

Vermuyden Care Limited

Vermuyden Care

Inspection report

6 Market Place
Thorne
Doncaster
DN8 5DW

Tel: 01302460000

Website: www.vermuyden.co.uk

Date of inspection visit:
28 October 2021

Date of publication:
31 December 2021

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

Vermuyden Care is a domiciliary care service that provides personal care to people living in their own houses and flats in the community. It provides a service in the Doncaster area.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. At the time of inspection, the service was providing personal care to 22 people.

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

There was mixed feedback from people and their relatives. Some people were unhappy about staffing, consistency of staff, and communication with the office. However, other people's comments reflected improvements made since the last inspection.

A new registered manager had been employed since the last inspection and had made significant improvements to the systems of governance. There was better management oversight of the service. The service used a range of audits and tools to assess the quality and safety of the service. Although, some improvements had been made relatively recently, they were on-going, and needed embedding into practice. The service was improving the way they engaged with and sought the views of people, those close to them and staff to improve the service.

Improvement had been made to ensure staff were recruited safely and that people's medicines were well managed. Staff received appropriate training, which was relevant to their role and to people's individual needs. Staff were clear on how to identify and report any safeguarding concerns.

Good progress had been made in ensuring people's risk assessments and care plans were personalised, detailed, and included information about people's preferences. People's health and wellbeing were well supported.

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.

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

Rating at last inspection

The last rating for this service was inadequate (published 8 January 2021) and there were two breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found evidence of improvement in these areas and the provider was no longer in breach of the regulations.

Why we inspected

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions safe, effective and well-led which contain those requirements.

The inspection was prompted in part due to concerns received about staffing level, including missed and late care calls and the management of the service. A decision was made for us to inspect to examine the risks. We found no evidence during this inspection that people were at risk of harm from these concerns.

Please see the safe and well-led sections of this full report

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from Inadequate to requires improvement. This is based on the findings at this inspection.

During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Vermuyden Care on our website at www.cqc.org.uk.

Follow up

Following this report being published we will discuss with the provider how they will make changes to ensure they improve their rating to at least good. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Vermuyden Care

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 Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This 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 houses and flats.

The service had a manager who was also the provider, registered with the Care Quality Commission. This means they are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

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 would be in the office to support the inspection.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information providers are required to

send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

Prior to visiting the office location we contacted nine people using the service and/or their family members by telephone to gain their views of the service. We visited the office location on 26 October 2021. During the visit we spoke the registered manager and the assistant manager.

We reviewed a range of records. This included people's care records and medication records. We looked at three staff files in relation to recruitment and staff support and supervision. A variety of records relating to the management of the service were also reviewed.

After the office visit, we requested and reviewed further written records. This included information regarding the management and deployment of staff, medicines, infection control and the overall governance, including the quality and safety of the service.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as inadequate. At this inspection this key question has improved to good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

At our last inspection the provider had not carried out adequate background checks on staff before they were employed. This was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 19.

- Appropriate pre-employment checks were undertaken to ensure were safely recruited, and in line with the provider's recruitment policy.
 - Members of the new management team demonstrated a good understanding of the importance of following robust staff recruitment processes.
 - Most people and their relatives told us there were issues with staffing levels and staff turnover. This had sometimes resulted in changes in the staff who provided people's care. In some cases, there had been issues with lateness, and rushed or missed calls.
 - One person said, "I don't feel unsafe as such but with so many different carers in five or six months, I feel a bit unsettled." Relatives comments included, "They [the service] change carers a lot. We would prefer more continuity with the carers so they would get to know [person] better."
- We discussed this with the registered manager who told us there had been several changes in care staff in the last six months. They explained this had caused a period of disruption. The registered manager had been actively and successfully recruiting new staff to rebuild the care teams.
- Recent improvements in staffing and consistency of staff were reflected in people's feedback. For instance, one relative said, "[Person] now pretty much has the same three or four carers and is used to them now. They don't rush [person] and they pretty much stick to the time slot.
 - Although, staff consistency remained an area for continued improvement, the registered manager was successfully addressing this. New staff members had been recruited and several were settling into their roles, with others undergoing induction training.

