Vive UK Social Care Limited

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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

This was an announced inspection carried out on 21, 22 and 25 September and 5 October 2017.

At the last inspection in June 2016 we found the provider had breached four regulations associated with the Health and Social Care Act 2008. At this inspection we found improvements had been made with regard to these breaches. However, we recommended quality assurance systems were kept under review to make sure they were fully embedded in the service and drove continuous improvements.

Vive UK Social Care is a domiciliary care agency which is based close to the city centre of Leeds. The agency provides personal care and support to people living in their own homes, including care to people with physical or learning disabilities, dementia or people who require end of life care.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

Overall, the systems in place for the safe handling of medicines were appropriate. Some improvements were needed to ensure the medicine records always reflected safe practice. For example, we found medicines had not always been transcribed correctly on medication administration records which could lead to medicines not being administered as prescribed. The registered manager made immediate arrangements during our inspection to rectify any errors we noted.

Quality assurance systems were not fully embedded in the service to ensure continuous improvement. We made a recommendation that the systems in place were kept under review to take account of this.

People told us they felt safe when using the service. Appropriate recruitment procedures were in place. Staff understood how to keep people safe and told us any potential risks were identified. We did however, find that risk assessments in people's care and support plans were not always individualised.

We found people were cared for, or supported by, appropriately trained staff. Staff received support to help them understand how to deliver appropriate care. People told us they got the support they needed with meals and healthcare.

People who used the service said they had consistent staff who knew how to meet their needs. Some people said they were not always informed of changes to the rota and if staff were running late.

People told us staff were caring and kind. Staff showed a good knowledge of the people they supported, and understood how to maintain people's privacy and dignity. Staff described the care they delivered in a person centred way. It was clear they had developed positive relationships with people.

People got opportunity to comment on the service and knew who to talk to if they wanted to discuss their care or raise a concern.

Staff understood their roles and responsibilities and said they felt well supported by a management team who were open and approachable.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

Overall, there were appropriate arrangements for the safe handling of medicines. However, some improvements were needed to ensure the medicines records reflected this.

Recruitment was managed safely and there were enough staff to meet people's individual needs.

People told us they felt safe. Staff knew what to do to make sure people were safeguarded from abuse.

Is the service effective?

Good

The service was effective.

Staff felt well supported and the provider had a system that ensured staff had completed all the training that equipped them with the skills and knowledge to do their job properly.

People had access to healthcare services when required and their nutritional needs were met.

People consented to their care and support. The registered manager and staff had completed training in respect of the Mental Capacity Act 2005 and understood their responsibilities under the Act.

Is the service caring?

Good

The service was caring.

People were happy with the care and support provided to them.

Staff knew the people they were supporting well and were confident people received good care and their independence was encouraged.

People were supported by staff who treated them with kindness and were respectful of their privacy and dignity.

Is the service responsive?

Good

The service was responsive.

People's needs were assessed before they began to use the service. Care and support plans were developed from this information, which in the main, identified how care and support should be delivered.

People knew who to contact in the service if they needed to raise any concerns or complaints.

Is the service well-led?

Requires Improvement

The service was not consistently well- led.

Quality assurance systems were not fully embedded in the service to ensure continuous improvement.

There were systems in place which allowed people who used the service to provide feedback on the service provision.

In the main, people told us the service was well managed.

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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 21, 22 and 25 September and 5 October 2017 and was announced. During this time we spent two days at the provider's office and also made telephone calls to staff, people who used the service and their relatives. The provider was given 48 hours' notice of the inspection as we needed to be sure key members of the management team would be available at the office.

The inspection was carried out by one adult social care inspector and an expert-by-experience who had experience of domiciliary care services. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before our inspection, we reviewed all the information we held about the service, including previous inspection reports and statutory notifications sent to us by the service. We contacted the local authority, other stakeholders and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

At the time of the inspection, there were 72 people using the service. During our inspection we spoke with nine people who used the service, seven relatives, five staff, the registered manager, the deputy manager, the care co-ordinator and a senior support worker.

We spent time looking at documents and records related to the management of the service. We looked at six people's care and medication records and seven staff training and recruitment files.

Requires Improvement

Is the service safe?

Our findings

At the last inspection in June 2016 we found appropriate arrangements were not in place to ensure people were given their medicines safely and recruitment processes were not robust. At this inspection we found the provider had made improvements.

