

Dr Vita Roga-Wiles

Vitascare

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

We carried out an announced inspection of the service on 20 September 2016. Vitascare provides personal care to people in their own homes. At the time of our inspection the service was providing the regulatory activity of personal care to one person.

The provider, who is registered with us as an individual, manages the service so a registered manager was not required.

During our previous inspection on 5 and 6 November 2015, we identified three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These were in relation to the assessment of the risks to people's safety, staff training and the lack of robust quality assurance processes.

During this inspection we found improvements had been made.

The risks to the person's safety were now appropriately assessed and reviewed and care plans were in place to provide staff with sufficient guidance to reduce the risk to the person's safety. The person was protected from the risk of harm because staff could identify the potential signs of abuse and knew who to report any concerns to. There were enough staff to keep the person safe and the person's medicines were managed safely.

Improvements had been to staff training and plans were now in place that enabled the registered manager to identify when staff required refresher training. Staff received regular supervision of their work.

The principles of the Mental Capacity Act (2005) had been followed when decisions were made about the person's care. The person felt staff understood how to provide them with effective care and support. The person was supported to follow a healthy diet that took into account their cultural background. The person was supported to visit their GP or other healthcare professionals when they wanted to.

Staff understood the person's needs and the person felt the staff were kind and caring. The person was encouraged to live as independent a life as possible and staff treated the person with dignity and respect. The person was involved with decisions about their care and support. Information about how to contact an independent advocate was available.

The person was encouraged to follow the activities that were important to them. Staff ensured the person did not become socially isolated from their local community. Care plans were in place to provide staff with sufficient guidance on how to support the person in the way they wanted. A robust complaints procedure was in place to address any concerns raised by the person.

The registered manager had introduced new and robust quality monitoring processes that enabled them to monitor and address risks within the service. Staff and the person who used the service spoke positively

about the registered manager. Processes were in place that ensured the views of the person and the staff about how to improve the quality of the service were welcomed and acted on.

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.

The risks to the person's safety were now appropriately assessed and reviewed and care plans were in place to provide staff with sufficient guidance to reduce the risk to the person's safety.

The person was protected from the risk of harm because staff could identify the potential signs of abuse and knew who to report any concerns to.

There were enough staff to keep the person safe and the person's medicines were managed safely.

Is the service effective?

Good 

The service was effective.

Improvements had been made to staff training and plans were now in place that enabled the registered manager to identify when staff required refresher training. Staff received regular supervision of their work

The principles of the Mental Capacity Act (2005) had been followed when decisions were made about the person's care.

The person felt staff understood how to provide with effective care and support. The person was supported to follow a healthy diet that took into account their cultural background.

The person was supported to visit their GP or other healthcare professionals when they wanted to.

Is the service caring?

Good 

The service was caring.

Staff understood the person's needs and the person felt the staff were kind and caring.

The person was encouraged to live as independent a life as possible and staff treated the person with dignity and respect.

The person was involved with decisions about their care and support.

Information about how to contact an independent advocate was available.

Is the service responsive?

Good ●

The service was responsive.

The person was encouraged to follow the activities that were important to them. Staff ensured the person did not become socially isolated from their local community.

Care plans were in place to provide staff with sufficient guidance on how to support the person in the way they wanted.

A robust complaints procedure was in place to address any concerns raised by the person.

Is the service well-led?

Good ●

The service was well-led.

The registered manager had introduced new and robust quality monitoring processes that enabled them to monitor and address risks within the service.

Staff and the person who used the service spoke positively about the registered manager.

Processes were in place that ensured people's and staff's views about how to improve the quality of the service were welcomed and acted on.

Vitascare

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 20 September 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that staff would be available.

The inspection was carried out by one inspector.

Before the inspection, we asked the provider to complete 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. We reviewed information the provider had sent us including statutory notifications. We reviewed previous inspection reports, information received from external stakeholders and statutory notifications. A notification is information about important events which the provider is required to send us by law.

We visited the home of the person who used the service and spoke with them about the quality of the care and support they received. We also spoke with the staff member present during the inspection and the registered manager.

At the provider's office we looked at the care records for the person who used the service, as well as a range of records relating to the running of the service.

Is the service safe?

Our findings

During our previous inspection on 5 and 6 November 2015, we identified a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was in relation to the lack of detailed risk assessments and subsequent care plans to assist staff with supporting people safely. After the inspection, the provider forwarded us an action plan which explained how they intended to make the required improvements.

During this inspection we saw improvements had been made.

For the person who used the service there were now detailed risk assessments in place which addressed all potential risks to their safety. These included support within their home environment, their daily routine, social activities, mobility and independence. Each risk assessment had a care plan in place to advise staff how the person wished to be supported.

Plans were in place to support the person in an emergency. Information for the person was available if they needed to contact someone in an emergency. Processes were in place to support the person if they had an accident and they were investigated appropriately.

