V.I.P Care Solutions Limited

VIP Care Solutions

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Requires Improvement
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Requires Improvement
Is the service well-led?	Inadequate

Summary of findings

Overall summary

This comprehensive inspection took place on 20 February 2018 and was announced. We gave the registered manager seven days' notice of the inspection. This was because when we contacted them to give two working days' notice of the inspection to make sure they would be available during the inspection, as per our processes when we inspect domiciliary care agencies, they were not available.

The last comprehensive inspection took place in November 2016. The service was rated 'Requires Improvement' in the key question 'Is the service Well Led?' but 'Good' overall. We found a breach of Regulations relating to good governance. Following the inspection, we asked the provider to complete an action plan to tell us what they would do, and by when they would make the necessary improvements to meet the regulations. We then undertook an announced focused inspection in March 2017 to check that improvements to meet legal requirements planned by the provider after our November 2016 inspection had been made, and found that some improvements had been made but not enough to meet all the regulations.

This service is a domiciliary care agency. It provides personal care to people living in their own homes in the community. It provides a service to older people, people with learning disabilities, physical disabilities and mental health needs including dementia. At the time of the inspection, two people were receiving a service for the regulated activity of personal care.

The owner of the business was the Nominated Individual and registered manager, and ran the service with a relative, who was the service's only care worker. 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.

During the inspection on 20 February 2018, we found safe recruitment procedures were not always followed as the provider could not evidence they had a second reference for the care worker to ensure they were suitable to work with people using the service.

Risk assessments and risk management plans were not robust enough to minimise risks to people using the service. For example one person at a high risk of falls did not have a falls risk assessment.

People were not always protected against the risks associated with the management of medicines. The medicines risk assessments were not up to date. Nor was the medicines training for the care worker or their competency assessment to manage medicines.

The registered manager and care worker, told us the care worker had up to date supervisions, appraisals, training and spot checks but they were unable to provide any written evidence of this happening. Therefore we could not be sure the care worker had the skills and knowledge to deliver effective care and support.

There was no information in people's files indicating if they had consented to their care. However the care worker understood and supported people's right to choose how they would like their care delivered and people using the service confirmed this. We recommended the provider follow guidance from reputable sources to better demonstrate how they comply with the principles of the Mental Capacity Act 2005.

The people we spoke with indicated that the care delivered was personalised and responsive to their needs but care plans were not always up to date and reviews did not have outcomes to reflect people's current needs or how issues had been addressed. Therefore the care worker did not have guidelines to effectively care for people in a way that met their needs.

The provider had data management and audit systems in place to monitor the quality of the care provided. However records were not monitored effectively to ensure there were no gaps in the required information and there was an overall issue with administrative tasks and records not being organised or accessible when needed.

The provider had policies and procedures in place to safeguard people from abuse and the care worker knew how to respond to safeguarding concerns to help ensure people received care safely. There had not been any incidents or accidents with the service, but there were procedures in place to manage any incidents or accidents.

The provider had an infection control policy in place and the care worker understood how to protect people against the risks of the spread of infection.

People's dietary requirements were met and the care worker knew how to support people to maintain good health.

The people using the service said the care worker was kind and caring and spoke well of them. People were involved in their care planning.

The provider had not had any complaints, but had a complaints procedure to record, investigate and follow up complaints in a timely manner.

The registered manager was available to people using the service and the care worker, and listened to their concerns.

We found five breaches of regulations during the inspection. These were in respect of safe care and treatment, staffing, person centred care, fit and proper persons employed and good governance. You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

The provider did not always follow safe recruitment procedures to ensure care workers were suitable to work with people using the service.

People did not always have robust risk assessments and risk management plans, including medicines risk assessments, to minimise the risk of harm.

Lessons were not always learnt as the provider had not taken action to improve safety in the service.

The care worker knew how to respond to safeguarding concerns.

There was a procedure in place for the management of incidents and accidents.

The provider had an infection control policy in place and the care worker understood the risks around the spread of infection.

Is the service effective?

Requires Improvement

The service was not always effective.

The registered manager and care worker said the care worker received up to date supervisions, appraisals, spot checks and training but could not always evidence this.

There was no information in people's files indicating if they had consented to their care.

The provider carried out an assessment of people's needs which became the basis for the care plan.

People's dietary requirements were met and the care worker knew how to support people to maintain good health.

Is the service caring?

Good

The service was caring.