The registered manager told us people's medicines were supplied by the pharmacist in dosett boxes, packets or bottles. The service prepared a medication administration record (MAR) for staff to complete when they had supported a person with their medicines. The registered manager ensured a corresponding list of up to date medicines was in place so staff knew what medicines they were administering. Any medicines prescribed outside of the dosett box cycle were handwritten on the MAR. We found on two occasions the entries were difficult to decipher and we brought this to the attention of the registered manager who agreed the records should be neater and clearer.

We looked at MAR charts which had been completed by staff and saw these were overall, completed to a good standard to indicate medicines had been administered as prescribed. There were occasional gaps where staff had omitted to sign the MAR. However on these occasions, daily notes recorded medicines had been administered. Some people were prescribed 'as and when' required medicines, such as paracetamol for pain relief. The records indicated people were asked regularly if they needed pain relief and this was recorded on the MAR. We noted on one person's MAR the dose of paracetamol did not match the prescribed instructions. The registered manager made immediate arrangements to rectify this error and to make sure the person had received their medication as prescribed.

The support people required with their medicines was recorded in a risk assessment and care plan to enable staff to give people the support people needed whilst also enabling independence. Care plans recorded the individual way people liked to take their medicines. For example, one person liked to take their tablets with a spoonful of yoghurt to aid their swallowing. Another person liked to be asked what drink they wanted to take their tablets with on each occasion.

We saw one person occasionally refused to take their medication. This person's risk assessment stated the medication was not to be left with the person to take later. However, we saw a staff member had recorded they had done this. The registered manager confirmed this was not the normal practice with this person and said they would review with the staff member why they had done this. The registered manager also said they would review the risk assessment and contact the person's GP to look at the best action to take when medication was refused.

Staff we spoke with were able to confidently describe the process they followed for the receipting, administration and recording of medicines. Staff confirmed they had received training in medicine management and also told us their competency in administering medicines had been checked. Records we saw confirmed this.

There was a comprehensive medicines policy in place. The registered manager was aware of the recently

introduced National Institute for Health and Care Excellence (NICE) guidance, Managing medicines for adults receiving social care in the community. The registered manager told us this would be incorporated into the medicines policy to ensure good practice.

Medication audits had been introduced to check the recordings made on the MAR. Where concerns were identified these were documented on the audit and action taken was recorded on the provider's electronic communication system to prevent a re-ocurrence. This was difficult to navigate to show the action taken. On the second day of the inspection the registered manager showed us a tracker spreadsheet they were going to introduce to show an overview of issues identified, actions taken and trend analysis.

People told us they felt safe when receiving care. One person said, "Feel very safe that they come and see me." No-one we spoke with had any concerns about how they or their family members received their medicines.

We reviewed staff files and found recruitment was carried out safely. Checks were undertaken on staff suitability before they began working alone at the service. Checks included references, identification, employment history and criminal records checks with the Disclosure and Barring Service (DBS). The DBS checks people's criminal record history and their suitability to work with vulnerable people. Where gaps in employment history were apparent on the member of staff's application form, these gaps were explored and documented as part of the recruitment process. However, we found some staff had commenced 'shadowing'; working alongside a senior or experienced member of staff prior to the full recruitment checks being in place. The registered manager said the prospective staff member was under supervision at these time and they asked people who used the service for their permission to have a trainee staff member on their call. It was not clear from the information available that people were made aware that full recruitment checks had not been completed at this time. The registered manager said they would make sure this information was included in the 'Service user handbook.'

Safeguarding procedures were in place. Staff we spoke with had a good understanding of safeguarding and were able to describe what they would do should they suspect abuse was occurring. Staff had received training in safeguarding adults and we saw safeguarding and whistleblowing policies were available.

People told us the service was reliable and calls were delivered on time most of the time. However, some people said they were not kept informed if staff were running late to their call. One person said, "Calls can be very late, this unsettles me as I do not know what time they are coming." The registered manager said they had introduced electronic call monitoring for most people who used the service and this should ensure any late calls were responded to and investigated.

People also told us they did not always receive a rota to let them know which staff to expect. We informed the manager of this and they said they would discuss on an individual basis with people how they would like the rota presented to them.

Most people told us they were provided with consistent and familiar staff. Comments we received included; "Continuity is good", "No issues with continuity", "I have the same carers" and "Having a stable team is brilliant." However, one person said, "I do seem to have a lot of different carers." We looked at records of rotas and saw staff worked in small teams in order to be able to provide people with the same staff who met their needs. The registered manager said there may be occasions when they were unable to provide the regular staff member to people, such as during periods of high sickness.

