

VERSITA CARE LTD

Versita Care Ltd

Inspection report

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Ratings

Overall rating for this service**Requires Improvement** 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

Versita Care Ltd is a domiciliary care agency providing personal care to people in two 'supported living' settings. People had their own tenancy in a shared house on a housing estate. At the time of our inspection there were five people using the service. They had their own bedrooms and shared the lounge, kitchen and bathrooms.

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

The provider did not have a robust policy in place to ensure new staff were recruited following the necessary checks. The provider had not notified us of notifiable events which they needed to under the legislation. Risk assessments were in place and action taken to reduce risks. However, we noted two specific risks had been identified but not enough information was available to mitigate the risks. The provider was not following current government guidance regarding the use of personal protective equipment and COVID-19 testing.

The registered manager responded to the issues we found straight away and made changes. For example, after we highlighted current government guidance, they told us staff had started to wear face masks again.

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 autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.

People's needs were assessed to ensure the provider can meet people's needs before they agreed to provide care and support. The provider ensured there were enough staff to meet people's assessed needs.

The provider had a training programme in place which included training specific to people's needs.

The provider and staff worked with other agencies to ensure people's needs were supported.

People were supported to access general and specialised health care professionals. People were supported with taking their medicines by staff who had received medicines training.

People were supported by staff who treated them with kindness. Staff encouraged people to be involved in

making decisions about their care. Staff respected people's privacy and dignity.

People had care plans in place which were individual and personalised to them. Care plans included people's wishes about aspects of their daily lives and how they wished to be supported. People were supported to undertake their own interests and activities. People were supported to prepare and cook their own meals.

The provider had a complaints procedure in place and systems for continuous learning and improving care.

The registered manager promoted a positive working culture which was person centred and involved people and their relatives, where appropriate, in all aspects of their care. The registered manager attended and contributed to multi-disciplinary meetings which were held to discuss people's individual needs and to consider how their needs were best met.

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

This service was registered with us on 22 August 2017 and this is the first inspection. The service did not start providing care and support for some time.

Why we inspected

This inspection was prompted by a review of the information we held about this service. We undertook this comprehensive inspection so we could give this newly registered service a rating.

Enforcement

We have identified a breach in relation to safety checks on new staff at this inspection.

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

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider to monitor progress. 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 not always safe.

Details are in our safe findings below.

Requires Improvement 

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 not always well-led.

Details are in our well-led findings below.

Requires Improvement 

Versita 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

The inspection was carried out by one inspector.

Service and service type

This service provides care and support to people living in two 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the CQC to manage the service. 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.

There was a registered manager in post.

Notice of inspection

This inspection was announced. We gave the service short 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.

Inspection activity started on 7 April 2022 and ended on 11 May 2022. We visited the location's office on 14 April 2022.

What we did before the inspection

We reviewed all information we had received about the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

We used all this information to plan our inspection.

During the inspection

We visited one of the supported living houses and met briefly with people in the lounge. We saw how staff interacted with them in their everyday activities. We spoke with one relative of a person using the service, three staff, the registered manager and another member of the management team. We received written feedback from two health and social care professionals. We looked at a range of records, including recruitment files for five staff and care records.

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 requires improvement. This meant some aspects of the service were not always safe and there was a risk that people could be harmed.

Staffing and recruitment

- The provider did not have a robust policy in place to ensure new staff were recruited following the necessary checks.
- Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. However, we found not all staff had the relevant DBS checks in place when they started working at the service. Two files showed the DBS check was received after the staff started work. On another file, the records showed a previous DBS check had been accepted as part of guidance relevant at the time of employment, but a new DBS check had not been received.
- Recruitment files did not contain a full employment history, which is a requirement of the legislation.
- Recruitment records did not show satisfactory evidence of conduct in, or the reason staff left their previous employment in health or social care settings, which is a requirement of the legislation.

We found no evidence that people had been harmed. However, the failure to carry out appropriate employment checks as detailed in Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider ensured there were enough staff to meet people's assessed needs.
- A relative told us, "Staff are always in the lounge which means that [relative's name] can always go and talk to staff."
- A staff member told us, "There is always enough staff, management always 'step up' and work on 'the floor'."

Assessing risk, safety monitoring and management

- Risk assessments were in place and action taken to reduce risks. Risk assessments identified what staff should look for and what action they should take.
- However, one person was identified as being at risk of having seizures. There was not enough written information to tell staff what to look for in the care plan or risk assessment. Staff were unclear when talking to us about what signs to look for. We spoke with the registered manager about this and they said they would seek professional advice and update the care plan.
- One person's records showed there was a possible risk to their health which had been identified by other professionals. The provider had tried to clarify the facts but had not been given accurate information from

anyone involved. We spoke with the registered manager about this and they said they would try again to find the facts and to identify if there was a risk which would need a risk assessment.

- A named staff member had the responsibility of being the designated health and safety representative for the building where people lived.

Preventing and controlling infection

- We were not assured that the provider was using personal protective equipment in line with government guidance.

