

Miss Nadene Maleka Davis

# Vitalitycare and Support Services

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

The inspection took place on 7 and 15 September 2017 and was announced.

Vitalitycare and Support Services is registered to provide personal care to people living in their own homes. There were 18 people using the service on the day of our inspection.

The service is required to have a registered manager and there was a registered manager in post at the time of our inspection.

The provider had not carried out consistent pre-employment checks on prospective staff to ensure they were suitable to provide care and support to people in their own homes. The information recorded on people's medication administration records was not clear, accurate or complete. The provider's quality assurance processes were not adequately developed, and not as effective as they needed to be.

Staff had received training in, and understood, how to recognise, respond to and report abuse. The risks to people had been assessed, reviewed and plans put in place to keep people safe. People received a consistent and reliable service from staff with whom they were familiar.

The provider's induction training did not incorporate the requirements of the Care Certificate. Staff benefited from a rolling programme of training and periodic one-to-one meetings with the management team. People's rights under the Mental Capacity Act were understood and promoted by the provider and staff team. Where people needed support to prepare meals, staff provided this on a consistent basis and in accordance with their wishes. Staff monitored any changes in people's general health, and helped them request professional medical advice and treatment when needed.

Staff took a caring and compassionate approach towards their work with people. The provider encouraged people's views and involvement in decisions about their care and support. People's rights to privacy and dignity were protected by staff.

People received personalised care and support. People's relatives contributed towards care planning and the resulting care plans were followed by staff. People and their relatives knew how to complain about the service, and felt confident they would be listened to.

People and their relatives had open communication with the management team. Staff felt well-supported in their job roles, able to approach the management team at any time, and were clear what was expected of them.

## 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 always Safe.

The provider did not always carry out appropriate checks to ensure prospective staff were suitable to work with people. People's medication administration records were not always completed to an acceptable standard. Staff understood how to recognise, respond to and report abuse.

### Is the service effective?

**Requires Improvement** ●

The service was not always Effective.

The provider's induction training did not incorporate the requirements of the Care Certificate. People felt staff had the knowledge and skills needed to meet their individual needs. The provider promoted people's rights under the Mental Capacity Act. People had the support they need to prepare needs and seek professional medical treatment and advice.

### Is the service caring?

**Good** ●

The service was Caring.

People were supported by staff who adopted a caring and compassionate approach towards their work. The provider encouraged people's involvement in decision-making that affected them. Staff treated people with dignity and respect.

### Is the service responsive?

**Good** ●

The service was Responsive.

People received care and support shaped around their individual needs and requirements. People's relatives involvement in care planning and decision-making was encouraged. People and their relatives knew how to complain to the provider, and felt comfortable doing so.

### Is the service well-led?

**Requires Improvement** ●

The service was not always Well-led.

The provider's quality assurance activities were not as effective as they needed to be. People and their relatives benefited from open communication with the provider. Staff felt well supported and were clear what was expected of them at work.

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# Vitalitycare and Support Services

## **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 checked 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 7 and 15 September 2017 and was carried out by one inspector.

We gave the provider 48 hours' notice of our intention to undertake an inspection. This was because the provider delivers a domiciliary care service to people in their own homes, and we needed to be sure that someone would be available in the office.

Before the inspection visit, 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. We used this information in the planning of our inspection.

In planning our inspection, we also reviewed the information we held about the service, including any statutory notifications received from the provider. A statutory notification is information about important events, which the provider is required to send us by law. We also contacted the local authority and Healthwatch for their views on the service, and took these into account.

During our inspection, we spoke with three people who use the service, five relatives and an occupational therapist. We also talked to the provider, the registered manager and three care staff.

We looked at two people's care records, medication administration records, incident and accident records, three staff recruitment records, staff training records, selected policies and procedures, and complaints records.

# Is the service safe?

## Our findings

We looked at how the provider checked successful job applicants were suitable to provide care and support to people in their own homes. The provider explained that an Enhanced Disclosure and Barring Service (DBS) check or, where appropriate, a DBS Adult First check were carried out before prospective staff were allowed to start work. The DBS helps employers make safer recruitment decisions and seeks to prevent unsuitable people from working with vulnerable groups.

However, on reviewing three staff members' recruitment records, we saw they had been permitted to start work with people before their Enhanced DBS check had been completed, and without a DBS Adult First check. We discussed this issue with provider. They acknowledged that they had not always completed the necessary pre-employment checks before allowing new staff to start work. The provider had not ensured people's safety by checking the suitability of all prospective staff in accordance with their recruitment procedures and safe recruitment practices.

