

Vybrant Care Services Ltd

# Vybrant Care Services Ltd

## Inspection report

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## 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

Vybrant Care Services Ltd is a domiciliary care agency providing personal care in people's own homes. At the time of the inspection the service was providing care and support to 11 people. Not everyone who used the service received personal care. Care Quality Commission (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.

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

The service was predominantly well run, and people who used the service were very happy with the care and support they received. One person commented about the service, "It's run very well because of regular communication. We feel safe." The provider's quality assurance systems encouraged good service delivery, but there was scope to improve audit processes to make them more robust. We have made a recommendation about the provider's audit systems. Although improvements were needed in this area, the registered manager possessed a good oversight of the service as they were involved in care delivery.

People felt safe in the company of staff. Staff were trained on how to identify and report abuse. Incidents were well-managed to keep people safe and staff compliance with reporting procedures was mostly good. People consistently told us staff were kind, arrived on time and they received support from the same core group of staff, which promoted good continuity of care. The service had recruitment processes in place to ensure suitable staff were employed. Staff followed safe infection control practices.

People were supported by staff who were competent and skilled. Staff were trained to administer people's medicines safely and people were happy with the medicines support they received. Medicines errors were responded to, but the provider's policies and procedures were not consistently followed. The registered manager assured us action would be taken to ensure compliance with their own policies and procedures. Staff asked people for their consent before providing them with any care. People who used the service 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.

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

This service was registered with us on 30 April 2021. This is the first inspection.

### Recommendations

We have made a recommendation about the provider's audit systems under the well-led section of the report.

#### Why we inspected

This was a planned inspection based on the date of registration.

#### 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 ●

# Vybrant Care Services 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 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 homes.

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission 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.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

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

Inspection activity started on 1 September 2022 when we visited the service's registered office address and ended on 15 September 2022.

#### What we did before the inspection

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 sought feedback from the local authority about this service. We used all this information to plan our inspection.

During the inspection

We spoke with six people who used the service and four relatives, about their experience of the care provided. We spoke with the registered manager, operations officer, care coordinator, HR officer and three care workers. We reviewed three people's care plans and risk assessments. We reviewed two staff files to look at the recruitment, training and supervision 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 good. This meant people were safe and protected from avoidable harm.

### Using medicines safely

- The provider had processes in place for identifying, reporting, reviewing and learning from medicines-related problems. Overall staff compliance with the provider's medicine processes were good, but there was scope for improvement with reporting of medicine errors. For example, we saw two medicine errors where staff had reported it to the provider but had not consulted an appropriate health professional in line with the provider's policy, to ensure all appropriate action had been taken to mitigate risk of harm.
- Despite this oversight, we were satisfied these errors had not impacted people and going forward the registered manager assured CQC they will remind staff of this policy requirement to ensure compliance with the provider's own process.
- People received their medicines from trained staff.

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

- People were protected from abuse and everyone we spoke with told us they felt safe in the company of staff.
- During the inspection we identified one incident where the service had not followed procedures to notify the local authority of a potential safeguarding concern. Following inspection feedback, the registered manager reported the incident retrospectively to the local authority. Although this incident was reported late, we were satisfied no harm was sustained and timely action was taken by the service immediately after the incident had occurred to keep this person safe.
- Staff had received training in safeguarding vulnerable adults and were able to tell us what they would do if they had safeguarding concerns about anyone using the service or staff.

### Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks to people's health, safety and well-being were assessed by the service and measures were put in place for staff to follow to reduce or remove the risks. Risk assessments were reviewed as required, such as in response to people's changing needs.
- The service had a process for recording and investigating any accidents or incidents. We saw staff had taken appropriate action to keep people safe.
- The registered manager had a system in place to maintain oversight of all incidents at the service to ensure lessons were learnt and the risk of repeat incidents was reduced. They kept a centralised log of incidents, which included details about actions taken to mitigate risk and outcomes of subsequent reviews to people's care.
- One person said, "I'm 100% safe. The carers help me from bed into a wheelchair with a bed hoist. I have no bruises. I have had no falls whilst the carers have been here." A relative said, "Everything is done by the

book. Falls risk are well managed" and "they get personal care safely."

#### Staffing and recruitment

- Staff were recruited safely and had the appropriate pre-employment checks in place before employment commenced.
- People told us call schedules were well managed and staff consistently arrived on time.
- People were able to express a preference of who provided their care through the provider's pre-admission assessment process. Feedback confirmed staffing preferences were listened to, unless there were unforeseen circumstances, such as unplanned staff absences. Comments included, "There's been no missed calls and the carers have never been more than 15 minutes late," "[Staff] are very good at coming on time. They are flexible with time and keep in contact with me. They've never missed a call" and "[Staff] are on time and never missed a call. They phoned me once when they had a previous emergency. The visits tend to be from the same group of four carers."

#### Preventing and controlling infection

- People told us staff followed correct infection control procedures, washed their hands and wore personal protective equipment (PPE) when providing personal care.
- Staff had received infection prevention and control training and additional information and guidance about how to protect themselves and service users during the COVID-19 pandemic.
- The service had good stocks of PPE, which were kept at the office.



# 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.  
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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

- A full assessment had been completed before people received support from Vybrant Care Services Ltd, which provided detailed information about people's care needs. A personalised care plan was then written the service.
- People and their relatives were involved in this process. They were asked to provide important information about their likes, dislikes and life history, so care was delivered in accordance with their needs and preferences.
- For people who received support with eating and drinking, people's feedback confirmed they were happy with the support they received; they told us staff prepared meals of their choice and provided them with encouragement to eat and drink enough.

