

Vintage Social Care Ltd

Vintage Social Care Ltd

Inspection report

Suite 15 Unit 3, Q Estate
1487 Melton Road, Queniborough
Leicester
LE7 3FP

Tel: 01164362990

Website: www.vintagesocialcareltd.co.uk

Date of inspection visit:
26 April 2023

Date of publication:
22 June 2023

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

Vintage Social Care Ltd is a domiciliary care agency registered to provide personal care and support to people in their own homes. The service is registered to provide support to older and younger people, people with a learning disability or autistic spectrum disorder, people with dementia, people with mental health needs, and people with a physical disability. At the time of our inspection there were 23 people using the service.

Not everyone who used 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 also consider any wider social care provided.

At the time of the performance review and assessment, the service did not provide a regulated activity to anyone with a learning disability or autistic person. However, we assessed the care provision under Right Support, Right Care, Right Culture, as it is registered as a service for this population group.

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

Right Support:

Staff enabled people to remain independent in their own homes and involved them in all decisions about their care and support. A person said, "I am very happy with it [the service], I couldn't ask for better. They check with me all the time to see if everything is alright." 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; the policies and systems in the service supported this practice.

Right Care:

People were safe and well-cared for by staff who respected their dignity, privacy, and human rights. A relative said, "It is a brilliant service, and it has taken such a weight off my shoulders, I can't tell you the difference it has made." People had regular staff who knew them well. Staff followed personalised care plans written in conjunction with people and their relatives to ensure the care was how they wanted it.

Right Culture:

The service was well-managed, and people and relatives said they would recommend it to others. The manager carried out quality checks and made improvements where necessary. Staff were valued and supported. They were proud to work for the service and dedicated to providing high-quality care. People and relatives said the staff were always kind and caring. A relative told us, "[Person] just loves them and really enjoys having them here."

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 was registered with us on 7 September 2021, and this is the first inspection.

Why we inspected

This performance review and assessment 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.

Vintage Social 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 Health and Social Care Act 2008.

Inspection team

The inspection was carried out by an inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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

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 the manager was in the process of registering with CQC.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we wanted to be sure there would be people available to speak with us.

Inspection activity started on 21 April 2023 when we made telephone calls to people to get their views on the service. We visited the location's office on 26 April 2023.

What we did before the inspection

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 used all this information to plan our inspection.

During the inspection

We spoke with 5 people who used the service and 9 relatives about their experience of the care provided. We spoke with the manager, director, director of care, assistant manager, office manager, and 2 care workers. We reviewed a range of records including 2 people's care records and medication records. We looked at 2 staff files in relation to recruitment, training, and staff supervision. We also reviewed a variety of 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

- People were safe using the service. A relative told us, "[Person] couldn't be safer than with them, it's taken a weight off my mind." Another relative said staff knew how to secure the premises when they had finished their call.
- Staff were trained to recognise signs of abuse and knew who to tell if they had concerns about anyone's safety.
- The provider had safeguarding and whistleblowing policies in place for staff to follow. The manager was experienced in safeguarding and worked closely with the local authority in protecting people from harm.

Assessing risk, safety monitoring and management

- People's risk assessments gave staff clear guidance on how to keep them safe when providing care.
- They covered people's care needs and their environment, where necessary. They were regularly reviewed and updated as people's needs changed.
- A care worker gave us examples of how they provided safe support to a person at mealtimes. They followed the person's risk assessment and care plan for swallowing difficulties.
- Staff supported people in positive risk-taking (taking carefully considered risks that create positive outcomes), involving other health and social care professionals where necessary.

Staffing and recruitment

- People and relatives said staff were punctual. A relative told us, "We have 2 carers 4 times a day and they are bang on time, I couldn't believe it." Staff let people know if they were running late. A relative said, "They are on time and if they are ever going to be delayed, they give [person] a ring."
- The service employed enough staff to ensure people had their care visits as planned and staff had enough time between visits to get to their next call.
- Staff were safely recruited and had the right documentation in place to show they were safe to work with people using care services

Using medicines safely

- People were satisfied with how staff supported them with their medicines. A relative said, "These are the only carers I have ever seen that know what all the medicines are and what they do, so that's all taken care of."
- Staff were trained in medicines administration and had regular observations and competency checks with senior staff. They kept electronic records to show people had had their medicines as required. Senior staff audited these daily.

- Medicines care plans were personalised and instructed staff how to support people with their medicines. For example, one person's stated, 'My tablets are put on my table in front of me, I take them myself 1 by 1.'

Preventing and controlling infection

- People and relatives said staff always wore the PPE (personal protective equipment) and knew how to prevent infections. A relative told us, "They all wear PPE, and they change their gloves between personal care, medicines, and food. They change their gloves every time. I had never seen that before."
- Staff followed government guidance regarding infection prevention and control. They knew what to do if a person using the service showed signs of infection. The manager said, "We have 'COVID packs' we can take to people's homes if they are needed with all the required PPE in them."
- Managers discussed infection control in daily communications and meetings to ensure staff understood how to keep people safe.