Preventing and controlling infection

At our last inspection the provider had not ensured staff received appropriate training in relation to infection control. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Staff had received appropriate training in relation to infection control.
- Infection risks had been properly assessed, including those presented by COVID-19. As a result, appropriate plans had been put in place to mitigate and manage the risks identified.
- People and their relatives told us staff used personal protective equipment (PPE) such as masks, gloves and aprons appropriately. For instance, one person said, "They [care staff] have not been bad at infection control for COVID-19 and I have not felt vulnerable with them coming." A relative said, "They [care staff] are good with PPE and their hygiene [practice] is very good."
- PPE was available for staff to use and staff confirmed it was plentiful.
- When managers carried out spot checks of care visits, the use of PPE was monitored to ensure care was provided safely.

Using medicines safely

At our last inspection the provider had not ensured medicines were safely managed. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- People received their medicines as prescribed.
- Where staff assisted people with their medicines, people told us they were happy with the support they received.
- Feedback from relatives was positive. One relative said, "They [care staff] always make sure [person] has had their medication." Another relative commented, "All [person's] medicines are good, and [staff] are very helpful and sort [person] out."
- People's assessments and plans regarding their medicines were clear and personalised. This, and a more robust system of recording, ensured people were supported safely with their medicines.
- There was also an improved system of auditing, to check people received their medicines as prescribed.

Assessing risk, safety monitoring and management

At our last inspection the provider had not ensured risks were managed or monitored in a safe way. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Risks associated with people's care were assessed and clearly recorded in individualised risk assessments. These showed the actions taken to manage and minimise risks associated with people's care.
- Risk assessments relating to people's home environments and health and safety issues were in place.
- Staff were provided with training and guidance in using any specialist equipment necessary for people's care. One person told us, "The best thing about the service is that they do everything I ask them to do and I couldn't do without them. They [care staff] know how my equipment works and it means I can get up every day."

Learning lessons when things go wrong

- There were improvements in the way incidents were reported and recorded and records clearly reflected any lessons learned.

- There was an effective system of monitoring and analysing accidents and incidents, which included records of actions taken following incidents.
- There was clear evidence of lessons learned being shared with staff to help prevent similar incidents and mitigate future risks.

Systems and processes to safeguard people from the risk of abuse

- Safeguarding systems were in place, with clear records of safeguarding concerns and any action taken to keep people safe.
- Staff were provided with the relevant training and guidance to ensure people were protected from abuse.
- Staff demonstrated a good understanding of their role in safeguarding people.
- People told us they felt safe with the staff providing care. For instance, one person said, "They [care staff] arrive on time and I am not rushed, so I don't feel unsafe." A relative told us, "[Person] loves them [care staff] and feels safe."

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 inadequate. At this inspection this key question has improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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 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.

At the last inspection the provider did not have suitable arrangements for obtaining and acting in accordance with people's consent. This was a breach of regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 11.

- Improvement had been made in the records regarding people's consent and acting in their best interests.
- People's consent to their care was sought and was recorded in their care plans.
- Staff completed MCA training and ensured people had choices and could make decisions.
- People we spoke with said staff asked for their consent to care on a day to day basis and respected their choices. For instance, one person said, "They [care staff] know what care I require. They do explain things to me and let me know how things should be done, and if I agree, all is good."
- Overall, where people were assessed as lacking the capacity to make particular decisions, the service followed best practice guidance. This meant decisions made on people's behalf were in their best interests and as least restrictive as possible. Records we saw confirmed this.
- However, a written contract was in place, which included charges for the service. This was a long and complex document, which was not in an accessible format or language. After the inspection the registered manager provided us with an update to say these issues had been addressed as a matter of priority. The information had been broken down into two much shorter, accessible versions to help people to engage and make informed decisions.

Staff support: induction, training, skills and experience

- The registered manager had improved the systems underpinning staff training and supervision. This helped ensure staff had the required skills, training and support to fulfil their roles and responsibilities.
- New staff received appropriate induction training, which included in house training, and a period of shadowing experienced staff.
- Staff received the necessary training to meet people's needs and records we saw confirmed this.
- People and their relatives said staff knew how to care for them. One person's relative said, "They [the service] have definitely cleaned up their act. They [care staff] know what care [person] needs and how to go about it."
- Staff received regular support through one to one supervision meetings with their managers and yearly appraisals.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Improvements had been made in the assessment and care planning process.
- People's needs were properly assessed before the service was provided to them. Risk assessments and care planning tools were used to plan appropriate and person-centred care.
- People's care and support needs were discussed with them at regular intervals. For instance, a relative said, "They [the service assessed [person] and I had a concern about them sleeping in the chair, so they [care staff] now make sure [person] has a better routine, to encourage them to go to bed. They are building [person's] confidence in their own abilities and so [person] can do more for themselves."
- The risk assessments were outcome focused, detailing people's desired outcomes and how the staff should support people with each task.