Staff told us they were able to spend sufficient time with people and did not have to rush when providing

care and support. One staff member said, "We have ample travel time and time to give people what they need; including a chat."

Risks to people who used the service were overall, appropriately assessed, managed and reviewed. These covered areas of support such as medication, food preparation, moving and handling, personal care and choking. However, we saw some people had risk assessments in place when they had not been assessed of being at risk, for example dehydration and challenging behaviour. The registered manager confirmed standard risk assessment documentation was available to guide staff and should have been completed to reflect people's individual needs. They said they would review where risk assessments had not been completed in a person centred way to make sure they reflected people's current needs.

Staff told us they had plenty of support to help them make decisions out of hours and in office hours where they were concerned or an emergency occurred. One staff member told us, "I have never had a problem getting hold of on-call and they always get back to you."

Good

Is the service effective?

Our findings

At our last inspection in June 2016 we found staff did not receive appropriate training and supervision to enable them to carry out their role. At this inspection we found the provider had made the required improvements.

People who used the service and their relatives told us staff were well trained and knew how to meet their needs. One person said, "Very friendly and very effective (the staff)." A relative told us; "The staff know what they are doing, I'm very happy." Another relative said, "Training seems consistent." Two relatives told us their family members found it difficult to communicate with some staff when English was not the staff member's first language. We did not see any evidence this had been raised with the service.

Staff we spoke with were satisfied with the support they received during their induction. One staff member said, "It was a great induction; learnt a lot and felt very well supported." Staff completed a programme of training and shadow shifts with experienced colleagues before they worked alone. The manager had introduced a competency checklist which was applied to all staff to ensure they were competent in their role following the induction training.

Induction training included a number of mandatory training courses. Topics included; moving and handling, medication awareness, health and safety, safeguarding and food hygiene. Staff also completed annual refreshers in these topics. Records showed staff's training was mostly up to date and where any updates were needed these were planned to ensure the staff's practice remained up to date. The registered manager had a system in place to ensure training was completed in a timely way for staff.

Staff told they felt well supported in their role and that they received regular supervision and reviews of their performance which gave them an opportunity to discuss their roles and options for development. Records we reviewed confirmed this to be the case. One staff member said, "Supervisions are a great opportunity to reflect and air any concerns; I enjoy mine."

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, 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 live in their own homes, applications to deprive a person of their liberty must be authorised by the Court of Protection.

Training records showed staff had received MCA training. Staff were able to describe how the MCA applied to their role and could provide examples of how they ensured they gained consent before they delivered people's care and support. Staff understood people had a right to refuse care and told us of the action they would take if this happened. One staff member said, "I would explain things, reassure people, ask why, see what I could do differently; but I would never force anyone." People who used the service told us they were

always asked about the care they wanted and needed. One person said, "The staff encourage me to make decisions."

Where people lacked mental capacity, we saw this had been assessed in their care plans. However, we did not see decision specific information recorded in people's care plans and for one person there was an inconsistency as they had been assessed as not having capacity to consent to their care yet other information indicated they had. This inconsistent approach could lead to people's rights being overlooked. The manager told us they would address this error immediately.

The service provided support to some people at meal times. People told us they received the support they required with food and drink. One person said, "I'm always asked what I would like to eat or drink." Staff were aware of the importance of encouraging good nutrition and hydration for people. Records showed, where the service was supporting people with food or drink, that staff recorded what people had eaten and had to drink. The manager said this practice was encouraged to make sure people had a varied and balanced diet and any problems could be picked up quickly. The manager told us they would involve the GP or district nurse if they felt a person had a reduced appetite or any weight loss as this could be an early indicator of ill health.

People were supported to access healthcare services as and when required and staff followed health professional's advice when supporting people with on-going care needs. For one person, we saw there was a detailed plan from the speech and language therapist to prevent choking and assist them to eat more comfortably.

Good

Is the service caring?

Our findings

People told us the staff who supported them were all very caring. They said the staff would always ask them how they were feeling and what they would like help with. People's comments included; "Very caring staff, cannot do enough for me", "Really happy with my carers", "Very genuine carers", "The team is fantastic" and "Can't fault the carers".

Care plans contained information about people's life history. This gave important information about people's background and their likes and dislikes. This information helped staff to provide more personalised care. Staff told us they found this information very useful. One staff member said, "Really helps you to get to know a person; build a good relationship and rapport; never get stuck for something to talk about with people."

