

Vermuyden Care Limited

# Vermuyden Care

## Inspection report

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### Ratings

Overall rating for this service

Inadequate 

Is the service safe?

Inadequate 

Is the service effective?

Inadequate 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 

# Summary of findings

## Overall summary

### About the service

Vermuyden Care is a domiciliary care agency providing support for people in their own homes. 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. The service was supporting 35 people at the time of the inspection.

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

Everyone we spoke with was positive about their experience of receiving care, and told us care staff were friendly and respectful. However, we found multiple concerns relating to the governance of the service, and whether the service was operated safely.

Staff had not received training in many areas required for them to carry out their role safely, including medicines management, infection control and moving and handling. Where they had received training in these areas, it was delivered by the manager who told us they were not qualified to deliver training.

Where risks had been identified, there were not always suitable risk assessments in place.

People using the service did not have access to their care plans, and the manager confirmed people had not been involved in developing their care plans. People had not given formal consent to their care, and where people lacked capacity, the provider had not undertaken any best interest decisions.

Staff recruitment was not always undertaken safely; the required background checks had not been carried out for all staff.

The manager told us they were not meeting the requirements of the Accessible Information Standards, and could not meaningfully describe what steps they intended to take to address this.

The manager had not registered with CQC despite having been in post for five months. The registered person had previously told CQC that the manager's application had been submitted, indicating they did not have oversight of this.

The governance arrangements within the service were not fit for purpose. Shortfalls across the service, such as inadequate staff training, poor risk management and breaches of regulation, had not been identified and addressed via any audit system.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

This service was registered with us in April 2020 and this is the first inspection.

## Why we inspected

This was a planned inspection in line with CQC's inspection programme.

## Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to safety, staff training, care quality, consent and governance at this inspection.

Please see the action we have told the provider to take at the end of this report.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

## 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 overall rating for this service is 'Inadequate' and the service is therefore in 'special measures'. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe. And there is still a rating of inadequate for any key question or overall rating, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it. And it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Inadequate ●

The service was not safe.

Details are in our safe findings below.

### Is the service effective?

Inadequate ●

The service was not effective.

Details are in our effective findings below.

### Is the service caring?

Requires Improvement ●

The service was not always caring.

Details are in our caring findings below.

### Is the service responsive?

Requires Improvement ●

The service was not always responsive.

Details are in our responsive findings below.

### Is the service well-led?

Inadequate ●

The service was not well led.

Details are in our well led findings below.

# 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.

#### Inspection team

This inspection was carried out by one 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 did not have a manager registered with the Care Quality Commission. A registered manager 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 we needed to be sure the manager would be in the office to support the inspection.

Inspection activity started on 25 November 2020 and ended on 3 December 2020. We visited the office location on 27 November 2020 and made telephone calls to people using the service, their relatives and staff after this visit.

#### What we did before the inspection

We reviewed information we had received about the service since it was registered. We conducted an assessment of the provider's response to the COVID-19 pandemic in July 2020, which included a formal telephone interview with the manager. We did not request a 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.

We used all of this information to plan our inspection.

During the inspection

We spoke with the manager, 4 people using the service, one person's relative and seven staff.

We reviewed a range of records. This included six people's care records. We looked at five staff files in relation to recruitment and staff supervision. We reviewed a variety of records relating to the management of the service, including audits, policies and procedures.

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.

This is the first inspection for this newly registered service. This key question has been rated inadequate. This meant people were not safe and were at risk of avoidable harm.

### Preventing and controlling infection

- Some staff told us they had not received training in relation to infection control. One said they had been guided in how to safely use Personal Protective Equipment (PPE) by colleagues rather than a trained person.
  - The provider's staff induction programme covered infection control, and every staff member we spoke with confirmed they had undergone an induction. However, some staff said the induction was two hours or less in duration. The induction programme made no reference to COVID-19.
  - When we undertook an assessment of the service's response to the COVID-19 pandemic in July 2020, the manager told us they, and the managing director, were qualified to deliver infection control training and had provided this training to staff. Following this inspection the manager told us this was not the case and instead they were registering staff with an external training provider. The provider's training records showed no staff had received specific infection control training. This meant staff had been carrying out personal care during a pandemic without appropriate training.
  - An infection control audit had been undertaken, but it had not been fully completed and the actions arising from it did not address all the shortfalls identified within the audit.
  - 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.
- Staff had not received appropriate training in relation to infection control, putting people using the service at risk of harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