The person who used the service told us they felt the staff who supported them did so in a way that did not restrict their freedom in any way. The person also told us they felt safe when staff supported them within their home or when they were in the local community. They said, "Yes I feel safe when they are with me."

The risk to people's safety was reduced because the staff who supported them had attended safeguarding adults training, could identify the signs of abuse and knew who to report concerns to both internally and to external agencies. A safeguarding adults policy was in place.

The person told us staff were there when they needed them and when the staff left them after each call; they were left with the things they needed to support themselves until the next staff member came. The person told us they had no concerns about the staff who supported them and they arrived on time and stayed for the agreed length of time for each call.

Safe recruitment procedures were in place. Checks on staff suitability to carry out their role before they commenced work were carried out. This included checks to establish whether a potential member of staff had a criminal record, whether they had sufficient references and proof of identity. This reduced the risk of people receiving care and support from unsuitable staff.

We checked to processes that were in place to support the person with the managing their medicines. They told us they were happy for the staff to store and administer their medicines for them. They also said, "I have medicines after my meals. They open them for me and then I take them myself."

We saw the person's medicines were stored safely within their home. We looked at the person's medicine

administration records (MAR), used to record when they had received or refused their medicines. The records had been completed appropriately. However, medicines which had been handwritten on the person's MAR had not been signed by two people to ensure accuracy of transcription. This is important as it reduces the risk of errors being made in relation to the amounts and frequencies a person should receive. The registered manager told us they would review the records and make the necessary amendments.

The staff member present on the day of the inspection could explain how they safely administered the person's medicines. However, we did not see them doing so during the inspection. The registered manager told us and records confirmed that staff competency in the safe administration of people's medicines was assessed.

Is the service effective?

Our findings

During our inspection on 5 and 6 November we identified a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was in relation to the lack of refresher training for the staff and the registered manager did not have the systems in place to monitor and address the gaps in staff training. After the inspection the provider forwarded us an action plan which explained how they intended to make the required improvements.

During this inspection we saw some improvements had been made.

We reviewed the training records of three members of staff. We saw staff had now attended a refresher course for the safe moving and handling of people. This was an area of training that staff required training in at the previous inspection. We also saw staff had attended refresher courses for first aid and supporting people with eating and drinking. The registered manager now had the processes in place that enabled them to be aware what training staff had completed and when it was due for renewal. They told us further refresher training courses were planned for the coming months.

Records showed staff completed an induction prior to commencing their role and the registered manager carried out regular assessments of the quality of their work. The staff member we spoke with spoke highly of the registered manager and told us they felt supported by them.

The person who used the service told us they were happy with the way staff supported them. We spoke with the staff member who was supporting the person at the time of the inspection and they spoke knowledgeably about the person's needs.

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. We checked whether the service was working within the principles of the MCA. The staff member we spoke with had a good knowledge about they would incorporate the MCA into their role.

The registered manager told us the person using the service was able to make decisions for themselves, however they had identified that they were unable to understand how to manage their own finances. Records showed a mental capacity assessment had been conducted and a process to manage the person's finances had been put in place. The person told us they were happy for the staff to manage their finances. We checked the person's records which recorded when money was spent and found them to be correct.

The person was supported by staff to eat healthily, but also to make their own decisions about the food they wanted to eat. The person showed us pictures they had taken of the cakes they had made with the staff and there were plans in place to do more baking.

Records showed the person had lost some weight recently, but we saw this had been discussed with the person's GP. The registered manager told us they encouraged the person to eat more, but if they did wish to do so it was their choice.

The person told us the staff supported them with eating food that was relevant to their cultural background. They also said, "I ask the staff to get me specific food and every day I have a freshly cooked meal."

The person told us they had regular access to health and social care professionals when they needed it and the staff supported them with attending appointments. The registered manager told us they had spoken with the person's GP surgery to request that they saw the same GP each time. They told us they did this to ensure the person received a consistent level of care and support from a GP who knew and understood their needs. The person who used the service said, "I like seeing the same GP."

The staff we spoke with had a good understanding of people's day to day health needs and how they supported them to ensure those needs were met.

Is the service caring?

Our findings

The person who used the service told us they thought the staff were kind and caring. We observed the person interact with the staff member and the registered manager and it was clear they got on well together.

The person's records showed they had been involved with decisions about their care. The person told us the staff asked their opinions and respected their wishes. The staff member we spoke with could explain how they supported the person to make their own decisions about their life.

We saw the person's cultural background had been taken into account when providing the staff to support them. A staff member with the same cultural background supported them, but also a staff member from a British background supported them too. The registered manager told us this encouraged the person to develop their language skills and to not become isolated from their local community due to their limited ability to speak English. We noted there had been a significant improvement in the person's ability to communicate in English since the previous inspection.