People said the care worker treated them kindly and with respect.

People were involved in making decisions about their care.

Is the service responsive?

Requires Improvement

The service was not always responsive.

People were involved in planning their care but the written care plans and reviews were not up to date so that they reflected people's current needs and interests.

The provider had not had any complaints but had a procedure in place to follow.

The service did not currently provide support for end of life care.

Is the service well-led?

Inadequate

The service was not always well led.

The provider had data management and audit systems in place to monitor the quality of the care provided. However these systems and checks were not effective in improving the quality of the service people received.

People using the service and the care worker had the opportunity to provide feedback to the registered manager.

People and the care worker told us they could approach the registered manager and they listened.

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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 checked 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.

The inspection took place on 20 February 2018 and was announced. We gave the registered manager two working days' notice as the location provided a service to people in their own homes and we needed to confirm the registered manager would be available when we inspected. They were not available until a week after the original planned inspection, and therefore had seven working days' notice. The inspection was carried out by one inspector.

Prior to the inspection we looked at the information we held on the service including notifications of significant events and safeguarding. Notifications are for certain changes, events and incidents affecting the service or the people who use it that providers are required to notify us about. We also contacted the local authority's safeguarding team and commissioning team to gather information about their views of the service.

During the inspection we spoke with the registered manager and the only care worker working in the service. We viewed the care records of both people using the service and the care worker's file that included recruitment, supervision, appraisal records and records. We also looked at records relating to the management of the service including service checks and audits.

After the inspection visit we spoke with two people using the service and contacted two social care professionals to get their views on the service.

Requires Improvement

Is the service safe?

Our findings

At the inspection we found the provider had some systems and processes in place to safeguard people from abuse. However the provider could not evidence that they always followed safe recruitment practices as we only saw one reference for the care worker. The registered manager said there was a second reference but they were unable to locate it. Additionally we saw that the registered manager had an up to date criminal record check completed by another agency and the care worker's criminal record check was from five years ago in May 2013. The registered manager said they had recently submitted a new criminal records check for the care worker but they could not find the confirmation email. This meant we could not be confident the provider had taken sufficient steps to ensure staff were suitable to work with people using the service.

This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Risks to people were not always assessed and the risk management plans were not always clear or up to date. For example, one person's 'service user risk assessment' was dated March 2016 and did not have robust risk management plans. Under the heading of 'health' for one person, the assessment asked if the person had a physical or mental disability. The answer was 'yes' but there was no explanation of what the health risk was or how to manage it. Under the heading 'Can you walk outside' was written 'Reduced mobility and high risk of falls and needs assistance with the use of wheelchair', but there was no mobility assessment, falls risk assessment or guidance for mobilising the person. In another person's 'reason for assessment', it said, 'likely to be [health condition] at any time' but there was no risk assessment for this. We did see a loose piece of paper not in the person's file that noted the person had the health condition, but there was nothing to indicate it was a risk assessment and it was not in the person's file. This meant the risks to people's wellbeing and safety had not always been appropriately assessed and the risks minimised.

For both people using the service, the medicines risk assessments had been completed when the person was first supported by the service and stated they self-administered medicines. The assessments were dated 2013 and 2015 and listed all the medicines the people were taking. The registered manager said both people were still self-administering. We spoke with them about having up to date information that reflected the current position of the person and the medicines they were currently receiving, and they agreed to update the risk assessments.

The above two paragraphs show a breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager understood their responsibility to raise, record and report safety incidents appropriately, but, as no safeguarding adult alerts or incidents had occurred in the service, they had not had cause to review and learn from these types of concerns. However the areas we raised concerns around in this inspection were largely focused on poor administration, which could pose risks to people using the service. This was raised with the registered manager at the last inspection. Therefore the provider had not learnt lessons from the last inspection and taken action to improve safety in the service.

People using the service told us they felt safe. One person who was supported by the care worker to go shopping for them told us they were happy with this arrangement and said, "[Care worker] brings me the receipts, I trust her, she's very honest." Both people said the care worker arrived on time and always stayed for the agreed amount of time.

The provider had whistleblowing and safeguarding policies and procedures that provided guidance for staff. When we spoke with the care worker, they were able to identify the types of abuse and knew how to respond to concerns. They said, "I would contact the office and let the manager know and he'll inform social services. I can also contact CQC (Care Quality Commission)." The service did not have any safeguarding notifications but the registered manager was aware of their responsibility to inform CQC and the local authority of any safeguarding alerts. The provider had an incident and accident policy with a form indicating they would investigate, make recommendations and inform the relevant agencies. However there had never been an incident or accident recorded in the service. The care worker told us if there was, they would "call 999. Do what they tell you on the phone, wait for the ambulance and tell the office. I would put it in the communication log book."