This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at how staff helped people to manage their medicines safely, where they needed support in this area. The provider explained that all staff responsible for the management and administration of people's medicines had received appropriate training. Their competence was also checked annually by the management team. However, we found that staff were not administering people's medicines in accordance with the provider's procedures and best practice guidelines. Specifically, the information recorded on people's medication administration records (MAR charts) was not clear, accurate or complete. These charts were not always legible and contained multiple unexplained gaps in recording. Poorly completed MAR charts are a potential cause of preventable drug errors. We discussed this concern with the provider and the registered manager. They told us they would provide staff with additional guidance and training in relation to the expected completion of people's MAR charts.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us they felt safe receiving care and support in their homes from staff employed by Vitalitycare. One person said they felt reassured by the friendly attitude of staff, whilst another appreciated the help staff gave them to maintain the security of their home. People's relatives felt staff took appropriate steps to keep their family members safe. One person's relative described how staff took into account their family member's mobility needs, helping them move around their home safely. Another relative said they drew confidence from their family member's reassuring comments to them about staff, adding, "[Relative's name] says they feel safe and so I'm satisfied."

The staff we spoke with had received training in, and understood, how to recognise and respond to abuse. They gave us examples of the kinds of things that would give them cause for concern, such as marked

changes in people's mood or behaviour. Staff told us they would not hesitate to report any abuse concerns to the management team. They also understood their role in supporting people to raise their own concerns about their safety or wellbeing. One staff member explained, "I'll always listen to people and tell them they can talk to me. I'll record whatever they tell me and help them pass it on to the management." The provider informed us no safeguarding concerns had been brought to their attention to date. They were, however, clear about the need to notify the appropriate external agencies, such as the local authority, CQC and police, of any such concerns.

The provider assessed, and kept under review, the risks associated with people's care and support needs. This assessment took into account important aspects of people's personal safety and wellbeing. These included their nutrition and hydration, mobility needs and any potential hazards within the home environment. The provider had put plans in place to manage these risks, and keep people and staff as safe as possible. This included ensuring people were assessed for and provided with the appropriate mobility aids and equipment. One staff member explained, "People have the equipment they need. Our manager wouldn't put us in a situation where we had to handle people without the proper equipment there." Staff recognised the need to work in accordance with people's risk assessments, and told us they had time to read and refer back to these. They said the provider, and their work colleagues, kept them up to date with any changes in the risks to people or themselves. This included the use of the staff communication books in people's homes to pass on important updates.

In the event people were involved in an accident or incident, staff recognised the need to record and report these events to the management team. However, on reviewing these reports, we found the provider had not recorded the outcomes of their investigation into these events, or the action taken to prevent reoccurrence. We discussed this issue with the management team. They assured us that appropriate action had been taken in response to the events in question. For example, following reports of staff encountering difficulties in helping a person to use their stair lift, advice had been sought from an occupational therapist. This had resulted in the person being supplied with more suitable mobility equipment. The management team informed us the investigations completed and actions taken in response to any accidents and incidents would be better recorded moving forward.

People and their relatives told us staff from Vitalitycare provided a punctual and dependable service. They said staff stayed with them for the agreed amount of time, did not miss their care calls and made them aware if they were running a little late. One relative explained, "They (staff) let us know if they're going to be late; it's only been a couple of times." Another relative said, "We pay for half an hour and they (staff) stay for half an hour." The provider explained that they planned and organised their staffing requirements based upon the total number of care hours provided. They also organised the staff roster in order that people were supported by staff they were familiar with. One person told us, "I seem to get the same one (staff member) all the time; I've got used to them." A relative said, "Having familiar staff is one of my stipulations. Continuity and consistency are very important to [person's name] and they give us that."

## Is the service effective?

### Our findings

All new staff employed by Vitalitycare completed the provider's induction training to help them settle into their new job roles. During this period, staff had the opportunity to work alongside more experienced colleagues, complete initial training and read the provider's policies and people's care plans. Staff spoke positively about their induction experience. One staff member told us, "It (induction) was really nice. The staff were lovely and showed me everything. I had quite a lot of support from other staff and the management."

We looked at whether the provider's induction process reflected the requirements of the Care Certificate. The Care Certificate is a set of minimum standards that should be covered in the induction of new care staff. It is designed to ensure staff have the same introductory skills, knowledge, and behaviours, enabling them to provide compassionate, safe, and high quality care. We found the provider had a limited awareness of the Care Certificate and had not fully considered how to meet its standards as part of their induction process. They told us one member of staff had enrolled on the Care Certificate, and none had completed it to date. The provider assured us that, moving forward, their induction training would reflect the requirements of the Care Certificate.

