

Dr Vita Roga-Wiles

Vitascare

Inspection report

58 Walesby Drive
Kirkby In Ashfield
Nottingham
Nottinghamshire
NG17 7PF

Tel: 07446276581
Website: www.vitascare.org

Date of inspection visit:
22 July 2019

Date of publication:
14 August 2019

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

Vitascare provides care and support to people living in their own homes and accommodation. 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. There was one person using the service who had a variety of support needs.

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

Staff knew the person well and supported them in line with their preferences and wishes. The person's first language was not English and staff were recruited and communication aids in place to support this.

The person and staff told us they felt safe at the service. The person received support to take their medicines safely. Risks to the person's well-being were recorded and updated when their circumstances changed. Staffing was provided at safe levels that enabled the person to access the community when they chose to with support.

The person's right to make their own decisions were respected. Healthcare services were sought if needed. Staff received training according to their preferred learning style and had appropriate skills and knowledge to deliver care and support in a person-centred way.

The person was supported to access the community when they so wished.

We saw staff supported the person's privacy and helped them with independence.

Systems to monitor the quality of the care provided were effective. The service worked well with other community partners and the provider was a regular presence at the service to check the person was happy with their care.

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

The last rating for this service was good (published 20 October 2016).

Why we inspected

This was a planned inspection based on the previous rating.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Vitascare

Detailed findings

Background to this inspection

The 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.

Inspection team

One inspector carried out this inspection.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats and specialist housing.

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

This inspection was announced. We gave the provider 24 hours notice so that someone would be able to meet with us at the office location.

What we did

Before the inspection we reviewed information available to us about this service. This included details about incidents the provider must notify us about, such as abuse; and we sought feedback from commissioners and professionals who work with the service. We assessed the information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection we spoke with the registered manager who was also the provider, the senior care staff and the person who used the service.

We looked at the person's care records and two staff members records. We looked at records relating to the management of the service. These included accident and incident records, meeting minutes and quality assurance records.

Is the service safe?

Our findings

Safe – this means 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 remained good.

This meant people were safe and protected from avoidable harm.

Safeguarding systems and processes, including recruitment

- The person we spoke with said they felt safe. They said, "I am happy about everything."
- The provider had effective safeguarding systems in place and all staff spoken with had a good understanding of what to do to make sure people were protected from harm or abuse. They had received appropriate and effective safeguarding training and records we viewed confirmed this.

Assessing risk, safety monitoring and management

- Risk assessments were in place to reduce the risks for people. These included environmental and individual risk assessments and provided staff guidance on actions to take to reduce the risk.
- The service would assess people prior to people using the service to ensure that the service could safely meet the person's individual needs.
- We saw specialist moving and handling equipment was safe and staff were trained in its use.

Staffing and recruitment

- Staffing was provided consistently by a staff team whom the person had been involved in their recruitment.
- Our observations during the inspection indicated that staff were quick to respond to people's needs.
- Staff files showed that appropriate records including checks from the disclosure and barring service (DBS) and references were in place.

Using medicines safely

- Medicines were safely received, stored, administered and destroyed. For example, where people refused to take them, or they were no longer required.
- We saw checks on the competency of staff to administer medicines were undertaken regularly.

Preventing and controlling infection

- Staff had received infection control training and said they had plenty of gloves and aprons available to them. We observed staff using good hand hygiene techniques.

Learning lessons when things go wrong

- The service was committed to driving improvement and learning from accidents and incidents.

Information was analysed and investigated. Action was taken to identify suitable solutions to address any risks 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.

At the last inspection this key question was rated as good. At this inspection this key question has remained 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 person's needs were assessed to identify how their care and support should be provided.
- Assessments of people's needs were thorough and people's goals or expected outcomes were identified. The assessment process also considered people's religious, cultural or spiritual needs.

Staff support; induction, training, skills and experience

- Staff were well supported and received the training they needed. One staff member said, "I am able to seek help or advice at any time."
- Training, supervision and appraisals were carried out. We saw interpersonal relationships were discussed and how the person using the service was involved in these sessions.

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

- Eating and drinking care plans were personalised; They included details of the person's preferred way of being supported, such as what food they liked and how they liked to eat it. We talked about culturally appropriate dishes the person enjoyed and how staff helped them shop and prepare these meals.