The service did not administer medicines to either person using the service. The care worker told us, "I ask if they have had their medicines. If I prompt them I record it on the log sheet and if they don't take it, I call the office." The medicines policy and procedure were up to date and covered all relevant areas.

People were protected by the prevention and control of infections. The care worker knew about the infection control policy and said when they were providing care they had to, "Wash hands, use gloves, aprons, shoe covers, protective clothing and gels and sanitisers."

The provider could demonstrate they had planned for different emergency situations and had a contingency plan, dated July 2017, for situations such as employees unable to attend work.

Requires Improvement

Is the service effective?

Our findings

The service only had two staff members, the registered manager and one care worker. The registered manager was also a registered nurse and worked for a nursing agency which provided them with training. The care worker we spoke with indicated they had the skills, knowledge and experience to deliver effective care and told us, "I love doing it. I do it every day and it's a part of me. I have the knowledge to know what I am doing and sometimes the legislation changes and you have to go for training.

In June 2017, the care worker had completed a one day mandatory course that covered topics such as safeguarding adults, health and safety and moving and handling. We discussed with the registered manager that due to the volume of 12 topics covered in a day, these could only be seen as refresher courses. The registered manager could not show us a database to indicate when the care worker had last completed courses but we did see a training certificate for safeguarding adults dated June 2017 in addition to the mandatory one day training. The care worker also said they thought they last attended medicines training in 2016, but the registered manager was not able to evidence when the care worker last had medicines training or undertook medicines competency testing. This meant although no one was currently receiving support with their medicines, if anyone's needs changed there was no evidence the care worker had received appropriate training.

The registered manager told us the care worker was due to begin the Care Certificate which is a nationally recognised training based on a set of standards that gives staff new to care an introduction to their roles and responsibilities within a care setting. However we noted in the team meeting minutes from June 2017, it also said the care worker was due to imminently start their Care Certificate but eight months later, at the time of the inspection, they had not yet started the training.

The care worker told us, "Because we see each other every day, it's like supervision every day because he [registered manager] always asks me how work is. He sits down and asks me how I feel. We talk about the care, any issues and any training" and "I think he did an appraisal recently. It helps me to know where I am and where I am doing well or not well and if I need help he asks. If I have any issues, I discuss it with him."

The registered manager said they completed supervision with the care worker every three months and that they last had supervision with the care worker in December 2017. They also told us the care worker's last appraisal was in March 2017. However they did not have evidence of either meeting taking place as they said they had archived the paperwork. We gave the registered manager the opportunity to email evidence of the meetings after the inspection, but they did not.

The lack of evidence to demonstrate supervisions, appraisals, observational spot checks, competency monitoring and training were up to date meant that we could not be sure the care worker was being adequately supported in their role or that they had the required skills to support the people they provided care for.

This was a breach of Regulation 18 of The Health and Social Care Act 2008 (Regulated Activities) Regulations

2014.

The 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. We checked whether the service was working within the principles of the MCA.

People we spoke with said that the care worker always gave them choices and supported them to make decisions. Comments included, "If I say I want this or that. She'll do it for me. She's quite good. I would recommend her to anyone" and "She's very cheerful. She asks me what I want and I have choices." When we spoke with the care worker, they indicated they understood the principles of the MCA and told us, "It means people being able to decide and make decisions for themselves. If they can't make decisions, some have power of attorney where family get involved. I have to ask if they consent. They might decide I don't want a shower today. You don't force them, you get their consent."

However, during the inspection, there was no information in people's files indicating if they had consented to their care. We recommend the provider follow guidance from reputable sources to better demonstrate how they comply with the principles of the Mental Capacity Act 2005.

People's needs and choices were assessed when they started to use the service and then used as the basis for the care plan. The assessment profile form included the person's religion, ethnic origin, language, preferred name and reason for the assessment. The care plan listed all the tasks required and had guidelines for the care worker to provide the required support to people. One person wrote in their survey in October 2017, "The service is effective. The staff are agreeable, well managed and helpful, and present as cheerful, and are affectionate in their outlook."

