

Vital Healthcare Services Limited

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## Inspection report

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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?	Requires Improvement ●

# Summary of findings

## Overall summary

This inspection took place on 23 May and 3 June, 2016. The first day of our inspection was unannounced.

The service provides personal care and support for adults with learning difficulties, mental health needs and complex care needs in their own homes. At the time of our inspection 27 people were being supported.

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.

The provider did not have good oversight of the service. Internal audits and quality assurance processes were still being developed and errors and omissions identified by us during the inspection had not been identified and addressed by the service.

The service had been supported by the local authority to improve the quality of care plans. We were concerned that the lack of management oversight would result in this improvement not being sustainable.

People were supported to make choices and were involved in the care and support they received. Staff were trained and supported so that they had the knowledge and skills to enable them to care for people in a way that met their individual needs and preferences. Care plans were very detailed and contained people's likes, dislikes and their preferred routines. There were a range of risk assessments in place to manage and reduce risk to people from receiving care and support and from the activities of daily living. The provider was taking the appropriate action to protect people's legal rights.

People were protected from abuse by staff who had been trained to recognise abuse and were knowledgeable about the risks of abuse and reporting procedures. People received care from a small group of care staff who knew their needs. Safe recruitment practices were followed.

## 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.

People were protected against the risk of abuse. The service had effective systems to manage risks to people so they could participate in daily life and activities of their choice.

People were protected by safe recruitment processes and staffing levels were flexible and determined by people needs.

Medicines were managed safely.

### Is the service effective?

Good ●

The service was effective.

People received support from trained staff that were skilled and knowledgeable in meeting people's needs. They received support from managers to ensure they delivered an effective service.

Staff understood how to make sure people's rights were protected and they encouraged and enabled people to make their own informed decisions and choices.

People's health needs were met and they were supported to stay healthy, active and well.

### Is the service caring?

Good ●

The service was caring.

Caring relationships were developed between people and the staff that supported them.

People were able to express their views and these were respected.

People's privacy was respected.

### Is the service responsive?

Good ●

The service was responsive.

People had been involved in discussions about how their care was assessed, planned and delivered.

Care plans reflected how people would like to receive their care and support.

Concerns and complaints were investigated and responded to.

**Is the service well-led?**

The service was not consistently well-led.

The quality assurance and governance systems were not effective.

Staff felt supported by the service and were highly motivated.

**Requires Improvement** 

# Vital Healthcare Services Limited

## **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 23 May and 3 June 2016. The first visit was unannounced. The inspection was carried out by two inspectors.

Prior to the inspection we reviewed the information we held on the service. This included notifications we had received from the provider about incidents that affect the health, safety and welfare of people the service supported. We checked to see if any information concerning the care and welfare of people being supported had been received. We also spoke with one of the authorities that commission services from Vital Healthcare.

During our inspection we visited the offices of Vital Healthcare where we looked at the care records of five people, training and recruitment records of six staff members and records relating to the management of the service. We visited three people in their own home accompanied by a member of Vital Healthcare staff. People were not able to speak with us about the care and support they received but we carried out informal observations when visiting people in their home and spoke with three family members. We also spoke with the registered manager, and a member of the senior management team.

# Is the service safe?

## Our findings

The provider had a clear policy for safeguarding adults from harm and abuse. This gave staff information about preventing abuse, recognising signs of abuse and how to report it. All of the staff we spoke with could clearly explain how they would recognise and report abuse. They knew who to report their concerns to both internally and to outside agencies, such as the local authority safeguarding team. Staff were aware of the whistle blowing policy and were confident that any concerns they raised would be listened to and fully investigated to ensure people were protected.

Potential risks to a person's safety within their home and community were assessed to ensure that they were supported and enabled to remain as safe as possible. There were a range of risk assessments in place which included actions to take to reduce any potential risks to allow the person to take part in activities such as shopping. Staff told us they felt confident supporting people as care plans contained clear instructions on dealing with risk.

There was guidance in place for staff on the actions to be taken if a person refused support or there was a crisis situation. This included a list of emergency contacts. Staff told us that care plans contained a risk contingency plan which detailed actions to be taken when dealing with challenging behaviour. This showed that staff had information available to minimise the risk to people should they refuse support or become mentally unwell.

Where required for particular behaviours detailed management plans had been produced in conjunction with other healthcare professionals. We saw an example of where the service had worked with the local safeguarding team to produce a detailed risk management plan around a person's behaviours.

The registered manager told us that as they have a mixture of full time and part time staff this allowed the service flexibility to adjust the rota to meet the needs of the people they were supporting. Staff we spoke with confirmed that the service operated a flexible rota system which allowed people to attend clubs and activities.