- We were not assured that the provider was accessing testing for people using the service and staff in line with government guidance.

- Current government guidance stated that staff should wear face masks in care services and take COVID-19 lateral flow tests twice a week. However, staff were not wearing masks and were taking one lateral flow test a week. The government guidance links were supplied to the provider. The provider wrote to us after this and told us, "Staff are now required to continue to wear face masks at all times and lateral flow testing will now revert to twice a week."

- We were assured that the provider had admitted people safely to the service.

- Staff had received training about infection prevention and how to control infection. The provider had a cleaning rota in place, so staff knew what needed cleaning and when.

Systems and processes to safeguard people from the risk of abuse

- Staff had completed training in safeguarding and understood different types of abuse. Staff told us what they would do and who they would report to, if they suspected a service user was being abused. The provider reported concerns to the service user's social worker.

Using medicines safely

- People were supported with taking their medicines by staff who had received medicines training. The registered manager told us they observed staff supporting people with medicines to ensure their competency. However, the registered manager had not maintained written records of this and said they would consider doing so.

- Records were maintained which showed people had taken their medicines as prescribed.

- One person was independent with taking their medicines with staff support.

- One person needed one of their medicines before food and records showed staff followed the procedure.

- Some people were prescribed medicine which needed regular check-ups and staff supported people to attend the planned appointments.

- Care plans were in place where people were prescribed medicines "when required".

Learning lessons when things go wrong

- The provider was open to learning lessons if things went wrong or could go wrong. They recorded accidents and incidents and analysed the information for any trends or issues arising.

- For example, the paperwork used to record what medicines people had taken covered four weeks.

However, it was felt this was not long enough to include all the necessary information, so the record was re-designed to make it easier to use.

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

- People's needs were assessed to ensure the provider can meet people's needs before they agreed to provide care and support.
- A named member of staff was responsible for looking at the referral and arranging a visit to meet the person. They also considered assessment information provided by various health and social care professionals who knew the person and understood their needs.
- A relative told us about the in-depth assessment process they had experienced. This had involved visits to the family home from the registered manager. On each visit, the registered manager had been accompanied by a different staff member so that everyone could get to know one another. The relative said this process had been useful.

Staff support: induction, training, skills and experience

- The provider had a training programme in place which included a formal induction based on the Care Certificate. The Care Certificate is an agreed set of standards that define 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 that should form part of a robust induction programme.
- The provider's training programme also included epilepsy, depression, anxiety and behaviours which challenge. The provider used a training system which sent alerts when refresher training was due so it could be arranged. The registered manager told us they were planning a new training workshop specifically relevant to one person's health diagnosis.
- A relative told us, "Staff have done lots of courses to learn how to support [person's name]."
- Staff told us they received suitable training. One staff member said they felt they had enough knowledge through training and that, "If there's an area we think is lacking we ask management to put on training. That's the good thing about this company." Another staff member said, "Training means we can meet people's needs. Training is very helpful and refresher training is also very useful. Some of the training overlaps and this reminds you of other things."

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

- People sat down with staff and devised a menu on a weekly basis and some people went to the shops with staff to buy food for everyone. Others went to the shops to buy their preferred snacks.
- People were supported to prepare and cook their own meals if they wanted to. Staff were mindful of the importance of a healthy diet in response to people's individual assessed needs.
- One person was supported to eat meals according to their religious needs.
- Some people had specific needs about food and when to eat, staff ensured there were always healthy

snacks to eat.

Staff working with other agencies to provide consistent, effective, timely care

- The provider and staff worked with other agencies to ensure people's needs were supported. Examples included social workers and psychologists. Staff involved other professionals in reviewing their needs and making any changes to their care plans.

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

- People were supported to access general and specialised health care professionals. Staff went with people to their healthcare appointments, which sometimes involved travelling to other counties.
- Staff and the registered manager told us about a specific health care need, which they had improved by supporting the person to make lifestyle changes. The impact of these interventions had resulted in the person being able to lead a healthier life.
- A relative confirmed staff supported their relative to see the doctor when necessary.

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.

- One person had access to their own advocate, who supported and represented their views in meetings with professionals.
- The provider promoted people's rights to make their own choices and decisions and valued people's privacy in their decisions.
- Staff understood that people could make their own decisions. One staff member told us they had supported a person to deal with their own money and access further funds. Another staff member told us, "We encourage people to make right decisions and healthy choices, but it is still their choice."

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 were supported by staff who treated them with kindness.
- A relative told us, "I'm very pleased with the way [relative's name] is looked after. [They] seem to be happy. Staff take [them] out regularly, they always look well, eat well and are clean and tidy. I've found nothing bad about this place. Staff are always respectful to me."
- Staff spoke kindly about people and accepted them as they were. When they spoke to us they showed an understanding of why people behaved in the ways they did. One staff member told us, "I always say to [people], 'We are here to support you. Let us know if you are feeling low.' When someone has stayed out [from the house] unplanned, we say, 'This is your home, don't feel you've stayed out and you're not welcome [back]'."

