

Digital Home Visits Ltd

Vida London

Inspection report

Mindspace 8th Floor
9 Appold Street
London
EC2A 2AP

Tel: 02039667300
Website: www.vida.co.uk

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Vida London is a domiciliary care service, providing personal care to people living in London.

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. On the day of the site visit, eight people were receiving the regulated activity of personal care.

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

People's medicines were not always being managed safely. The systems in place to assess the risks to people's safety were inconsistent, and ways to mitigate risks were not always clear.

Staff recruitment procedures were not always fully robust. Not all staff had undergone all the relevant pre-employment checks as part of their recruitment.

The management of safety, risk were not always effective.

People trusted the staff and felt safe with them. Staff understood the procedures they needed to follow if they suspected abuse.

Staff understood their roles and responsibilities in relation to preventing and controlling infections.

The registered manager gave us examples of where they had learned lessons from past experiences and how this had improved the service overall.

People using the service were positive about the quality of care they received, and systems were in place to monitor and review the quality of people's care provision.

People who used the service, their relatives and staff thought highly of the newly registered manager and the positive impact they were having at the service.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good. (Report published on 16 May 2019).

Why we inspected

We had concerns about the management of medicines and risk which arose from a recent inspection of a service run by the same provider. As a result, we undertook a focused inspection to review the key questions

of safe and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them.

We have found evidence that the provider needs to make improvements.

We have identified two breaches in relation to safe care and treatment and governance of the service at this inspection. We have also made a recommendation regarding staff recruitment.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Vida London

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.

Inspection team

The inspection was completed by two inspectors 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 houses and flats.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We reviewed the information we had received about the service since the last inspection.

During the inspection

We spoke with one person who used the service, four relatives, and an advocate of a person about their experience of the care provided. We spoke with three members of staff which included the registered

manager, a field supervisor and a care worker.

We reviewed a range of records. These included four people's care records and medicines records. We looked at three staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We reviewed documentation provided and liaised with service commissioners. We also received written feedback from eight care workers.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- The systems in place to assess the risks to people's safety were inconsistent.
- We saw from records of these assessments, that the action staff needed to take to mitigate risks was sometimes unclear. For example, people requiring personal care were assessed for the risk of developing pressure ulcers. The assessment tool that was used required a number calculation to inform how high the risk was. Records showed that whoever had completed this tool had not always used this calculation properly. The risk assessment being used did not give staff a clear understanding of what the outcome of this assessment was. This meant people's safety in relation to their care provision was not always being assessed accurately.

We found no evidence people had come to harm. However, the failure to fully assess the risks to people of receiving care and treatment was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Using medicines safely

- Medicines were not always managed safely. People's medicines risk assessments were not always clear. For example, one person had been assessed as low with their medicines support however on the person's care plan it stated they were assessed as medium.
- Another person's medicines risk assessment had been assessed as low however on the person's care plan it stated they were assessed as high. This meant we were not assured people's medicines risks had been adequately assessed which may put them at risk of harm.
- Medicines records were not always up to date. We looked at three medicines records. Two out of three records were incomplete. The registered manager told us one person's medicines record was not complete for the month of April 2021 because the staff member was not able to access the electronic medicines administration records. Records showed the staff member had recorded medicines given on an alternative electronic system. However, what was recorded only showed that medicines had been given and did not provide any specific detail about the medicines that had been administered. This meant we could not be assured the person had received their medicines as prescribed.
- Topical cream administration instructions were not always clear or consistent. For example, one person's care plan instructions for applying a topical cream did not reflect the instructions on the medicine administration record. This meant we could not be assured the topical cream was administered as required.

We found no evidence people had come to harm. However, the failure to ensure the proper and safe

management of medicines through the recording of people's medicines was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following the site visit, the registered manager told us they had started to do daily medicines audits in place of monthly checks. The registered manager sent us a copy of the daily medicine checks.

- People and their relatives told us they received medicines safely. One person said, "I feel very safe with the staff giving me my medication. They know what to do. Everything is written down what they give me." A relative told us, "[Staff member] stands over [relative] to make sure [relative] takes [their] medication."
- Staff had completed medicines training. Staff felt confident administering medicines. One staff member said, "I have had good [medicines] training." Another staff member told us, "I have a duty of care to ensure I prompt and administer medications."

Staffing and recruitment

- There were sufficient staff in place to meet people's needs safely. People, relatives and staff confirmed this. However, we had mixed feedback from staff about having enough time to provide care for people. Comments from staff about feeling rushed included, "At times [Vida London] do not allow enough time to travel [between care visits], and you end up leaving even before the time you are meant to be there" and "I never have enough time to carry out all of my tasks. I have to leave appointments early to catch transport to get to my other client as close to the start of the appointment as possible." However, some staff commented, "I usually have enough time to carry out my tasks with [people]. I don't feel rushed" and "I have enough time to do everything."
- People and their relatives told us staff were mostly punctual. A relative told us, "[Staff] always stay their full time. Mostly turn up on time. They do ring if they are running late." Another relative said, "[Staff] always turn up. They do give me a call if they are running late which is good." A third relative member commented, "[Staff member] time keeping is very good."
- Staff recruitment procedures were not always fully robust. Not all staff had undergone all relevant pre-employment checks as part of their recruitment. For example, on the day of the inspection we looked at three recruitment records. Two staff members did not have an application form completed on file. The registered manager told us because of an inspection recently at another location for the provider this had been raised as an issue. Since that inspection the service was now getting new staff to complete an application form and records confirmed this.
- Electronic staff files contained appropriate checks, such as references, health screening and a Disclosure and Barring Service (DBS) check. The DBS checks people's criminal record history and their suitability to work with people in a care setting.
- However, on the day of the inspection one recruitment file did not have two references available for a staff member providing care to people. The registered manager followed this up during the day with a staff member responsible for recruitment. The registered manager advised they had not received references as yet. By the end of the inspection the registered manager provided one reference for this staff member and after the inspection we received the second reference. However, one of the references lacked detail such as the date of the reference, company name of the referee, how long the person worked for the company, reason for leaving, and general questions about the staff member. This meant we could not be assured this person was of good character to provide care safely to people.