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

- Care plans reflected people's dietary needs and preferences.
 - Where people received support with food and drink feedback was positive. For instance, a relative said, "They [staff] are supporting [person] with eating and that is now apparent with [person] gaining weight."
- Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care
- Staff monitored people's health during visits. Any changes or concerns were communicated to the management team.
 - People were supported to have access to a range of healthcare services to help ensure their health needs were met.
 - The manager described working with other agencies to meet people's needs, including participating in a multi-disciplinary team meeting, where necessary to ensure their care was appropriately provided.

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 inadequate. At this inspection this key question has now improved to requires improvement. This meant people's needs were not always met.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At the last inspection governance arrangements within the service were not adequate to ensure safe, good quality care was being delivered. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Systems to assess, monitor and improve the service had been built on and were effective.
- The provider had appointed a new manager, who had registered with CQC. The new registered manager demonstrated a very good understanding of their role and legal responsibilities. They had introduced new management, information and quality assurance systems and had improved some existing systems. Although, some improvements had been made relatively recently, or were on-going, and needed embedding into practice.
- The registered manager was supported by an in-house management team, dealing with the day to day allocation of work and administration of the service. The registered manager and their team had improved oversight of all key aspects of the service and there was a regular programme of audits and checks to ensure people received safe, good quality care.
- Records showed the monitoring systems also drove improvements in the service. We saw any actions identified by the audits were addressed appropriately and in a timely way. Issues and shortfalls were followed up with staff to improve the service.
- Feedback we received about the way the service was managed was mixed. Some people's feedback was positive and reflected the improvements made. For instance, one relative said, "They are pretty good at the office and I can get straight through to the boss. They make a note of any concerns and seem to get straight onto it." However, one relative felt the way they were billed was unclear and the office staff were not very helpful. We discussed their concern with the registered manager. It was evident the registered manager ensured they were aware of any concerns and worked to address them personally.
- The registered manager submitted notifications to CQC in line with regulations. Notifications are information we receive from the service when significant events happen.

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

their equality characteristics:

- Staff received regular team meetings and regular supervision. Members of the management team carried out 'spot check' visits observing staff's approach, and their competence in providing care to people.
- The service was improving the way they engaged with and sought the views of people, those close to them and staff to improve the service. Although there was further work to be undertaken with this.
- There was mixed feedback from relatives about communication with the service. Comments included, "The office is not very helpful" and "They [office staff] don't get back to me by phone to confirm things, I never get a response." However, they went on to say, "Having said that, what I have asked for usually does get done, so they are pretty accommodating on that front." Other relatives' feedback was also on a more positive note. One relative said, "There was a hiccup with billing but that's OK now. The office is good at calling me back when I ring them."
- People and relatives told us, despite issues with staffing and staff turnover, the service adequately met people's needs. For instance, one relative said, "The best thing about [the service] is that it means [person] can be at home and as independent as possible, considering their health."
- The members of the management team were committed to ensuring good outcomes for people who used the service. There was evidence of the registered manager actively addressing issues and promoting person centred care to raise the quality of the service. There was also evidence of appreciation and praise for staff for good practice and when they went the extra mile.
- People's views had been sought via telephone contact and at 'spot check' visits. Dignity observation audits and review meetings also served to gather people's feedback. For instance, one person said, "I have had two more assessments since starting with [the service] so they do keep on top of my care plan." Quality surveys were also being designed, to send out to people and those important to them.

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

- The registered manager demonstrated a good understanding of their duty of candour.
- Throughout the inspection the management team were honest and open with us. They were eager to ensure processes in place kept people safe and protected from harm.
- Staff were kept up to date with news and guidance via regular e-mails, texts, newsletters, meetings and phone calls.
- The registered manager understood the importance and benefits of working alongside other professionals. The service worked closely with other health and social care professionals to ensure people received consistent and timely care.
- People's records indicated the involvement of professionals, such as social workers, GPs and district nurses in meeting their needs.