The care plans did not contain information about people's food likes and dislikes, or for one person with a specific health concern, how certain foods impacted on their condition. However, under the heading of 'culture' one person's care plan noted their cultural preference for food and the people using the service told us they made choices about what they wanted to eat. Both people were supported to prepare breakfast and one also had support to prepare dinner. Both people were able to tell the care worker of their food likes and dislikes. The care worker told us because one person liked food from their own culture, they had learned, under the direction of the person using the service, how to cook food as the person liked it. They said, "So now I can provide them with what they want."

The care worker liaised with a number of social and health care professionals including pharmacists, social workers and GPs. For example one person had seen the GP after the care worker made an appointment for them and when the nurse visited the person the care worker was there with the nurse to provide support to the person using the service. While the care worker was talking to the nurse she raised that the person was still waiting for an occupational therapy appointment to be followed up.

We saw people had completed healthcare passports to provide healthcare professionals with information about their current health needs. However one document was not dated, so we could not be sure the information was up to date. The care worker knew what to do if someone was unwell and said, "Because I deal with the person every day, I know if they are unwell because of their mood or they look unwell. I talk to them, call the GP and report back to the office and document it on the log sheet."

Good

Is the service caring?

Our findings

The people using the service said the care worker was kind and caring and spoke well of them. Their comments included, "She's [care worker] very kind. She's like a daughter. We do things together. She's very kind and caring. She helps me when I need help. She keeps me going" and "She's caring and we have a laugh. No problem."

The care worker understood loneliness was a challenge for people and provided a level of emotional support. They told us, "Sometimes I sit down and chat with them because I am aware of their loneliness and it helps me to know what is going on for them" and "I don't see anything they want and I'm not on top of it. I like to get their first and be on top of it. For example I will chase up the doctor."

People told us they were involved in making decisions about their care and were able to express their views, so their wishes were taken into account. For example, one person told us, "I am very fussy with my food. She [care worker] cooks my way or she knows I won't eat it."

The care worker promoted people's independence and told us, "Give them independence to do as much as they can. Get them involved and have a routine so they know what is happening. Give them a choice of breakfast, what they want to wear. I have to constantly ask what they want."

People we spoke with told us the care worker was respectful and the care worker said when they were supporting people with personal care, "I respect their privacy and close the door. I ask for their consent first and involve them in what you are doing."

People's files contained service user guides which contained information about the range of services provided and had been signed for by the person using the service. It also contained a number of useful contact details including the registered manager, the local authority and the advocacy service for MIND a mental health charity, if people thought they might need support to help them make decisions.

Requires Improvement

Is the service responsive?

Our findings

The people we spoke with indicated that the service delivered was personalised and responsive to their needs. Both people using the service told us they had a care plan and we saw these were based on people's initial assessed needs. One person said the care worker and the registered manager reviewed the care plan with them. However information in care plans was not well recorded. For example one person's care plan said they required support to go to church on Sunday but did not specify how. When we asked the care worker she said it was no longer the case, that the person required support going to church. This indicated the care plan was not updated when changes occurred.

Both people had a form in their files that had the date of their review and the person's signature beside it. However there were no minutes or outcomes from the reviews. One person had a review held in November 2016 because they had been admitted to hospital and on their discharge, the local authority had put in extra support from another agency but there were no minutes, outcomes or actions recorded to indicate how the person's needs had changed. The review said the next review was due in February 2017 but we did not see any review minutes for this review either. Another assessment review also in November 2016 was only a single line recording that the person was asked if they required extra care as they were forgetting to take a specific medicine after eating. However there were no further minutes or outcomes to demonstrate how the agency responded to the person forgetting to take their medicine.

The provider has also not considered people's wishes and thoughts about the future and end of life care, should their needs change. As a result there was no information about this area of care in people's records.

We saw loose pages not in the files, that were headed 'problem, aim and plan of care' that seemed to be a combination of reviews, risk assessments and issues arising. A second loose piece of paper headed 'quality meeting' dated 24 July 2017 for one person discussed the person's health condition which should have had a risk assessment and guidelines for the care worker to follow. This indicated a lack of clarity in the files to evidence how support was being delivered, monitored and improved.

The registered manager did not have any communication logs available at their office for us to look at. At the inspection, they agreed to email us copies of communication logs from the last month but had not done so at the time of writing.

This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The care worker was able to tell us about people's individual needs and they were familiar with the different routines and preferences of people using the service.

