

Vivid Community Care Limited

# Vivid Community Care Ltd

## Inspection report

16-18 Bradford Road  
Brighouse  
HD6 1RN

Tel: 01484213103  
Website: [www.vividcommunitycare.org](http://www.vividcommunitycare.org)

Date of inspection visit:  
10 January 2023  
11 January 2023

Date of publication:  
31 January 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

Vivid Community Care Ltd is a domiciliary care service providing personal care to people in their own houses and flats in the community. At the time of our inspection there were 8 people using the service. 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 inspection, the service was providing personal care to 8 people.

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

We have made recommendations about the safe administration of medicines. People were kept safe from risk and harm and staff had a good understanding of safeguarding processes. Risk assessments were robust and relevant. Staffing levels were safe and reviewed regularly by managers. Infection prevention and control (IPC) systems were in place to reduce people's risk of infection.

People's needs were assessed, and staff were trained to provide support whilst promoting independence. People told us staff were polite and always asked before providing support. People were involved in decisions about their support needs.

Feedback we received from people who used the service and their relatives was complimentary about staff. People were involved in decisions about their support and the provider had innovative ways of engaging with people whilst maintaining dignity and respect.

People had access to healthcare professionals. People and their relatives told us they were involved in the support planning process to ensure it met their needs.

Managers ensured systems were in place to monitor the running of the service. The provider had procedures in place to receive feedback on how to improve support. Managers audited support records, including accidents and incidents to assure themselves of quality. Lessons were learned when concerns were raised, and these outcomes were communicated to staff. Staff worked well in partnership with other agencies to deliver effective support.

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.

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.

At the time of the inspection, the location did not care or support for anyone with a learning disability or an autistic person. However, we assessed the care provision under Right Support, Right Care, Right Culture, as it is registered as a specialist service for this population group.

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

Rating at last inspection and update

This service was registered with us on 24 December 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.

Recommendations

We have made recommendations about the safe management of medicines.

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?

The service was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

# Vivid Community 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

This inspection was carried out by 2 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.

#### 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 there was not a registered manager in post. A new manager had been appointed in December 2022 and they were in the process of registering with CQC.

#### 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 the provider or registered manager would be in the office to support the inspection. Inspection activity started on 10 January 2023 and ended on 11 January 2023. We visited the location's office on 10 January 2023.

#### What we did before the inspection

We sought feedback from the local authority and professionals who worked with the service. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection

We spoke with the nominated individual, the new manager, 1 care coordinator, and 4 support staff. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We spoke with 3 people receiving support and 3 relatives. We reviewed 3 people's support records. We reviewed records and audits relating to the management of the service. We asked the registered manager to send us documents before and after the on-site inspection. These were provided in a timely manner and this evidence was included as part of our inspection.

# 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.

### Using medicines safely

- People's medicines were managed safely. However, body maps were not always used for creams and medicines administered through patches in line with manufacturer guidance.
- The reason people has been prescribed medicines was not always recorded. We noted no harm had occurred regarding these issues and staff responded immediately to rectify the concerns we identified.

We recommended the provider reviews all people's medication records to ensure all relevant information is captured. We recommended the provider consider current guidance on medicines administration and take action to update their practice accordingly.

- People's medication records confirmed they received their medicines as required.
- Staff received appropriate training in the management of medicines and competency assessments were completed by managers.

### Systems and processes to safeguard people from the risk of abuse

- The provider had appropriate systems in place to safeguard people from abuse.
- The manager ensured staff were aware of the different types of abuse. Staff had been trained in their responsibilities for safeguarding adults and knew what action to take if they witnessed or suspected abuse.
- Actions were taken by the provider to keep people safe and to share any lessons learned to help prevent recurrences.

### Assessing risk, safety monitoring and management

- Managers identified risks to people's safety and implemented procedures to manage them.
- Staff were trained to meet people's needs and to promote their safety.
- Relatives felt people were supported to stay safe. One relative told us, "I have no concerns at all about this service, they are really good. I don't have any concerns about [my relatives] safety."