Staff told us that there was always a member of the management team available should they need additional support or guidance through an on call system that was in place.

The service had recruitment procedures in place to ensure that staff employed to deliver care were suitable for the role. The recruitment process included identity checks, right to work checks, employment history and references. Staff were subject to criminal checks made through the disclosure and barring service (DBS). These checks are to assist employers in making safer recruitment decisions by checking the criminal history of those who wish to work at the service.

People were supported to store and take their medicines in the way they wanted. Care plans contained easy read medicines leaflets explaining the side effects of any medicines they were receiving. There were policies and procedures in place to make sure that people received their medicines safely and on time. Staff had

received training in medicine administration and their competency was checked to ensure they followed good practice and people received their medicines safely.

Where a person required their medication on an 'as required' basis (PRN) there were support plans in place. However, some of these contained clear information as to when a person would require their PRN medicines and some did not. This could mean that staff were not consistent when deciding to give this type of medicines. We asked the registered manager about this who told us that before administering a PRN service policy was that a senior manager should be contacted and this was how the service ensured consistency.

# Is the service effective?

## Our findings

Relatives spoke positively about the staff and were satisfied with the care and support they received. One person said, "They are very good with [relative]."

Staff told us they received regular formal supervision and an annual appraisal. All staff spoken with spoke highly of the support they received from the management team, this included support for individual incidents and with their on-going development. This meant there was an effective system to support and monitor staff so that they were delivering effective care for people.

Records demonstrated that staff had received an induction and training when they started work to help ensure that they followed safe working practices. We saw that a record of training was kept to ensure that staff were booked on refresher training throughout the year. Staff we spoke with said that training was a mixture of face to face training and on line learning. They told us that they received sufficient training to allow them to provide care and support to people effectively.

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. For people living in the community applications must be made to the Court of Protection. We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

We found that people's rights were being protected from unlawful restriction and decision making processes. One person's care plan recorded, 'Always let me make my own mind up and make my own choices.' A member of staff we spoke with clearly demonstrated how they gave people choice and supported them to make their own decisions. Where restrictions had been put in place on a person's liberty we saw that the MCA had been correctly applied. The provider had procedures in place, with training for staff during their induction and on an ongoing basis regarding the MCA and DoLS.

A relative told us that their relative had a problem maintaining a steady weight and that the service had referred them to a dietician for professional advice. Staff told us how they encouraged a varied and healthy diet. People's needs in relation to support with helping to prepare food had been assessed and recorded. Details about what people liked and disliked to eat were included in their support plans so staff knew what to offer people if they required prompting or help to choose between different items. Where a person needed to avoid particular foods such as those containing colouring or caffeine this was recorded in their care plan so that staff were aware and could avoid offering this type of food.

People's care plans contained health passports which contained information on how to support the person to maintain good health and detailed the health professionals involved in their care. People also had

hospital passports to ensure that vital information about how to support them was shared in an emergency. Care plans demonstrated that people had had a full medical review within the last year. Where people required specific areas monitored such as bowel movements this was being carried out in accordance with guidance.

## Is the service caring?

### Our findings

A relative told us, "[Relative] is extremely happy living within her environment. [Relative] feels very comfortable approaching Vital management/staff, has gained friendships, confidence, independence with continuous encouragement and support from the Vital team."

Staff we spoke with were enthusiastic about their role. One member of staff said, "This is the best thing I have ever done. I am helping people." Staff also told us that care plans contained sufficient information to enable them to support the person in the way they wanted. Staff also told us that as they supported one or two people, that this along with the key worker scheme enabled them to get to know the person as an individual.

We saw that the staff treated people in a caring and respectful manner and people were clearly comfortable with the staff, they responded to staff interaction by smiling and chatting to them. We saw lots of laughter and staff having a joke with people. We saw that staff knew people well and had good relationships.

People's care plans were in a format such as easy read and pictorial format, this was to enable people to be involved as much as possible with the planning of their care. People's input included their preferred means of communication and their bedtime routine. Care plans also contained profiles of people's medicines in easy read format so that people could understand more about the medicines that they were taking. As well as people's input, family members' views and advice from health and social care professionals were included to inform the person's care plan.

Care plans reflected people's wishes. One person's care plan said, "Listen to me and give me space when I need it." Another said, "Always let me make up my own mind and make my own choices." Staff we spoke with were able to explain how they involved people in the day to day decisions of daily living such as where to go shopping and ensured that the person felt that their opinion mattered.