We recommend the provider seeks advice from a reputable source in relation to recruitment.

Systems and processes to safeguard people from the risk of abuse

- The provider had systems in place to ensure people were safeguarded from the risk of abuse.

- People and their relatives told us the service was safe. One person said, "[Staff] look after me well." A relative told us, "I feel my [relative] is kept very safe."
- Staff had received training in safeguarding people and knew how to report concerns. One member of staff said, "I would report that to my manager. I would go to the CQC and whistle blow [if nothing was done]." Another staff member told us, "If I suspected abuse, I would contact the manager."
- The registered manager was able to describe the actions they had taken when incidents had occurred which included reporting to the Care Quality Commission and the local authority.

Preventing and controlling infection

- The provider was following safe and current guidance to make sure infection outbreaks could be effectively prevented or managed.
- The provider ensured an adequate supply of PPE was available to staff. One staff member told us, "When providing care, we have masks, gloves and aprons. I wash my hands on arrival and before and after many tasks." Another staff member said, "You wear gloves, aprons and masks. I always change my gloves when doing different tasks. Had infection control training. You can pick up [COVID-19] test kits from the office."

Learning lessons when things go wrong

- There was a system in place to record and analyse accidents and incidents, so any trends or patterns could be highlighted.
- The registered manager was able to demonstrate lessons learnt when things went wrong. For example, the service had changed the way they monitored people and staff who received 24-hour live in care because of a safeguarding incident.

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.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The management of safety, risk and governance were not always effective. We identified concerns about people's safety during the inspection due to the lack of oversight, inconsistent administration of medication, recruitment procedures not being thorough, and the lack of robust risk assessments.
- There was an auditing system in place, but this had not been operated effectively and had failed to identify the on-going concerns we found during the inspection.
- We saw from records that people's feedback was gathered on the quality of the service. Telephone surveys had been completed with some people who used the service. Records showed some people had raised concerns. The registered manager told us they had called back these people however, the conversation and outcome had not been recorded.

We found no evidence that people had been harmed however, systems and processes were either not effective or robust enough to monitor the quality and safety of the service. This placed people at risk of harm. This was a breach of regulation 17(Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Senior staff carried out observations of the care team when supporting people in their homes to ensure that care plans were followed. Records showed observations had taken place and staff confirmed this.

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

- The registered manager promoted a positive culture which encouraged openness and enabled staff to provide care that achieved positive outcomes for people.
- People and their relatives said they liked the service provided. One person told us, "I'm happy with the care I receive. The management are very good. I have no complaints." A relative said, "I would say Vida London is a good company. Very happy with the service." A second relative commented, "Up until now I am very happy with the service."
- People and their relatives were positive about the registered manager. One person said, "[Registered manager] is very good." A relative told us, "[Registered manager] always sorts out things for us when necessary." A second relative commented, "It's always sorted when I speak to [registered manager]."
- The registered manager told us they felt well supported by the provider. The registered manager told us, "I

have a lovely manager. He visits every week, generally on Monday. I can call him at any time. We have weekly meeting with all the branches. I can reach out to all the managers. This is one of the best branches I have worked at because of the support I get."

- Staff spoke positively of the registered manager and working for the service. One staff member said, "She's a great manager who really cares about the [staff] and the clients." Another staff member told us, "[Registered manager] is a good manager. She communicates effectively, always leads by example and also demonstrates honesty transparency."

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

- Office staff meetings took place regularly to give the office staff an opportunity to discuss any changes to the organisation, working practices and raise any suggestions. Records confirmed this. However, the service did not meet regularly with care staff to share information and raise concerns. One staff member said, "There are no staff meetings." Another staff member told us, "Vida London could improve on better communication between [care staff] and managers. Maybe a virtual meeting every other month would be helpful."

- People's feedback was sought at their reviews. Telephone surveys were regularly conducted to people who used the service and their relative.

- Equality characteristics were considered during the care planning process. This included people's sexuality, ethnicity and spirituality. Records confirmed this.

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 their responsibilities in relation to duty of candour. Duty of candour is intended to ensure that providers are open and transparent with people who use services and other 'relevant persons' (people acting lawfully on their behalf) in relation to care and treatment.

Working in partnership with others

- The service worked in partnership with the local authority, health and social care professionals and commissioners.

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The registered persons failed to ensure that care is provided in a safe way to service users, including through: assessing the risks to the health and safety of service users of receiving the care, doing all that is reasonably practicable to mitigate risks to the health and safety of service users of receiving the care, and the proper and safe management of medicines. Regulation 12(1)(2)(a)(b)(g)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered persons failed to effectively operate systems to: assess, monitor and improve the quality and safety of the services provided; assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others. Regulation 17(1)(2)(a)(b)</p>