### Staffing and recruitment

- The provider had safe recruitment processes to ensure staff were suitable to support vulnerable people.
- There were enough staff to meet people's needs. Managers reviewed staffing levels and made changes when required.
- Staff told us recruitment was ongoing. One staff member said, "The new manager is very serious about recruitment and improving staffing levels so we can support more people. Managers come out with us to support people so there are no missed calls; we all work as a team and stay as long as people need us."

- People said they were aware the service had been short-staffed but there was no impact on visits. One person told us, "Staff are brilliant; the [service] does have some [staff] shortages but I never feel rushed, I see the same staff each visit, and [staff] always stay for the full amount of time."

#### Preventing and controlling infection

- The provider used effective infection, prevention and control measures to keep people safe, and staff supported people to follow them.
- Managers had plans in place to alert other agencies to concerns affecting people's health and wellbeing.
- The provider's infection prevention and control policy was up to date.

#### Learning lessons when things go wrong

- Systems were in place to support staff reporting and recording any accidents and incidents.
- Complaints, concerns and incidents were recorded and followed up.
- The manager ensured lessons were learned and practice changed if any trends were identified.



# 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

- The provider ensured people's needs were assessed before support commenced.
- Managers maintained an overview of people's changing needs to make sure assessments and support plans were up to date.
- People's health and support needs were clearly recorded within their support files by staff.

Staff support: induction, training, skills and experience

- The provider ensured staff received effective induction and training, including enrolling all new staff on the Care Certificate. The Care Certificate is an agreed set of standards defining the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards which should form part of a robust induction programme.
- Staff told us they completed shifts with existing staff as part of their induction. One staff member said, "Staff have face to face and on-line training as well as 'shadowing' existing staff. Managers then assess our competency before we work alone."

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

- The provider ensured people's support files included information about their needs regarding fluids and nutrition.
- Staff monitored people if they were at risk of poor nutrition and involved healthcare professionals where required.
- Managers recognised people's cultural and religious needs and ensured staff respected people's needs and wishes when supporting them at mealtimes.

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

- The provider worked closely with a range of professionals and partner agencies, to ensure people received effective support.
- The manager coordinated support packages to ensure staff with the relevant skills were always available to support people.
- Oral health support needs were met by staff where this was identified as a need; this was recorded in support plans.
- Staff told us managers worked with other healthcare services to provide extra training to meet people's needs. One staff member said, "We support people with a lot of different needs. Recently we started to

support someone with a health need we hadn't supported before; managers and health professionals trained us in how to support the person before we started delivering care."

- Relatives felt staff were effective and well-trained. One relative told us, "Staff really know what they are doing; they work well with other health professionals and support us with referrals for equipment and advice."

#### 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.

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 service was working within the principles of the MCA.

- The service worked within the legal requirements of the MCA. Assessments of people's needs included an assessment of people's capacity to choose and make decisions. The assessment covered details of any Lasting Power of Attorney in place.
- People were supported to make their own decisions and choices. Capacity assessments had been carried out when required and decisions had been made in people's best interest for those who lacked capacity.
- Staff received training and understood the principles of the MCA and how they applied this to their day to day work.

# 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

- People received kind and compassionate support from staff who used positive, respectful language which people understood and responded well to.
- The provider made equality and diversity policies available to help ensure people were treated fairly, regardless of their age, sex, race, disability or religious belief.
- People told us staff were caring and respectful. One person said, "Staff treat me with dignity and respect, and I am involved in all decisions about my support; staff are very encouraging."

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

- The provider ensured people were fully involved in decisions about their support and treatment.
- People said they were asked regularly by managers if they wanted to make any changes to their support plans, and the plans were changed accordingly. One person said, "I can talk to them openly and I do feel involved in all decisions about my support. I am extremely happy with the support I receive and would definitely recommend the service."