Learning lessons when things go wrong

- Staff recorded any incidents or accidents involving people using the service and reported them to the appropriate authorities, including the local authority and CQC, as necessary.
- Systems were in place to ensure learning was taken from incidents or accidents. The manager gave us examples of how 'learning lessons' had led to improvements in people's care and in staff support.

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 of 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

- Senior staff assessed people's care needs prior to them using the service to ensure they could be met. A person said, "[Staff member] came out and did the care plan, they were here about 1 and a 1/2 hours and asked about everything and wrote it all down." A relative said staff visited their family member in a care home to assess their needs.
- Assessments were holistic and covered people's physical, mental health and social care needs. They took into account people's protected characteristics, for example age, disability, race, religion or belief, in line with the Equalities Act 2010.
- People had oral assessments to ensure their dental hygiene and mouth care needs were met. Care plans showed staff supported people with their oral health in the way they wanted.

Staff support: induction, training, skills and experience

- People and relatives were satisfied with how staff were inducted and trained. A person said, "They are the best trained carers I have seen." A relative told us, "If they have a new starter they introduce them over time until [person] is used to them, they are very considerate."
- Staff completed a wide range of training courses and the manager had systems in place to ensure training was up to date. A staff member said, "We do a lot of training, we do extra training, [manager] goes above and beyond to get us the training we need."
- Staff discussed their training and development needs at regular meetings with the manager. Senior staff visited them during care calls to ensure they followed training and guidance and provided good quality care and support.

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

- People and relatives were satisfied with the support staff provided at meal and snack times. A relative said, "They do [person's] breakfast. Because [person] can't say what they want they do a beautiful breakfast tray, like in a hotel, so [person] can choose what they want."
- People had 'nutrition and hydration' care plans with instructions to staff on how to support them to maintain a healthy diet. Staff were trained in food hygiene and knew how to prepare balanced and healthy meals.
- Staff ensured people with risks associated with their eating and drinking had their meals safely. A relative told us, "They [staff] do all the meals for [person], they have to be pureed and thickener put in [person's] drinks, and they do soft puddings. They [staff] always check with me if they are not sure."

Staff working with other agencies to provide consistent, effective, timely care and supporting people to live

healthier lives, access healthcare services and support

- Staff were knowledgeable about people's health care needs and understood the importance of these being met. A relative said, "They [staff] even take [person] to hospital appointments if I can't get time off."
- Staff worked in partnership with health and social care professionals to ensure people's needs were fully met. They advocated for people and referred them to specialists where necessary, for example speech and language therapists and mental health teams.
- People's health care needs were in their care plans and staff completed emergency grab sheets for people in case they needed to go into hospital in an emergency.

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.

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 staff were working within the principles of the MCA and found that they were.

- At the time of our inspection none of the people using the service were being deprived of their liberty. Staff were trained in the MCA and knew what steps to take and who to contact if a person was unable to consent to care.
- People signed consent forms to show their agreement to receive care from the service. Staff also asked for their permission before providing care and offered them choices to ensure they were involved in decision-making on a daily basis.

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 of 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

- All the people and relatives we spoke with made positive comments about the caring nature of the staff. A relative said, "[Person] is the centre of attention and they just love it. The staff listen to music and sing with [person], they are very, very nice." Another relative told us it was 'lovely to see' how well staff got on with their family member.
- Staff went 'over and above' to ensure people's care needs were met and relatives gave us many examples of this. For example, a relative told us how staff stayed on duty when their family member was unwell to ensure they were not alone. Another relative said, "There was a [crisis] one day and I couldn't go but they [staff] just went, they wouldn't leave [person], they are just so good with them."
- People had regular staff who knew them well. A relative said, "It's all the same carers, all people I know, if there is anyone new, they come out with an old one first, till they know what they are doing." Staff confirmed this.
- Staff knew people well and took an interest in their lives, experiences, and families. Relatives who were also carers told us how staff supported and befriended them too. People's equality and diversity needs were recorded, included in care plans, and met.

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

- Staff understood the importance of involving people in their care and support, respecting their decisions, and always asking their permission before carrying out care tasks.
- People's care was under continual review to ensure their needs were met. People and relatives were involved at every stage and their views sought if changes were made.
- The service used a secure mobile phone application to document the care provided. People and relatives accessed their own files on this so they could see how their care was progressing. A relative said, "It's great, it's so detailed, so you can see everything they have done and if there are any concerns."