Care plans were written in a respectful way and people's privacy was respected. One person said in their care plan, "I don't want to talk about my life as it is private." Their view had been respected and no further information had been recorded. A relative told us, "Information is shared, Vital having a high regard for confidentiality, permission, always being sought from [relative] where necessary."

## Is the service responsive?

### Our findings

Care plans were signed by people evidencing their involvement in writing them. A relative told us, "Positive partnerships between Vital, [relative] and ourselves have been very reassuring, consistent throughout."

The service provided personal care based on each individual's needs and preferences. People's care needs had been assessed before receiving the service, which helped to ensure the service was able to meet their needs. A relative told us, "Prior to [relative] moving into supported living, Vital Healthcare were extremely supportive to [relative] and us as parents, ensuring [relative's] needs and support were tailored to enable the transition to be as smooth as possible."

Each person had an everyday care plan which provided basic information and then specific care plans for key areas such as sleeping and managing emotions, finances, communication, personal care, accessing the community and travelling in a vehicle. People and their relatives, where appropriate, had been involved in the planning of their care through the assessment and care planning process and also at on-going reviews of their care and support. However, it was difficult to see if some care plans had been reviewed as the way review dates were being recorded was inconsistent. Some had the date the review was completed and some had the date for the next review. People had signed, where possible, to say they agreed with the care as part of the process. People had a key worker. The key worker met the person each week and was responsible for ensuring that support plan and risk assessments were up to date and appropriate to their needs.

Care plans promoted independence and covered what a person could do for themselves and what they needed support with. There was evidence of goals that people would like to achieve. For example developing road safety awareness and living in their own flat. One person's care plan said, "You should prompt and encourage me so I gain independence."

The service sought people's views through a variety of methods from informal contacts with people and their relatives, to regular support plan reviews and an annual satisfaction survey. The manager told us they had not had a great response to the recent satisfaction survey and it was being re-done as the response had been low.

Relatives told us the management and staff were very accessible and approachable. They said they could raise any concerns informally with any member of staff or the management team and received appropriate responses. None of the people we spoke with had any complaints but they knew they could contact the service's office if they were unhappy.

The provider had a policy and procedure for managing complaints. This included agreed timescales for responding to people's concerns. Details of how to make a complaint were included in the provider's guide to services which was given to people and their relatives and was also available in an easy read format.

## Is the service well-led?

### Our findings

We did not find the service quality assurance and governance processes to be effective and therefore they could not be used to drive improvement. The registered manager told us that the service quality assurance processes were, "Being developed." Prior to our inspection we were aware that the service had received support from the local authority to develop and improve care planning. Our inspection confirmed that this was being carried out to a good standard. However we were concerned that the lack of management oversight will not result in a continued improvement in the quality of the service provided.

There was a lack of oversight from the management team and actions from audits were not collated to ensure that they were completed. There was no system in place to monitor incidents and accidents. For example on one occasion correction fluid had been used on a MAR sheet. This had been noticed by the person's manager. We could not see where this incident had been discussed with the staff member to ensure that it did not happen again. The management team was not aware of two incidents where a member of staff had administered medicines before receiving their training results, although we found reference to these incidents in records we looked at. The audits used for medication did not cover all of the key areas to check, For example, if there was the right amount of medicines available. Lack of management oversight of records and audits not being fit for purpose could result in errors not being noticed or addressed and trends not identified.

The lack of auditing of care plans had resulted in errors in care plans not being noted and corrected. For example people had health passports in their care plans which detailed how to support someone to maintain good health. One person's passport had information missing regarding eye sight and hearing. In another person's care plan it stated that the person should be weighed two weekly yet minutes of a meeting said the person should be weighed once a week. The care plan was not clear how often the person should be weighed. These types of errors could result in a person not receiving the care and support they required.

Management records, such as training records were not robust. For example, the service supplied us with a copy of the training matrix which showed which staff had completed what training when and therefore when staff need their training updated. We noted that the management team were included on this matrix but did not have any training shown. We queried this with the registered manager who told us that they had not noticed that the matrix did not identify management. They provided reassurance that the management team were up to date with training.

This was a breach of Regulation 17(1) and (2)(a) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff told us they received good support from the management team. Comments included, "There is always someone there if I need advice "and, "If we have any difficulties we can always contact the clinical or line manager." Staff told us that they felt actively involved in developing the service. This was achieved by regular meetings both individual and group. Staff gave us examples of where the management had listened to them with regard to the support a person needed and issues concerning staff, for example when they received

rotas. Tablet computers had recently been supplied to each location where the service provided care and support to facilitate communication between staff and the office.

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
Nursing care	Regulation 17 HSCA RA Regulations 2014 Good governance
Personal care	The quality assurance and governance systems were not effective.