There was a complaint form in the service user guide, which one person using the service confirmed to us. We saw a complaints procedure dated December 2017 and a complaints form for use by the provider to record and monitor complaints which included the investigation, findings and proposed response. However

the registered manager told us the service had never had a complaint.

The care worker told us if there was a complaint, the person normally rang the office. In addition, the registered manager completed spot checks to check on people and discuss their complaints.

Inadequate

Is the service well-led?

Our findings

At the inspection on 30 November 2016, we identified a breach of regulation relating to good governance because some the records relating to the way in which the service was managed were not clear or easily accessible. The registered manager could only provide evidence for one staff meeting and one record of a spot check, both of which were handwritten and difficult to read and although we were told that staff had received training, the registered manager was unable to provide evidence of any recent training. At the focused inspection on 20 March 2017 to check that improvements to meet legal requirements had been made after our November 2016 inspection, we found some improvements had been made but not enough to fully meet the requirement.

During the inspection of 20 February 2018, we saw the provider had again not made enough improvements to meet the regulation as their data management systems remained ineffective and some of their paperwork inaccessible. The provider had a quarterly management audit that was last completed in February 2018. The audit did not reflect what we saw of the service. For example, it was ticked that the complaints book was in use. We did not see this. It was also ticked that employee files were maintained and reviewed for current information. There was only one employee file. This was not organised, had loose papers in it and the information it contained was not up to date. For example we did not see a second reference, the safeguarding training certificate, the confirmation email that a criminal check had been requested and records of recent supervisions or appraisals. This meant the audits carried out to review the quality of the service provided were not always effective in identifying areas to improve or potential risks so these could be addressed and minimised.

Similarly the files of the two people using the service were not in good order and many of the documents we viewed were given to us as loose pieces of paper. Not all risks had a risk assessment or management plan. The registered manager and the people using the service confirmed they had care plans reviews, but these were not documented with enough detail, clear outcomes for people, or actions to indicate where improvements were needed

The registered manager said they completed spot checks every three months, which the care worker and one person using the service confirmed. The spot check form was robust and included a discussion with the person using the service, comments and an action plan. However the registered manager was only able to show us one spot check from April 2017.

In addition, the registered manager was not demonstrating good leadership in terms of fulfilling their responsibilities. Prior to the inspection the provider was required by CQC to complete a Provider Information Return (PIR) in October 2017. The PIR is a form that asks the provider to submit some key information about the service, what the service does well and improvements they plan to make. The registered manager was having technical difficulties uploading the information to CQC's site and although they made contact initially to tell CQC they had a problem, when CQC said the problem had been resolved, the registered manager said it had not but did not follow this up. As a result they did not submit a PIR as required.

The above paragraphs were a repeated breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager was a nurse who told us they had their registration and Continuing Professional Development (CPD) up to date. They worked for another agency at a hospital where they completed in house medical training. The registered manager did not have much contact with other social care providers or organisations and we discussed attending the local authority's provider forums which they said they would do.

The care worker felt supported by the registered manager and said, "We talk and discuss daily. If I have any issues we talk", "He is thorough and he supports me. The work business is the main [concern]" and "It's well led. [Registered manager] knows what is going on and what is happening to the service users and their needs."

People using the service had the opportunity to provide feedback in annual satisfaction surveys which indicated people were happy with the support and care they received. We also saw evidence of monthly team meetings where the care worker and the registered manager had the opportunity to discuss the development of the service.

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	Regulation 9 HSCA RA Regulations 2014 Person-centred care The registered person did not ensure the care and treatment of service users was appropriate, met their needs and reflected their preferences. Regulation 9(1)

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The registered person had not always assessed the risks to the safety of service users or done all that was reasonably practical to mitigate such risks. Regulation 12 (1) (2) (a) (b)

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The registered person did not assess, monitor and improve the quality and safety of the services provided. Nor did they maintain accurate, complete and contemporaneous records in respect of each service user, persons employed in the carrying on of the regulated activity or the management of the regulated activity. Regulation 17 (1) (2) (a) (c) and (d)

Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The registered person did not make sure that recruitment procedures were operated effectively to ensure the information specified in Schedule 3 was obtained in relation to each person employed. Regulation 19 (1) (3) (a) Schedule 3

Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The provider did not ensure that employees received appropriate support and training to enable them to carry out the duties they were employed to perform. Regulation 18 (1) (2) (a)