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

- Staff encouraged people to be involved in making decisions about their care. They also involved their relatives when this was appropriate.
- People were consulted about their preferences for their care and how they wanted to spend their time. During the inspection we heard plans being made to support a person who wanted to go out in the car. One person liked to play football and a staff member told us they regularly did this together.

Respecting and promoting people's privacy, dignity and independence

- Staff worked with people to ensure they understood how to maintain their dignity when moving around the home. Strategies were in place to minimise risks to people walking around the home with little or no clothing.
- The staff team was mixed, which meant the provider could respect people's choices about the gender of staff supporting them.
- Staff knocked on bedroom doors before entering and sought consent before supporting people with personal care.

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

- People had care plans in place which were individual and personalised to them. Care plans included people's wishes about aspects of their daily lives and how they wished to be supported.
- Care plans were reviewed regularly.
- One relative told us their relative was, "very well attended to" and confirmed staff supported them in ways which met their preferences.
- A staff member told us, "I learn every day, as people have different needs, every day is different."

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 provider told us they had an Accessible Information Standard Policy and Procedure in place. They told us staff did not make any assumptions about people's communication needs and wishes and regularly undertook assessments of people's communication preferences as part of the care plan review cycle. Information was available in other formats if necessary.
- Staff induction and training included information about communication.

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

- People were supported to undertake their own interests and activities.
- People were also supported to maintain family relationships. For example, they were supported to regularly visit their relatives or relatives visited them in their home.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure in place.
- One relative told us if they needed to complain, they would speak to the registered manager. They said, "[The registered manager] talks to me if she has any worries, she is good at communicating with me."
- Another relative said, "[Staff] are really trying with [relative's name], I've nothing negative to say [about the service]."

End of life care and support

- The service did not provide end of life support.

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 requires improvement. This meant the service management was inconsistent in some areas.

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

- The provider had not notified us of notifiable events, for example, incidents referred to or investigated by the police. We raised this with the provider who was not aware of needing to notify us. Therefore, they reviewed their records and sent us the necessary notifications retrospectively.
- Staff recruitment files did not contain all the necessary information and some checks were not in place before new staff started working at the service.
- The provider was not following the most up to date COVID-19 government guidance regarding the use of personal protective equipment.

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

- The registered manager promoted a positive working culture which was person centred. We received positive feedback about the way the service was managed from staff and external professionals.
- One staff member told us the provider had been "very, very supportive" after a specific incident and management had gone to assist staff. They also said there was open communication, the management were easily accessible and if they had any difficulty staff could always reach them. They went on to say, "[Management] give room for staff and service users to express themselves, they have an attitude of openness, nothing is withheld, if there is new information, all staff are made aware immediately."
- Another staff member told us, "We have staff meetings and we have supervision with the manager. We discuss what we can do or can't do, and any ideas for doing things differently. Management are very supportive. The [registered manager] is very nice, you can always call her, she's open to hearing any concerns."
- A health and social care professional told us, "I have always had a good experience with them. They are professional and helpful and my patient is very happy being in their care." Another professional told us, "I am very happy with the level of service that is offered. They have been very supportive of my client's wishes [to attend a specific place regularly]. Each time I have visited the house is clean and tidy, staff are present and well presented. Other [people] look relaxed and happy."

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

- There had not been any notifiable safety incidents where the registered manager needed to notify the person's representative. However, they understood their legal responsibilities.

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

- The registered manager involved people and their relatives, where appropriate, in all aspects of their care. People were welcome to join part of the team meeting if they wished and were asked for their views.
- Staff were given opportunity to provide their views, through supervisions and staff meetings. Minutes of staff meetings showed staff were encouraged to complete feedback forms about the quality of the service.
- A staff member gave us an example of making a suggestion for something which improved one person's life skills. They told us they were supported with their idea and this had worked well.

Continuous learning and improving care

- The provider had systems in place for continuous learning and improving care.
- The provider responded to the issues we found straight away and made changes. For example, after we highlighted current government guidance, they told us staff had started to wear face masks again.
- The registered manager audited the medicines records to ensure they were accurate and had not found any recording errors. Other audits included accidents and incidents, care plans and cleaning schedules.
- The provider had a system in place for gaining the views of people using the service, staff employed and external professionals. The results were positive and we saw there was good feedback about the service.
- The registered manager attended local care forums and seminars to keep up to date.

Working in partnership with others

- The registered manager attended and contributed to multi-disciplinary meetings which were held to discuss people's individual needs and to consider how their needs were best met. The registered manager told us, "Versita Care as a provider does not work in isolation in the delivery of its services. Versita Care works in partnership with other organisations and professionals to ensure that the needs of the service user are safely met and on time." They also told us they would call for a 'professionals meeting' if the need arose to discuss the support plan or concerns about a particular service user's health.

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 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>The provider did not have a robust recruitment procedure in place to ensure all the necessary checks were completed before new staff started working at the service.</p>