supported living settings. Not everyone using the service was able to speak with us, so staff supported them to feedback using their preferred communication methods. We also received feedback from the relative of 1 person using the service.

We spoke with two support workers, two deputy managers and the registered manager. We received feedback via email from 5 support workers. We reviewed the support plans and associated records for 3 people using the service. We reviewed 3 staff files in relation to recruitment and selection and a variety of other records relating to the management of the service, including policies and procedures.

# Is the service safe?

## Our findings

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

This is the first inspection of this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Safeguarding systems were in place to protect people from the risk of abuse. People told us they felt safe with the staff that provided their support.
- Staff confirmed and records showed they received safeguarding training and knew how to recognise and report any concerns of abuse. Comments from staff included, "If I had any concerns about people's welfare it would be addressed immediately." And, "It is an expected duty and responsibility for me to raise any safeguarding concern with the registered manager through the normal communication channels, or the whistleblowing channel depending on the case in question. The [registered manager] will act on the notification in consultation with the safeguarding lead in the organisation."
- Staff helped people to understand safeguarding, to recognise signs of abuse and what to do if they or others were placed or at risk or experienced any form of abuse. One person said, "I would say something to [Support Worker] or the manager if I felt unsafe."

Assessing risk, safety monitoring and management

- The service assessed, monitored and managed safety to ensure people lived safely and free from unwarranted restrictions. Personalised risk assessments were in place that gave clear instructions for staff to follow to keep people safe, whilst enabling as much independence as possible.
- Staff received training in recognising when people experienced emotional distress and how to support people to keep them safe.

Staffing and recruitment

- Records showed that Disclosure and Barring Service (DBS) checks were carried out on all staff. The DBS provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- The service had enough staff available to support people to carry out their choice of day to day activities. Staff told us there were always enough staff deployed to support people's individual needs, aspirations and goals. We observed during the inspection the numbers and skills of staff matched the support needs of people using the service.

Using medicines safely

- At the time of the inspection no people using the service required staff to administer prescribed medicines. People received support from staff to make decisions about medicines wherever possible. Staff supported people to safely self-manage homely remedy medicines, to treat coughs, colds and minor / moderate aches and pains.
- A medicines policy was in place for staff to follow in the event of needing to administer medicines to

people. The policy included the principles of STOMP (stopping over-medication of people with a learning disability, autism or both) to ensure medicines were reviewed by prescribers in line with the STOMP principles.

#### Preventing and controlling infection

- People were protected from the risk of infection. Staff were trained in infection prevention and control and had received additional training on preventing the spread of COVID-19. This included the correct procedure for putting on and removing personal protective equipment (PPE) and correct handwashing procedures.
- Staff were provided with ample supplies of PPE, such as disposable gloves, aprons and face masks.
- The provider's infection prevention and control policy were regularly reviewed and kept up to date.

#### Learning lessons when things go wrong

- Records showed that accidents, incidents and near misses were monitored and prompt action was taken to mitigate the risk of repeat incidents.
- Records showed that incidents were discussed with staff to reflect and learn from them. Lessons learned were shared within the staff team and with appropriate healthcare professionals.

# 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.

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

- People's needs were assessed, and people and / or relatives were involved in care reviews. One relative said, "I am very involved in [Person's] care, I and the staff work together as a team."
- People's support plans were personalised, they reflected people's needs and aspirations. For example, building on people's life skills, developing people's educational and workplace abilities to increase employment opportunities.

Staff support: induction, training, skills and experience

- People were supported by staff who received training appropriate to their roles and responsibilities.
- Staff confirmed when carry out induction training, they worked 'shadow shifts' alongside experienced colleagues while they got to know the people they supported.
- Staff confirmed they received regular support and supervision from their manager. One staff member commented, "Supervision meetings are planned for every 4 to 6 weeks, but lately the deputy manager has consistently been on site discussing work experiences with me and offering advice on a wide range of issues, such as developing social stories and writing incidents reports." Another commented, "I receive one to one supervision after every 4 weeks, we also have weekly peer meetings and debriefs with the management interpreting the different policies and helping with the regular meetings of lessons learnt."

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

- People were given guidance and support from staff to eat healthily. Staff supported people to draw up their own menu plans and go food shopping.
- Staff supported people where possible to prepare and cook their meals in their preferred way. During our visit we observed a person prepare and cook their evening meal, they told us they liked to decide each day what they wanted to have for their meals, they said, "Each day is different it depends what I feel like having."

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

- People were supported to attend annual health checks, and healthcare appointments, such as dental, opticians and chiropody appointments.
- Staff worked well with other services and professionals to support people to lead healthy lifestyles.