Respecting and promoting people's privacy, dignity and independence

- Staff encouraged people to remain independent and do things for themselves where possible. A relative said, "We are trying to keep [person] active, so they start a meal and then the carers will take over when [person] falters, and help them."
- Staff listened to and respected the people they supported. A relative said, "They have been so understanding and so patient with [person]. They treat [person] with respect."
- People's personal information was kept securely and staff understood the importance of confidentiality and ensuring people's privacy was maintained.

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

- Care plans were personalised and centred on people's needs and preferences. They included information about people's daily routines so staff could fit in with these.
- Care records included a section called 'Important things to know about me' where people said what they wanted from their care. For example, one person wanted 'to remain independent in my own home'. This meant staff could support the person to achieve their desired outcome.
- Staff were responsive to people's changing needs and care plans were regularly updated. People and relatives were involved in care plan reviews. A relative said, "We have a care plan and they review that lots of times and we have a running discussion about things."
- Staff worked in partnership with people to meet their physical, intellectual, cultural and social needs. For example, one person was supported to do physical exercise and activities in the local community.

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.

- Staff met people's communication needs. For example, a relative said, "One of the carers brought in a chalkboard and they write on who is coming next so [person] doesn't have to worry."
- People's care plans set out their communication preferences and gave staff the information they needed to communicate effectively with people.
- The manager said written information about the service could be provided in alternative formats if required, and staff were always willing to read documents to people if they wanted this.

Improving care quality in response to complaints or concerns

- People and relatives said if they had any concerns they would raise them directly with staff. They said staff always listened, dealt with issues promptly, and let them know the outcome.
- The service's complaints procedure was in its statement of purpose and service user guide which people and relatives had a copies of. The manager and staff encouraged people to speak out if they had any concerns so these could be addressed.

End of life care and support

- At the time of our inspection staff were not providing end of life care and support to anyone using the service. Staff were trained in end of life care and understood the importance of providing this in a way that

met people's wishes and preferences.

- Where appropriate, people's end of life preferences were recorded in advance. A relative told us, "We have an end of life plan ready as [person] wants to stay at home when the time comes."

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 service was set up by a family with personal experience of using care services. The manager said, "The quality of the care we provide is what we'd want for our own family members. That is how we measure it."
- The culture of the service was friendly, positive, and supportive. People and relatives said the manager and staff were always approachable.
- People and relatives told us the service provided exceptional quality care. Comments included: 'the best company we have ever had'; 'in a different league'; 'impeccable', and 'I couldn't have got any better'.
- The manager showed us 7 positive reviews from a public UK home care review website. In these respondents praised the service for providing compassionate care that put people and relatives at the heart of service delivery. Respondents said the service provided continuity of care, and staff were responsive to people's evolving needs and to crisis situations. They also said staff worked effectively with primary health care providers to ensure all people's needs were met.
- Staff told us they were proud to work for the service. A care worker said, "I feel I can put my name to this company. The managers and staff are so dedicated, and we all put the service users first."

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 manager understood the duty of candour which is to be open and honest with people using the service and apologise for any accident or incident that caused or placed a person at risk of harm.
- The manager understood the CQC requirement to notify us about certain changes, events, and incidents that affected the service or the people using it.

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

- The manager had systems in place to monitor and improve the service. These included observations and spot checks of staff, audits of records, and seeking regular feedback from people and relatives. If issues were identified the manager took action to ensure improvements were made.
- People and relatives told us staff were regularly in contact with them asking for their views on the care provided and if any changes or improvements were needed. A relative said, "The office staff come out often and ask questions about what works so that's very good."
- The service used a secure mobile phone application to keep staff up to date with policies and procedure and enable the manager and staff to share information and updates about people's care needs.

- At the time of our inspection the service did not have a registered manager. However, the manager had begun their application to register with CQC.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- We had numerous positive comments from people and relatives about how well staff communicated with them. For example, a relative said, "I have had a feedback form but I talk to them so regularly and they ask me how things are, they are excellent and they make sure I am alright as well."
- People and relatives knew the names of the managers and supervisors working for the service and who to go to if they had any concerns or comments to make.
- The service arranged social and fundraising events for people and relatives to attend if they wished. These had included a tea party, a trip to the seaside, and a visit to a pub.
- Staff told us the service was like a family to them and the people and relatives using it. A staff member said, "The support is unreal, they [senior staff] are amazing. There is nothing they wouldn't do for us or the clients. They are there for us day and night."

Continuous learning and improving care

- The manager and staff were committed to continuous learning. Staff had the training they needed and took part in online and face to face work and discussion groups.
- The manager participated in various local and national learning and development groups and was up to date with developments in social care. Information was shared with staff and used to improve the service provided.

Working in partnership with others

- The service worked in partnership with the local authority and the health authority to support care provision, service development, and joined-up care. The manager and staff made referrals to health and social care professionals to ensure people's needs were met.
- People and relatives said staff advocated for them in their dealings with other agencies. A relative said, "[The staff] have been very good and supported me through social services meetings, they are so helpful."