Respecting and promoting people's privacy, dignity and independence

- Staff promoted people's independence and ensured privacy was maintained.
- Support plans described what people can do for themselves and staff prompted this to ensure independence was maintained.
- Staff understood the importance of respecting people's privacy and supporting them to be as independent as possible in their own home.
- People said staff were supportive of their needs and wishes. One person told us, "Staff ask for consent before they support me; they do it in an informal way such as checking I feel ready. Staff take notice of how I am, such as noticing if I'm a bit quiet on a particular day."

# 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

- The provider ensured people's support plans described their support needs, were reviewed regularly, and were person-centred, containing people's likes, dislikes and preferences.
- Managers empowered staff to have a good understanding of people's needs and kept them informed of any changes to people's support.
- People told us staff supported their choices and preferences. One person said, "Staff are aware of my goals and they are very encouraging as I want to be as independent as possible. We plan my support around my progress and abilities." Another person said, "I have choice over what support I have and how it's done; staff involve me and my relatives in all decisions and we never feel that we are being ignored or not listened to."

Meeting people's communication needs

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.

- The manager ensured people had their communication needs assessed as part of their initial assessment; these needs were regularly reviewed.
- The provider enabled people to access information in different languages, easy read versions and in large print if needed.
- The registered manager ensured staff were recruited who could meet the support needs of people whose first language was not English.

Improving care quality in response to complaints or concerns

- People knew how to complain and had access to the relevant policy via the website. Complaints were tracked and lessons learned.
- Staff told us managers were responsive to their concerns. One staff member said, "I thought I needed more time to meeting one person's support needs; I spoke to the manager and the person was reassessed."
- Relatives said they knew how to contact managers if they had concerns. One relative told us, "If I had any problems I would get in touch with [managers] in the office. I have met the new manager and they seem very pleasant. Staff also get in touch with the managers if they have any concerns, and then the managers get in touch with us. they don't take any chances with people's safety."

## End of life care and support

- At the time of the inspection no-one was at the end stages of life.
- People's support records identified if they had a 'do not resuscitate' order in place.
- Staff knew how to support people and how to access the appropriate health professionals to ensure end of life needs were met.
- Where people had been willing to discuss their wishes for this stage of life, their support record reflected this.

# 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.

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

At the time of inspection Vivid Community Care Ltd did not have a manager registered with the Care Quality Commission. A registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. The previous registered manager had left, and their replacement was in the process of completing the registration process.

- The provider had effective systems in place to monitor and assess the quality of the support provided, including monthly audits.
- The manager and staff understood the requirements of their roles, and staff felt well supported by the management team.
- Staff told us they had regular meetings and updates from managers. One staff member said, "Managers come out and support us as well as carrying out supervisions and spot-checks. When people's support needs change, we get contacted by the care coordinator."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The manager led by example and demonstrated an open and transparent approach; managers were passionate about promoting a person centred, inclusive and empowering staff culture.
- The provider worked closely with people to ensure staff understood their support needs and could deliver quality outcomes.
- The provider had robust processes in place for receiving feedback and suggestions on how to improve the quality of support.
- People said they were regularly contacted by managers. One person said, "The last manager asked me for feedback through a link they sent us. The new manager and their boss came around to talk to us recently and we got a good impression of them."

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; Continuous learning and improving care

- The provider fully understood their responsibilities around duty of candour and had transparent processes for investigating concerns.

- People felt comfortable raising concerns with managers and were confident they would be listened to.
- Notifications were sent to relevant authorities in a timely manner and managers responded promptly to any follow-up questions.
- The provider had a series of audits in place to monitor, support, and highlight areas for improvement. Any improvements were actioned promptly to improve outcomes for people receiving support.

#### Working in partnership with others

- The provider worked in partnership with other agencies to ensure people received support to meet their needs.
- Staff worked closely with other healthcare professionals. People's support records showed involvement and guidance from other agencies, for example, the district nursing teams.
- Healthcare professionals told us the provider was responsive to people's needs. One healthcare professional said, "I have found them to be responsive and willing to engage; they notify us of concerns in a timely manner. I have no concerns at the moment."