Staff knew people well and were able to describe their individual preferences as to how people wanted to receive their care and support. One staff member said, "It's important to remember the little things like how someone likes their drinks or how they like to stick to certain routines."

People and their relatives told us they were involved in developing their or their family member's care and support plan. They said they identified what support was required from the service and how this was to be carried out. Comments we received included; "I was involved in the care plan and reviews", "Care planning is good" and "Care plan was very good, I was involved in all the planning."

People who used the service were treated with respect and dignity by staff. One person told us; "Staff respect me and my home." Another person said they were treated well and the staff were caring, very respectful and understanding.

We asked staff how they ensured people's privacy and dignity was maintained. Staff said they always treated people with dignity and respect. They told us of the importance of making sure care was carried out in private. They said people were kept covered as much as possible, curtains were closed, people's confidentiality was respected and people's chosen names were used. The manager said staff were trained in privacy, dignity and respect during their induction. The manager said they worked alongside staff to ensure this was always put in to practice.

Staff spoke with kindness and compassion and were highly committed and positive about the people they supported. This showed us they valued people who used the service as equals. Staff also spoke of the importance of maintaining independence for people who used the service. They said they always encouraged people to do what they could for themselves to maintain people's dignity. One staff member said, "It makes people feel good about themselves."

The registered manager told us no one who currently used the service had an advocate. They were however, aware of how to assist people to use this service if needed. (An advocate supports people by speaking on their behalf to enable them to have as much control as possible over their own lives.)

People's diverse needs in respect of the seven protected characteristics of the Equality Act 2010; age, disability, gender, marital status, race, religion and sexual orientation were met where applicable. We saw no evidence to suggest that anyone who used the service was discriminated against and no one told us anything to contradict this.

Good

Is the service responsive?

Our findings

People and their relatives we spoke with confirmed staff knew them and understood their care and support needs. They said the service was very responsive and accommodating to their needs.

Records showed people had their needs assessed before they began to use the service. This ensured the service was able to meet the needs of people they were planning to support. The assessment came as a referral from the local authority and the registered manager said this was reviewed prior to completing their own care plans. These included care plans for personal care, mobility, medication, nutrition and hydration.

We looked at people's care and support plans. We wanted to see if the care and support plans gave clear instructions for staff to follow to make sure people had their needs met. Overall staff were provided with clear guidance on how to support people as they wished. This meant care and support provided was individualised and based on the person's own preferences.

Care plans contained details of people's routines and information about people's health and support needs. We saw, in the main, comprehensive information detailing each person's morning, lunchtime, teatime and bedtime routines. For example, what they liked to eat, what drink they liked and how they like to be supported to get showered and dressed. There were some occasions when the care plans were written in a vague manner which could lead to people's care needs being missed or overlooked. For example, one person's care plan said they were to be 'assisted' with their mobility. There was no detailed guidance on how the assistance was given. Another person's care plan said the person needed 'full support' to wash. No further guidance on what this support entailed was included. The registered manager agreed to review these care plans. Staff we spoke with could describe people's needs in detail; it was clear they provided a person centred service.

Staff said they found the care plans useful and that they gave them enough information and guidance on how to provide the support people wanted and needed. Staff spoke confidently about the individual needs of people who used the service. One staff member said, "I have found the care plans and risk assessments very informative; they tell you everything you need." Another staff member said, "Care plans are very good; very detailed and always kept up to date."

We looked at a selection of daily notes made at the point of care delivery, and they showed care was given as assessed and planned. Consent to care was recorded at each visit and any changes to people's needs. There was a system of text messaging, telephone calls and e mails in place to ensure staff received timely information on changes to care needs. Records showed people's care was reviewed regularly.

People told us they knew what to do if they had any concerns or complaints about the service. One person said, "Any concerns I would call the office." A relative told us they had reported concerns to the registered manager over not receiving a rota. They told us the registered manager was addressing their concerns. Another person said, "Any complaints are dealt with."

The service had systems in place to deal with concerns and complaints, which included providing people with information about the complaints process. The system in place meant reports of patterns and trends could be formulated.

We looked at the records of complaint management kept at the office. We saw the service had responded to complaints and concerns brought to them. We were able to see copies of correspondence which had been sent together with records of any actions taken. The service had also received a number of compliments. Positive feedback from people included; '[Name of person] is very happy with everything', 'We are very pleased with Vive and feel well taken care of' and 'I am happy with the service and care that my [family member] gets. If there have been any hiccups these have always been resolved in a prompt and professional manner.'