### Using medicines safely

- We could not be assured medicines were managed safely.
  - Some staff told us they had not received training in medicines management. The provider's training matrix showed staff had received no training beyond their induction; the section of the provider's training matrix for medicines training was blank for all staff.
  - We asked on two occasions to see the provider's medication audit records. When one was provided it had been completed after the inspection site visit and lacked detail. It related to one person only rather than being an audit of how medication was managed within the service.
  - Some people's care plans indicated staff were supporting them with medication, but they did not have medication administration records (MARs) in place. The manager said this had been an oversight and described how they were taking steps to address this after CQC highlighted this concern.
- Medicines were not safely managed within the service, putting people using the service at risk of harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

### Assessing risk, safety monitoring and management

- Risks were not managed or monitored in a safe way, exposing people to the risk of harm.
- Risks, such as choking, moving and handling and infection control, were identified during the initial assessment of a person's needs, but risk assessments were not always put in place. For example, two people had been assessed as being at high risk of falls, but there was no risk assessment regarding this.
- The manager told us the shortfalls in risk management had been an oversight, they said it had been down to a lack of communication between themselves and another manager within the service. They said this was being address after CQC highlighted this concern.

Risks were not effectively identified, assessed or monitored within the service, putting people at risk of harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

### Staffing and recruitment

- We were not assured that staff were safely recruited.
- We looked at five staff files and found shortfalls in three of them. Some staff only had one reference, and in one staff member's case this was from a friend. The provider's own recruitment policy states new recruits should have two references from their most recent employers.
- Where staff had previously worked with vulnerable adults their reason for leaving had not always been identified.
- Each staff file we checked contained a Disclosure and Barring Service (DBS) check, but in one case this hadn't been applied for by the provider and instead related to the staff member's employment some months before joining Vermuyden Care.

Recruitment was not carried out safely. This was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- People using the service told us they felt safe when receiving care, and told us they had not had any concerns in this respect.
- Staff knew the procedures for reporting any concerns they had but some staff told us they had received no training in relation to safeguarding; the provider's own training records showed no staff had received safeguarding training.

### Learning lessons when things go wrong

- Staff told us they would report any incidents or accidents directly to the manager.
- Records we were provided with indicated there had been two minor incidents in the month preceding the inspection. There was no information available about any lessons learned from this.



# 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

This is the first inspection for this newly registered service. This key question has been rated inadequate. This meant there were widespread and significant shortfalls in people's care, support and outcomes.

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.

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- We found the provider did not have effective systems in place for obtaining people's consent, or acting in their best interests.
- We asked the manager how they ensured people had consented to their care plans. They replied: "I'm still thinking about that." None of the care plans we checked, where the person had capacity, showed the person had consented to their care.
- One care plan we checked recorded that the person lacked capacity. There was no capacity assessment to support this judgement, and no evidence of any best interest decision making. This person's care plan recorded that their relative was their "decision maker." We requested information about each person who had a lasting power of attorney, and this person was not included in this list. It was therefore not clear what legal authority the provider understood the relative to have.

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.

Staff support: induction, training, skills and experience

- Staff told us they had received limited, if any, training. All but one out of seven staff told us the only training they could recall receiving was within their induction when they started work.
- Every staff member we spoke with told us they had received an induction, although some staff told us this had been around one to two hours in length.

- The provider's training records showed the only training care staff had been provided with had been within their induction. The induction had been led by the manager, who confirmed to CQC in writing during the inspection that they were not appropriately qualified to deliver training.
- The manager confirmed that apart from the induction, and some training delivered by a dietician to three staff, no other training had been provided to staff.

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

- Assessments of people's needs were undertaken before they began to receive care. These assessments were used to develop care plans, but the manager told us this had not always been done properly. They said this was due to a lack of communication between office-based staff and themselves.
- Managers within the service told us they monitored the assessments and care plans, but this monitoring was ineffective; the care plans we looked at contained errors and omissions meaning they didn't accurately reflect people's needs and choices.
- There was an electronic visit monitoring system; visits we checked took place at the planned time and for the planned duration. People using the service confirmed this was their experience of receiving care calls.

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

- There were details in each person's care file showing that their needs in relation to nutrition and hydration had been assessed, but care plans regarding nutrition and hydration were not always detailed.
- People's care records showed where staff were required to provide them with food and drink, there was little information about their personal preferences.

Staff working with other agencies to provide consistent, effective, timely care

- Staff told us they knew when to contact outside assistance. People's care records showed evidence of this.
- The manager described working with other agencies to meet people's needs, including participating in a regular multi-disciplinary team meeting which monitored one person's health condition to ensure their care was appropriately provided.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

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

- A survey of people using the service had taken place, with the results showing the responses were positive.
- People's views and decisions about care were incorporated in their initial assessments, but they had not been involved in devising their care plans. The manager told us they couldn't currently involve people in their care plans due to them being in an electronic format.
- People told us they recalled the initial assessment, but no one we spoke with had been given access to their care plans.