People were supported by staff who understood their likes, dislikes and preferences. The person's care records contained information about their life history and what was important to them. The staff member we spoke with had a good understanding of the person's needs and spoke positively about the time they spent together.

Records showed that the person had been involved with discussions about their care needs. The person told us they felt the staff and the registered manager listened to them and if they needed changes to be made to their care then they would be made.

An information pack was provided for the person which included the names and contact details of people that were involved with their care or who they could contact if they needed support. This included their GP, social worker, contact details for the local authority and how they could contact an independent advocate if they wanted to. Advocates support and represent people who do not have family or friends to advocate for them at times when important decisions are being made about their health or social care.

The person told us they felt the staff treated them with dignity and respect. They told us they had made a specific request in relation to their personal care and the staff had immediately agreed to it. They told us this made them feel happy. The staff member spoke respectfully about the person when we asked them questions about how they supported the person with their personal care.

The person told us staff encouraged them to be as independent as they wanted and were able to be. They told us the staff supported them with making their own meals and encouraged them to take part in tasks, no matter how small, throughout the home. The staff member told us if the person wanted to be alone they would request their right to privacy and this request would be met.

Is the service responsive?

Our findings

The person's care records contained guidance for staff on how they would like their care to be provided. This included their daily routine, the support they required with personal care and the level of support they wanted from staff for tasks within their home. The records were regularly reviewed and contained examples where the person had been involved with discussions about their care and support needs.

The person told us they felt the staff supported them in the way they wanted them to. The staff we spoke with could explain how they supported the person who used the service and felt there was sufficient guidance within the person's care records to enable them to do so.

The registered manager told us they were aware of the risk of the person becoming socially isolated from their local community and encouraged them to go out as much as possible with the staff. The person told us they enjoyed going out with the staff and had recently been on holiday. They showed us pictures of their time away with the staff and told us the person had enjoyed being away from home.

The person also told us they had asked the staff about purchasing a cat. The staff agreed to go with them to choose the cat and the person told us they were pleased with the support they received from the staff.

We saw the person had a keen interest in art work and showed us examples of work they had completed with the staff. The registered manager told us they also obtained magazines, relevant to the person's cultural background, to enable them to keep up to date with events that occurred in their native country.

The person's care records showed their religious beliefs had been discussed with them and if they wished to practice their chosen religion staff would support them in doing so.

The person was provided with the information they needed to raise a complaint. The manager had ensured they had their direct telephone number if they wished to speak with them. The person told us they had not needed to make a complaint and were happy with the quality of the service provided.

The registered manager had the processes in place to manage any complaints received, but to date they had not yet received any.

Is the service well-led?

Our findings

During our previous inspection on 5 and 6 November 2016 we identified a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was in relation to the registered manager not having robust quality monitoring processes in place to regularly monitor and assess the quality of the service provided. We also found the registered manager did not have the processes in place to monitor staff training and did not regularly review company records such as recruitment files to ensure the correct documentation was in place. After the inspection the provider forwarded us an action plan which explained how they intended to make the required improvements.

During this inspection we saw improvements had been made.

The registered manager now had a number of quality monitoring processes in place which they told us assisted them in identifying and addressing the risks to the person they supported and the service as a whole. This included a monthly review of the care package provided for the person to ensure they were happy with the quality of the service provided for them. Regular assessments of staff competency in administering medicines and random spot checks to assess staff performance were also carried out. We saw regular staff meetings were now also held to enable the registered manager to gain the views of the staff to help them to make improvements where required.

We saw some improvements had been made to staff training and plans were in place to continually review future training requirements. There had also been an improvement in the way records such as recruitment files were reviewed with all appropriate documentation now in place.

The person who used the service and the staff member we spoke with spoke positively about the registered manager. The person said, "She is friendly." The staff member said, "I can talk to her about anything."

It was clear that the person who used the service had a good relationship with the registered manager. They communicated well with each other and the registered manager spoke positively about the impact they and the staff had made on improving the person's quality of life.

We saw the registered manager had ensured they were kept aware of any concerns the staff or the person who used the service had by providing a 'communication book' at the person's home. This enabled the staff to write down any issues they or the person who used the service had, and the registered manager could review and address the points made. The records within the book showed when an issue had been identified it was addressed quickly.

The staff member we spoke with understood the process for reporting accidents and incidents. They knew who they could report their concerns to externally if they needed to, and ensured they did so by following the manager's whistleblowing process.

The manager told us they were aware of their responsibilities to meet the conditions of their CQC

registration. These responsibilities included informing the CQC via a statutory notification if a person receives a serious injury or if they were being deprived of their liberty. We checked the registered manager's records and found in the majority of cases these processes had been adhered to appropriately. However we did find one incident that had been reported to the local authority and not to the CQC. We discussed this with the registered manager and they assured us they would do so in the future.