Staff told us any issues were responded to quickly by the management team. They said they received feedback on concerns or complaints raised in order to prevent a recurrence of issues. We saw records that showed this to be the case.

Requires Improvement

Is the service well-led?

Our findings

At our last inspection in June 2016 we found there was a lack of recording and evaluation of information about the quality and safety of the service. At this inspection we found the provider had made improvements; but we recommended the provider continues to review their quality assurance systems to make sure they are fully embedded in the service to drive continuous improvement.

We received mixed views from people about the service. Some people who used the service and their relatives told us they thought the service was well managed. Some people said issues were dealt with if they raised concerns. One person said, "Staff and office staff listen to my need." Another person said, "Cannot fault the agency." However we also received comments from people who thought communication from the office staff needed to improve. One person said, "Used to be amazing, but now good, as the office seems to need structure." Another person said, "Office communication could be better" and "No call to say they will be later."

There was a registered manager in post who was supported at the office by a deputy manager, a care co-ordinator and a senior care/administrator. All of the management team also worked as part of the staff team to deliver care and support to people when needed. The registered manager told us the co-ordinator role was a new role and had been introduced to ensure rotas were well organised and any changes were communicated in a timely way to people who used the service.

Staff spoke positively about the management team and the support they received. Staff's comments included; "[Name of registered manager] is a brilliant manager; really approachable and easy to talk to", "We get great support from everyone at the office" and "Everything is well organised. You feel you are working for a great company."

We asked staff about the culture amongst the staff team and within the service. All the staff we spoke with said teamwork and communication were key elements. All the staff said they would recommend the service as a good place to work and would also be happy for a family member to be cared for by the service. The registered manager told us of the communication and support mechanisms in place for staff. There was a system of e mails, texts and an internet based messenger group available to staff. The registered manager said there had been one staff meeting in the last year and they were trying to arrange to have them more frequently.

There were systems and processes in place to ensure quality in the service was monitored. Regular spot checks (Spot checks are unannounced checks on staff's competency to carry out their role) and observations of staff took place to ensure they delivered care and support appropriately. We saw records were made of these and any actions identified were addressed with staff through telephone calls, e mails or supervision meetings.

Daily record logs were checked on a monthly basis to ensure staff were delivering the care and support people needed. Issues identified were highlighted on the actual notes. It was not always clear how this was

then communicated to staff to improve practice. A monthly check of MARs had recently been introduced and some concerns had been identified. However, the audit record did not indicate the actions that were taken. This had to be found on a separate system which did not give an overview of actions taken to improve the service. The registered manager introduced a spreadsheet during our inspection that would assist in demonstrating this.

Electronic call monitoring had recently been introduced by the service. This alerted the service to any late or potentially missed calls so action could be taken promptly. The system enabled reports to be produced to show if there were any patterns or trends emerging such as same staff member or same time of call. The registered manager said these reports would then be used to take action to improve the service.

People who used the service and their relatives were asked for their views about the care and support the service offered. The registered manager sought feedback in the form of annual surveys. We looked at the results of the most recent surveys undertaken in August 2016 and these showed an overall high degree of satisfaction with the service. People's comments included; 'Very happy with the company', 'On the whole very satisfied with the carers' and 'I am totally satisfied with the service and appreciate everyone's help.' One person had said, 'Office seems disorganised at times' and two people had commented on poor time keeping. The registered manager had analysed the results and shared the findings and actions taken to improve the service with people who used the service and their relatives. The registered manager was aware their annual survey was now overdue and had plans in place to commence this year's survey.

'Client feedback' sheets were also completed at the time of people's care reviews. Records we looked at showed people were asked if they were satisfied with the service and the staff who provided the service. One person had commented, 'All fantastic, never late, adaptable.' Another person had said they felt rushed by some staff and that they only wanted regular staff to provide their care. Staff changes had been made and an action plan had been developed which stated the person would be visited once per month by a member of the management team to ensure all was well. The deputy manager confirmed this had been done. However, no records of these visits had been made therefore we could not be sure the actions taken had been effective in improving the service for this person.

The registered manager was aware of their responsibilities to report accidents, incidents and other notifiable events that occurred within the service to the Care Quality Commission so that any action needed could be taken.