

Vanity Care Ltd

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Inspection report

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Date of inspection visit:
26 April 2019

Date of publication:
09 July 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?	Requires Improvement ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Vanity Care Limited is a care agency service that provides personal care to older people, people with physical and mental health needs. At the time of our inspection the was supporting 25 people living in their own homes.

Not everyone who used the service received personal care. At the time of our inspection three of the 25 people who used the service did not receive 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.

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

People told us they were happy with the care they received from staff.

Care plans reflected people's individual needs.

Risk assessments provided details of risks and control measures in place to mitigate these. These had been reviewed regularly and updated when there were any changes in people's needs.

Staff knew people's needs and preferences and where possible supported them to maintain their independence.

Staff understood their roles and responsibilities in ensuring that people were kept safe from harm and abuse. Staff received training in safeguarding adults.

People told us they were not always involved in developing their care plan.

The service was meeting the requirements of the Mental Capacity Act (2005). Information about people's capacity to make decisions had been recorded in their care file.

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.

Staff received an induction and refresher training in mandatory subjects. Regular supervision had taken place and staff were supported to carry out their roles and responsibilities effectively.

Staff supported people to take their medicines safely and people received their medicines as prescribed.

People's nutritional and hydration needs were met where this support was provided.

People had their health needs met by health and care professionals. Staff provided the necessary support with healthcare appointments.

Regular spot checks and audits took place to monitor the quality of the service.

People had been asked their views about the service. People were positive about staff and the management of the service.

We have made two recommendations about staff recruitment and involving people in the review of their care plan.

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 Good. (published 14 November 2016). Since this rating was awarded the service has moved premises. We have used the previous rating to inform our planning and decisions about the rating at this inspection.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we 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?

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?

Requires Improvement ●

The service was not consistently 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

Vanity 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 Care Act 2014.

Inspection team

The inspection team consisted of an inspector

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 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

We gave the service 48 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 25 April 2019 and ended on 26 April 2019. We visited the office location on 25 April 2019 and contacted people who used the service on 26 April 2019

What we did before the inspection

We reviewed information we gathered about the service since the last inspection. We obtained feedback from the local authority and professionals involved in people's care. We used the information the provider sent us in the provider information return. 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.

During the inspection-

We spoke with four people who used the service about their experience of the care provided. We spoke with four staff members, including the registered manager, senior care worker and two care workers.

We reviewed care records for people who used the service, this included care plans, risk assessments and medicine administration records. We looked at three staff personnel files, including recruitment, supervision and appraisal records.

After the inspection

We asked the provider to send additional information to validate evidence found during our inspection. We looked at recruitment, care and quality assurance records.

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 Good. At this inspection this key question has remained the same Good.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The service had a safeguarding policy and procedure in place. This provided guidance for staff on acting on allegations of abuse.
- Staff received training and understood their roles and responsibilities in ensuring that people were safeguarded from the risk of harm or abuse.
- Records showed that the provider had taken appropriate action where abuse had been identified. They worked closely with the local authority to address the concerns. Notifications about safeguarding concerns had been sent to CQC. The provider is currently working with the local authority in relation to an outstanding safeguarding concern.
- This showed people were supported by staff who knew how to safeguard them from the risk of abuse.

Assessing risk, safety monitoring and management

- People had individual risk assessments. These were reviewed regularly and included guidance for staff on how to manage risks to people.
- The registered manager told us people's risks were identified within 48 hours of referral to the service. Risk assessments were reviewed yearly or sooner if people's needs changed.
- Risk assessments covered various areas, including risk of falls, self-neglect, pressure ulcers, moving and handling and the environment.
- Staff understood risk and how to respond to these. This meant staff provided care to people in a safe manner whilst respecting their freedom and independence.

Staffing and recruitment

- The registered manager told us staffing levels were based on people's level of need. Records showed that people's dependency levels were assessed.
- Staff were allocated geographic areas based on the distance they were travelling. The registered manager told us the staff were grouped together and worked in the same geographical area.
- Staff were subjected to the necessary checks before they started working at the service, including reference and criminal record checks.
- However, we informed the registered manager of gaps identified during our inspection. These related to gaps in employment, reference checks and DBS risk assessment. Following our inspection the provider submitted documentation in relation to the gaps.

We recommend the provider seeks guidance and advice from a reputable source in relation to good practice in staff recruitment and documentation.

Using medicines safely

- People were supported to take their medicines as prescribed.
- Staff received training in safe administration of medicine. They knew what people's medicines were and why they had been prescribed. Assessments of staff competency in medicines administration had taken place. Records confirmed this.
- People had a medication care and support plan. This provided a list of the medicines to be administered and how the person should be supported. This also identified any medication allergies.
- Medicine administration charts were audited every month. The registered manager told us, at each visit the MAR chart was checked and blister packs checked and counted. This was recorded in the daily logs.