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 MCA 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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Staff empowered people to make their own decisions regarding their care and support. During the inspection we observed staff consistently asked people for their consent and supported them to make their own choices and decisions.

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

- The service promoted a culture of inclusion, diversity and equality. Staff received training on equality and diversity that was embedded in supporting people's protected characteristics. Staff had an awareness and appreciation for diversity, around people's culture, ethnicity, gender identity and sexual orientation.
- We observed people were cared for with kindness and compassion. One relative said, "The staff are brilliant. They show lots of love and compassion towards [Person], you can tell it comes from the heart."
- Throughout the inspection we observed staff supported people to make choices and express their views. A relative said, "[Person] tells me they really like the staff and they feel very happy."
- People's support plans had communication profiles available that explained how the person communicated. A relative said, "[Person] speaks in native language, I interpret for [Person], the staff are thinking of putting together some picture cards for [Person] to use to help with communication. During a visit to the person we observed staff took time to effectively communicate with the person using simple language and gestures and the person responded in kind.

Respecting and promoting people's privacy, dignity and independence

- People told us staff were friendly and caring. Throughout the inspection we observed staff interacted with people showing warmth and kindness and respect for people's privacy, dignity and independence. A relative said, "[Person] always has the same staff, they have built a trusting relationship.
- The provider had appointed a dignity champion within the organisation. Staff ensured people's right to privacy was respected and information was only shared with people's consent and with relevant agencies involve in people's care and support.

# 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 and their relatives were involved in putting together personalised support plans. A relative said, "The communication between the company and myself is excellent, I am fully involved, we work as a partnership."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were encouraged and supported to make and maintain relationships with friends and family members. People told us they regularly met up with friends and family and pursued their hobbies and interests. For example, socialising with friends, going to music concerts, eating out, outdoor activities, swimming, on- line gaming with friends and collecting items of film memorabilia.
- People were supported to build their confidence to independently use public transport. One person said they were planning a trip to London, the staff member supporting the person said they would support them to achieve their wish.

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were identified and described in their individual communication profiles.
- Each person had a communication passport that was personalised to meet their individual needs.
- Staff were provided with communication training, which also included Makaton (that uses symbols, signs and speech to enable people to communicate), and picture exchange communication systems (PECS) to aid in supporting people with communication needs.
- We observed staff communicated with people in their preferred way. Staff were skilled in active listening and responding to nonverbal communication.
- The registered manager confirmed in the provider information response (PIR) they worked closely with advocacy services, families, friends and people's circles of support to ensure that information delivered and provided to people was accessible and person centred.

Improving care quality in response to complaints or concerns

- A complaints policy was available. People told us they would feel confident in raising a complaint and knew who they needed to contact. One person said, "I don't have any concerns, but if I did, I would tell

[Support Worker] or the manager."

- We saw records of a concern that had been raised by a relative that had been acknowledged and addressed appropriately by the provider.
- People had regular opportunities to discuss the support they received during house meetings or in private with their named support worker (keyworker).

#### End of life care and support

- An end of life policy was in place, which recognised the importance of respecting people's end of life wishes. However, at the time of the inspection, the service was not supporting anyone who required end of life care.

# 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 Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager and the staff team were committed to delivering a service that followed the values of person centred care.
- People confirmed they had confidence in the registered manager and the staff team. A relative confirmed that staff kept in touch with them and communication was good, they said they felt very involved in their family members care and they and the staff worked as a partnership. They said, "They (staff) are open to ideas and reflect on their own performance."
- Staff confirmed they felt supported by the registered manager and the management team. One staff member commented, "The the management team are always willing and ready to support us." Another commented, "The deputy manager is very supportive to me and my colleagues."

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

- The registered manager and the management team had the specialist skills, knowledge and experience to perform their role and had a clear understanding of people's needs.
- Systems and processes were effective in continually assessing, monitoring and driving up improvement of the service. The quality of care people received, and the staff support systems were monitored by the registered manager and the management team.
- Meetings took place to cascade and share information, and to reflect on events to ensure good outcomes for people.
- The registered manager was aware of their role and responsibilities to meet the Care Quality Commission (CQC) registration requirements. Records showed statutory notifications of notifiable events were submitted to CQC as required by law.

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 understood the duty of candour responsibility.
- Staff knew how to follow the safeguarding procedures, including how to whistle-blow if safeguarding concerns were not listened to or acted upon by the provider.

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

- Regular meetings took place with people using the service and staff and records showed suggestions and ideas were welcomed and acted upon.
- People and relatives were regularly asked about the support they received from the service and the responses were positive.
- The registered manager and the staff team worked with local authorities and health and social care professionals to achieve good outcomes for people using the service.
- Systems were in place and followed to assess the service and the support people received to continually drive improvement of the service.