Supporting people to live healthier lives, access healthcare services and support

- Care plans noted any support needed with the person's healthcare and relevant professionals' guidance for staff.
- Staff supported people to attend health care appointments when appropriate.
- Staff understood the person's healthcare needs and acted appropriately when they recognised changes in the person's health.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. We checked whether the service was working within the principles of the MCA, whether any restrictions on

people's liberty had been authorised and whether any conditions on such authorisations were being met.

- The service supported the person to access the Court of Protection, in line with MCA legislation.
- Staff had a good understanding of the MCA and their responsibilities. Staff understood the importance of gaining a person's consent before providing any care and support.
- The provider had sought independent interpreting services to support the person in relation to key decisions.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained 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; equality and diversity

- The person spoke positively about the support they received from staff, who they described as kind and caring.
- Staff understood the importance of treating people as individuals and referred to the person in a respectful way. We observed lots of fun and laughter.
- Staff demonstrated empathy and a real understanding of the person's needs. Staff had high regard for the person's cultural and social needs and acted in a sensitive and thoughtful manner to ensure their wishes were met. Staff helped the person to explore their options and respected their decisions.

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

- The registered manager and staff helped the person express their views. Although staff all spoke the person's first language, they had sought an independent interpreter to ensure the person had support to make choices.
- Staff showed a good understanding of the person's preferred communication methods.
- Information about advocacy services was available; staff supported people to access these services and those of an independent interpreter when needed.

Respecting and promoting people's privacy, dignity and independence

- The person told us they felt fully respected and listened to.
- Promoting independence was thoroughly embedded into the service. We saw that specialist equipment was in place so that the person could assist with tasks such as helping prepare food.
- Personal records were stored securely and only accessed by staff on a need to know basis. Staff understood their responsibilities for keeping personal information confidential.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained good.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Support was based on the person's assessed needs and preferences and was person-centred. Person-centred planning is a way of helping someone to plan their life and support, focusing on what is important to the person.
- Care plans were in place covering a range of health and social needs. They contained detailed guidance for staff on how these needs could be met to ensure the person received the care and support they wanted and needed.
- Care plans were regularly reviewed with the person to ensure they reflected their current support needs and preferences.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The person told us they were supported to access activities they enjoyed. They said, "We play dominoes, sometimes I win sometimes they do," and whilst pointing at a staff member whilst laughing said, "And she cheats!"
- Staff and the person told us they had recently attended a cultural community day where they purchased some honey from their homeland.

Meeting people's communication needs Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff were knowledgeable about the person's communication support needs and the person was given information in accessible ways.

Improving care quality in response to complaints or concerns

- Policies and procedures were in place to investigate and respond to complaints. We saw the person was involved in key decisions such as recruitment and in staff supervisions. This meant they had opportunity to comment on all aspects of how staff provided their support.

End of life care and support

- At the time of our inspection nobody was receiving end of life care, but policies and procedures were in place to provide this where needed.

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 remained good.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The registered manager had fostered a culture which always had the person at the heart of the service. The vision and values of the provider were embedded into the support the person received. This included, working in partnership with the person and being committed to promoting choice, independence and dignity.
- Staff praised the support they received from the management and said, "Yes there is always someone available for support, we are like a small family."

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

- The provider was clear about their roles and responsibilities and led the service well.
- Staff performance was monitored during checks and discussed at supervisions.
- The provider and staff understood their responsibilities for ensuring risks were quickly identified and mitigated. Risks to people's health, safety and wellbeing were effectively managed through ongoing monitoring of the service.
- All appropriate reporting had been carried out to alert the CQC and local authorities when incidents occurred.

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

- Feedback was sought regularly and acted upon.
- The provider had a proactive community engagement plan. The service shared details of a variety of events in the local community and supported the person to access these.

Continuous learning and improving care

- There was an effective system in place to check on the quality and safety of the service. All aspects of support were audited regularly.
- Actions arising from audits carried out were captured in ongoing service reviews with target dates for completion.

Working in partnership with others

- The provider and staff worked well with external health and social care professionals. We saw the provider had challenged healthcare services where they believed actions had not been taken in the person's best interests.
- Management attended local forums that kept them up to date with best practice and any areas for improvement.