Preventing and controlling infection

- Staff received infection control training and used the necessary personal protective equipment (PPE) when providing care and support to people who used the service. Staff confirmed this.
- A staff member told us as part of the yearly refresher, infection control training was completed. They told us this reminded them about "Washing your hands before touching a service user [people who used the service]. We are given a supply of gloves, aprons, uniforms and hand gel."

Learning lessons when things go wrong

- There was a system in place for dealing and acting on incidents and accidents.
- The registered manager told us there had been no incidents since our last inspection. He told us that regular learning from incidents took place through call monitoring and discussions in meetings. Staff communicated with the registered manager frequently through text messages. We saw evidence of this during our inspection.
- Staff knew the action to take when reporting any incident. A staff member told us, "It is more about learning from that mistake, it's never been a blame game, it's about learning from incidents."
- This showed staff understood their role and responsibilities in reporting incidents and accidents

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 the same 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 registered manager told us that people's needs were assessed before joining the service. These were carried out by the registered manager or one of the supervisors. An initial referral was sent by the local authority. This provided a brief history about the person and preferred timing of services. Once confirmed, a service agreement is sent by the local authority and an assessment of need carried out within 48 hours.
- Staff supported people to make choices about their care.
- Information about people's individual needs, cultural and other preferences had been included in their care plans. Staff members were knowledgeable about these.
- Care plans were reviewed on a yearly basis or sooner when people's needs changed, or new information came to light.

Staff support: induction, training, skills and experience

- We received mixed feedback from people about staff. People felt regular staff were more experienced, where as newer staff were not. One person told us they felt staff were, "Well trained." Another person said, "If they are new you've got to give them time to learn the job, apart from that they do [have the skills]."
- Staff completed training to support them in their roles. Training included, person centred care, medication administration, infection control and personal hygiene, the principles of safeguarding adults, care worker role, health and safety, equalities and diversity.
- The registered manager told us they had a training officer who delivered training to staff. Staff confirmed this. Staff also completed specialist training in dementia.
- Staff we spoke with told us they had regular supervision and felt supported by management.
- The registered manager had a supervision and appraisal schedule for 2018 and 2019. This listed staff and dates when supervision had been completed. Staff meetings took place monthly or every two months. Discussions focused on needs of people who used the service, and any complaints or concerns raised through call monitoring.

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

- People who received support with eating and drinking had their nutritional needs met. One person told us, "I like tea they [staff] do it well, just how I like it, I never have any complaints." Another person who had pre-prepared meals told us staff heated these up in the microwave.
- Staff were aware of people's likes, dislikes and choices in relation to food and nutrition. Care plans documented people's nutritional and hydration needs. One care plan stated, "[Staff] to prepare my

breakfast every day, I can express my choices. Breakfast, toast, tea with one and half sugar..."

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

- Staff told us they worked as a team and with other agencies to provide care to people in a timely manner. Records confirmed this.

- Records of communication with the local authority showed that the registered manager worked closely with other professionals to ensure people's needs were met. For example, we saw email correspondence sent by the registered manager to professionals expressing concerns about one person who had dementia and becoming more confused, resulting in them missing their medicines.

- Care plans included information about people's health needs, including a medical history and how staff should support them.

- The registered manager told us they worked closely with other professionals to help meet people's needs. Records confirmed this.

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

At our last inspection we recommended the provider reviewed their policy to make it more relevant to the MCA. The provider had made improvements.

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.

Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty.

- The registered manager told us, no one currently using the service lacked capacity.

- Staff had received training in the MCA and understood the importance of asking people for their consent before providing care. A staff member told us, "Give them choices let them voice out, give them privacy if visitor there ask them would you like that visitor there."

- This showed people were asked their consent before providing care and offered choice to people who used the service.

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 the same 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

- We received mixed feedback from people who used the service about the care provided by staff. Comments about staff included, "[Staff] are very, very caring," and "Few of them [Staff] are kind and caring. They [Staff] do the bare necessity and go, they watch the clock and say bye."
- Staff knew the importance of treating people with dignity and respect and maintaining their independence. One staff member told us when giving personal care they, "...Make sure the curtains are drawn. If they [people who used the service] can do things let them do it themselves instead of taking that independence away from them. Our job is to make them independent not dependent."
- People's care plans detailed their wishes to be treated with dignity and respect. For example, in one care plan it stated, "I would like to get supported with my daily living to live my life with dignity and respect in my home."
- The service provided care taking into consideration equalities, diversity and human rights. The registered manager explained how they considered issues such as people's sexuality, race and gender when providing care. He told us, "We consider all [People who used the service] as equal. When we do an assessment we ask people what their preferences are." This was confirmed by people we spoke with.
- Staff completed equalities and diversity training.
- People's cultural and religious needs were respected by the service. The service adjusted the visit times for one person so that they could give the person ample time to pray.
- This showed staff treated and supported people without discrimination and in a caring and kind way.