Staff support: induction, training, skills and experience

- Staff received appropriate training and support to undertake their jobs effectively. Ongoing support was also provided to staff through supervision, observations and appraisals
- People and staff benefited from a highly trained registered manager. They were a registered nurse and were also involved in care delivery, so they knew people well and were able to provide practical support to staff.
- New staff received a comprehensive induction when they started working at the service.
- We asked people if they thought their care team were well-trained and we received consistently positive feedback. For example, one person said, "Yes I think they are trained. New staff come with a senior member of staff who knows me. They take them through to learn."

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

- Staff worked with other organisations to support people to maintain their health. People had 'care passports' in place, which were used to inform health professionals about their needs and preferences for medical appointments or unplanned health interventions. We heard positive examples where staff had identified people's changing needs, which they went on to refer to health professionals. For example, we saw staff had referred a person to their GP for further assessment because they observed that this individual was showing signs of a mild cognitive impairment.
- People and their relatives provided positive feedback about how the service supported them with their health. For example, one person told us how the service had helped them with their mobility; they said, "The carers were concerned about lifting me and called the physio in. I now have a mini lift to hoist me. That is

safer for me."

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.

- People signed their care records to show they consented to their care and support, if they had the capacity to make this decision.
- Staff had undergone training in the MCA and clearly demonstrated their practical awareness of the need to gain consent before providing care. We were satisfied the service was acting within the principles of the MCA.

# 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 all confirmed they received kind and compassionate care. Feedback from people and their relatives about the standard of care they received was consistently positive. One person said, "I'd give Vybrant Care Services Ltd 10 out of 10. They have never done anything wrong." Another person said, "My care is perfect for me. It's punctual and spotless."
- People's choices in relation to their daily routines were listened to and respected by staff.
- Staff were able to tell us about people's preferences and how they like to be supported.
- People had regular contact with the management team and concerns were acted on quickly because they were involved in the delivery of their care. Everyone we spoke said the management team were approachable and attentive to their needs.

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- People told us they were involved in developing their care plans and knew their care workers well. The registered manager also valued involvement from people's families and encouraged them to be involved in their care as much or as little as they felt comfortable with. We saw evidence of this in people's support plans. One relative said, "Yes they have a care plan. It's really good and is regularly discussed for tweaking. We had a review just two weeks ago."
- The service ensured people's confidentiality was respected. Records were kept securely.
- People confirmed staff maintained their privacy, dignity and independence.

# 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; End of life care and support

- People's care plans contained person-centred detail and described the support staff needed to provide during each care visit and they were easy to follow. People told us staff knew them well and understood their routines. This supported staff to deliver care to people in accordance with their preferences.
- People's care was reviewed regularly to ensure it continued to meet their needs and wishes. One person said, "If any of my needs change, I feel that it is communicated quite well to others [staff]." Another person said, "Yes I have a care plan and have seen it at home. It has evolved as a trial of finding what I need, and these needs were incorporated into it."
- At the time of inspection no-one was in receipt of end of life care. If end of life care was required, the registered manager would assess each person individually and work in partnership with community based health professionals.

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.

- People's communication needs were assessed when they started using the service and their care plans provided clear guidance to staff about how to communicate effectively with people. Policies were in place to ensure staff and people who used the service were able to access relevant information in a way they could understand.

Improving care quality in response to complaints or concerns

- Systems were in place to manage complaints and the provider's complaints procedure was given to people who used the service. It explained how people and their relatives could complain about the service and how any complaints would be dealt with.
- People and their relatives told us they could confidently raise any concerns with staff or the management team.

# 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; Continuous learning and improving care

- People received a good quality service and there were systems in place to monitor the quality and safety of care provided. However, there was scope to improve some of the provider's monitoring systems.
- We fed-back to the registered manager their systems for auditing daily records and medicine records were not robust. The management team recorded when checks had taken place. However, audits did not follow a clear framework and staff did not record what they had looked at, findings or actions arising from their audit. We also saw people's medicine and daily records were archived sporadically, which meant in some cases people's records had not been checked for several months.

We recommend the provider seeks advice from a reputable source about implementing effective and comprehensive governance processes to identify, understand, monitor and address current and future risks at the service.

- Although we had concerns about some of the provider's systems of governance, we found no evidence this impacted on the quality of people's care and there were other systems in place which contributed to good service delivery.
- The registered manager was involved in the delivery of people's care, which offered high levels of quality assurance. Managers monitored the attendance of people's calls in real-time as staff logged when they started and finished a call using their hand-held device. Managers completed spot checks of staff during visits which helped ensure people received consistently good care.

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

- The registered manager encouraged a positive culture by leading by example and recognising good practice through their 'carer of the month' scheme. People told us the registered manager was supportive and approachable. One person said, "[Registered manager] is very accessible and responsive. I have met them on a few occasions. The office has been very good and kept in touch with me." A relative said, "[Registered manager] regularly gets in touch. They are lovely and professional."
- Staff felt valued and respected by the registered manager and were proud and happy to work for the service. The provider had systems in place to ensure adjustments could be made in the workplace, to ensure they were promoting and upholding the rights of their staff team.

- The provider had mechanisms in place to gather feedback from people and their relatives.
- Staff worked in partnership with a range of health and social care professionals to ensure people's needs were met. The registered manager worked with commissioners of care, health and social care professionals and other stakeholders to ensure the quality of care was consistently good.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was aware of their regulatory responsibilities and understood how and when to submit information to the CQC.