Ensuring people are well treated and supported; equality and diversity

- The provider held a record of compliments they had received. We saw people's relatives had contacted the provider to give positive feedback, particularly praising staff's attitude and caring approach.
- There was an equality and diversity policy in place, which staff told us they thought they had read as part of their induction.
- Care assessments we checked showed limited information about people's cultural needs.
- People spoke positively about the care staff. One said: "They chat away with us, they brighten our day." Another said: "They are very respectful, very pleasant."

Respecting and promoting people's privacy, dignity and independence

- Staff we spoke with told us they understood the importance of treating people with dignity and respecting them. One staff member said: "It's something I think we are really good at, we put [people using the service] first." Another said: "You're in their house, you've got to put them at the centre of everything you do."
- When managers carried out monitoring of care visits, by way of unannounced spot checks, they looked at whether staff were treating people respectfully and with dignity.
- There was an equality and diversity policy in place, which staff told us they thought they had read as part of their induction.
- Care assessments we checked showed limited information about people's cultural needs.
- People spoke positively about the care staff. One said: "They chat away with us, they brighten our day." Another said: "They are very respectful, very pleasant."

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant people's needs were not always met.

### Meeting people's communication needs

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.

- We asked the manager how the service complied with the AIS. They were not familiar with this. When we explained what it was, they said they did not meet this standard, but said work was underway to improve their response in this area.

### Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Each care plan we looked at held some information about people's preferences, but not to a consistently detailed standard.
- Staff records of care given demonstrated that staff checked with people about how care was being provided to ensure people had control over the care they received.
- When managers carried out spot checks of care visits, they obtained the input of people using the service, which supported people in having control over their care.

### Improving care quality in response to complaints or concerns

- The provider's policies and procedures relating to the receiving and management of complaints were clear, with the intention that complaints improved the quality of care people received.
- We checked the complaints the provider had received since registering. We noted that where one complainant had received a written response, this did not direct the complainant to the correct route of external remedy.
- People using the service told us they would feel confident to complain if they needed to, although none had felt the need to do so.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

This is the first inspection for this newly registered service. This key question has been rated inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

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

- Governance arrangements within the service were not adequate to ensure safe, good quality care.
- We asked to see copies of the manager and provider audits, but none were supplied. The manager told us they weren't sure what a manager or provider audit was, and was obtaining guidance from an external organisation regarding this. After we raised concerns about this, the provider said the manager would conduct their first audit five weeks after the inspection.
- We saw a care plan audit which was incomplete and did not record any action to be taken to address the shortfalls identified.
- Staff made daily notes of the support they had provided. The manager told us they monitored these daily, but did not provide any documentary evidence to support this. The manager acknowledged, when we highlighted shortfalls in care records, that they had not had effective oversight of care.
- The manager told us staff had not received training in the electronic care records system, and said they themselves had received limited training. They described this as "winging it."
- The manager had been in post for five months at the time of the inspection site visit, but had not submitted an application to register with CQC. They said this was due to an IT error and an application had been recently submitted. They could not provide evidence to support this, and CQC records showed an application was submitted three days after the inspection site visit.
- The registered person was not always familiar with the kind of notifications they were legally required to submit to CQC, and at times we had to contact them to request notifications were submitted. When we requested information from senior personnel within the service, they did always not respond.
- Some months before the inspection, the registered person assured CQC the manager had started their application to register with CQC. This was not the case. This indicated the registered person did not have effective oversight of operations within the service.

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.

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

- People we spoke with told us their care met their needs and said they were enabled to achieve the outcomes they wanted.
- Staff said they enjoyed working at the service and felt well supported by the management team. One staff member described the management team as "100 percent supportive." Another staff member said they would not want to work anywhere else.
- The manager had not received training in relation to the duty of candour, but following the inspection site visit supplied CQC with evidence to show they had booked a place on upcoming training.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Staff told us there were regular team meetings which they said were useful, but none of the staff we spoke with had received a one to one supervision with their manager. The supervision records supplied to us by the manager confirmed this, and showed only three staff had received a one to one supervision.
- The provider was in the process of setting up a café within the location's office, to provide facilities to the wider community, including dementia workshops and access to other support facilities.
- People told us they had not seen their care plans, but said they thought they would be able to change the care they received if they wanted to.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care  The provider did not ensure appropriate arrangements were in place for care to be person centred and to involve people in their care planning. Regulation 9(1)(c)(3)(a)(b)
Regulated activity	Regulation
Personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent  The provider did not have adequate arrangements in place to obtain or act in accordance with people's consent. Regulation 11(1)(3)
Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed  The provider did not carry out adequate background checks on staff before employment. Regulation 19 (2)(a)