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

- The registered manager told us people were involved in their plan of care. He told us, "When we do assessments we ask whether there is anyone else involved in their [People who used services] care."
- Although people spoke positively about the care they received, they were not always involved in creating their care plan.
- This was in contrast to records seen and feedback from the registered manager who told us they maintained relationships with relatives, "If any changes we will inform the relative. For example, "if person not feeling well or not at home. When we do the assessment, we ask the relative to come. They are involved in the review of the care plan."

We recommend the provider seeks guidance and advice from a reputable source in relation to involving people in their plan of care.

Respecting and promoting people's privacy, dignity and independence

- Staff understood the importance of respecting people's privacy, dignity and independence.
- People told us staff respected their privacy and dignity. One person told us, "Yes, they [Staff] do, they are polite."
- Staff promoted and encouraged people's independence. For example, one person who was bedbound was now able to walk with the help of a care worker and the use of a Zimmer frame. Records confirmed this.
- The registered manager told us, staff were told to involve people who used the service in their care by encouraging them to be more independent.

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 Requires Improvement. At this inspection this key question has remained the same Requires Improvement.

This meant people's needs were not always met.

Meeting people's communication needs; Planning personalised care to ensure people have choice and control and to meet their needs and preferences

At our last inspection we made a recommendation that the service ensured that the office was contactable and staff listened to the needs and preferences of people and relatives when providing care. At this inspection we found the provider had made some improvements in these areas.

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.

- Care plans detailed people's communication needs for care.
- Although people felt the service had improved in terms of listening to their preference for care and contact with the service had improved, people's communication needs were not always understood by staff. For example, one person with sensory needs said they had to constantly remind staff of their condition.
- The registered manager told us he was aware of the communication issues and had addressed this through training staff. Records confirmed staff had completed training in English and maths to improve their communication skills.
- People's care needs were reviewed, and any changes made to people's care and support as necessary.
- Care plans were person centred and individualised and provided details of how people wanted to be cared.
- Daily records were tailored to suit people's individual needs. For example, one person who required catheter care had this formatted as part of their daily records. This enabled staff to deliver care according to the person's needs.
- The registered manager told us where people lived alone, staff encouraged them to take part in activities of their choice. For example, daily office reports showed that one person attended a weekly Dementia club in the community. Another person attended a stroke centre weekly, with transport arranged by the service.
- This showed people were encouraged to take part in activities that were socially and appropriate to them.

Improving care quality in response to complaints or concerns

- The service had a system in place for dealing and acting on complaints.
- The registered manager told us that there had not been any formal complaints made since our last

inspection. Minor concerns were dealt with on the spot. Records showed that the registered manager had addressed the concerns and the relative was happy with the outcome.

End of life care and support

- At the time of our inspection the service no one was receiving end of life care. The service had an end of life policy and some staff had completed end of life training.
- People's wishes in respect of terminal care, including preferred priority of care and/or advance care plan were documented.
- The registered manager was aware that the end of life policy should be tailored to the service needs.

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 the same Good.

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

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

- People gave us mixed views about the service. One person told us, "Communication has improved. They listen more now." Another person told us, "Care staff are lovely." But they felt the way the service was managed in terms of communication could be improved.
- Staff told us the registered manager was approachable. A staff member told us, "I can approach the [registered manager] at anytime I can speak to him about anything and he is very flexible."

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 leadership complied with the duty of candour. This is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment. We had been notified of any notifiable events.
- Records showed the registered manager had taken action to address concerns and ensured all relevant parties were informed and where appropriate an apology letter sent.

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

- Quality assurance policy and procedure was in place. This provided details of how staff monitored the quality of the service.
- The registered manager told us staff performance questionnaires were completed by people who used the service. This feedback on the performance of staff providing care.
- The registered manager had systems in place to monitor missed and late calls.

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

- People told us they were asked of their views about the service and quality of care. One person told us, "Vanity phones up now and again and ask if I'm satisfied with everything and happy with care staff."
- The registered manager told us they conducted regular call monitoring and spot checks to obtain feedback about the quality of care.
- A service user satisfaction survey was carried out in February 2019. The finding from this, had yet to be

analysed by the registered manager.

Continuous learning and improving care

- The registered manager carried out six monthly performance monitoring. This included obtaining feedback from people about staff delivery of care. A relative had commented a staff member had, "Learned to deal with my [relative] and knows exactly what my [relatives] needs are."
- The registered manager told us of the improvements planned with the introduction of a new software which would enable the service to manage daily logs and view live information about the care delivery.
- Staff told us they attended meetings to discuss how improvements to the service could be made and discuss any concerns about people who used the service.
- Regular spot checks were carried out to monitor the quality of the service.

Working in partnership with others

- The registered manager worked closely with the local authority to improve the quality of service. During a recent visit from the local authority contract monitoring team they had identified some areas for improvement. Records showed the provider had acted on their recommendations, which included introducing a new care plan/risk assessment and providing a call monitoring analysis. Records seen confirmed this.