People and their relatives had confidence in staff members' knowledge and skills, and their ability to meet people's needs. One relative told us, "They (staff) are very competent, very friendly and very aware of [person's name's] care needs. They demonstrate a good degree of knowledge and the ability to manage their relationship with [person's name] well." Another relative said, "Everything we want them (staff) to do, they are doing well."

Following induction, staff participated in a rolling training programme, based upon the provider's assessment of the knowledge and skills they needed to work safely and effectively. Staff spoke positively about the training they had received. One member of staff told us, "I don't think there's any more training I need for the care service we offer; it's up to scratch." Another staff member said, "It (training) is very good. I don't go to any calls that I feel I'm not prepared for." We saw the provider kept training records to help them keep on top of staff training needs.

Staff also attended six-monthly one-to-one meetings with the management team to identify any additional support or training they may need, and to receive feedback on their work. One staff member said, "I think it (supervision) is quite good, as I can voice my concerns and they can tell me if I'm hitting my targets." Staff felt they could approach the management team for additional support and guidance at any time in between these meetings. One staff member explained, "If I feel I'm struggling with something or I need some more support, I can arrange to see the manager." The management team also provided out-of-hours on-call management support to respond to any urgent guidance or advice staff may need.

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. People told us staff respected their right to make their own decisions, and sought their consent before carrying out care tasks. The staff we spoke with understood people's rights under the MCA. This included the role of best interests decision-making and the need to discuss any changes in people's capacity with the management team. In people's care files, we saw information recorded about their mental capacity and the support they needed from staff to make choices and decisions.

Where people needed help to prepare their meals, they and their relatives were satisfied with the support staff gave them in this area. They told us staff prepared food and drink in line with their requests, and encouraged people to have enough to eat and drink on a day-to-day basis. One relative said, "They (staff) do try to prompt [person's name] and try to get them to eat." The provider explained they were not currently supporting anyone with complex needs or risks around their eating and drinking. In the care files we looked at, we saw that people's dietary and nutritional needs were routinely assessed and reviewed.

People and their relatives were satisfied with the support staff gave people to access professional medical advice and treatment when they were unwell. They told us staff were alert to any significant changes or deterioration in people's health and took prompt action in the event of any medical emergencies. One relative said, "They (staff) seem to be very conscientious if they see [person's name] is not quite right." Another relative described how staff had immediately called for an ambulance upon finding their family member on the floor in their home. They went on to say, "If there are any reasons for concerns, they (staff) let me know straightaway and make a full note in the daily diary." In people's care files, we saw information about their medical history and current health conditions to help staff understand their health needs.

## Is the service caring?

### Our findings

People and their relatives told us staff had taken time to get to know their individual needs and requirements, and that they met these in a caring way. They used words such as "positive", "cheerful", "lovely" and "pleasant" when describing the staff who supported them. The staff we spoke with demonstrated enthusiasm for their work, and good insight into people's individual needs. They discussed the people they supported with clear affection and a desire to make a positive difference in their lives. One staff member told us, "Doing little extras for them (people) makes me happy." Another staff member said, "If there is time over, I always sit and have a chat with them (people). Quite often, you are the only person they'll see for that period of time."

People were satisfied with the level of involvement they had in decision-making about their care and support. They felt able to share their views with the staff and management team at any time, with the confidence they would be listened to. The provider explained that, before people's care started, they met with them and their relatives to discuss the support they wanted and needed. One person told us, "They (provider) came out when my daughter was here and we sat down and had a chat." People's care files contained information for staff on how to encourage effective communication with them. The provider explained that a group of staff had attended deaf awareness training to help them better meet the communication needs of one person who had a hearing impairment.

People and their relatives told us staff treated people in a respectful and dignified manner. One relative said, "I have to say they (staff) have made a very difficult situation very easy. They are lovely with [relative's name]. They speak to them in a very respectful manner, chat with them and find time for them. They are never in a rush." They went on to say, "They (staff) are very, very respectful; they don't talk at [person's name], they talk with them." People and their relatives told us staff talked to people while carrying out personal care tasks to put them at ease. A relative explained "They (staff) talk [person's name] through things when they are hoisting them; they tell them what's happening." They also felt staff understood the need to promote people's independence whenever possible. One relative told us, "Their (provider's) care and support keeps [relative's name] living a semi-independent life."

The staff we spoke with understood the importance of treating people with dignity and respect. They gave us examples of how they put this into practice when supporting people in their homes. One staff member told us, "It's about respecting their (people's) privacy and ability choose what they want. It's also responding to their emotions, listening to them and letting them know their opinions matter." Another staff member said, "You should offer them (people) choices, make sure they don't feel embarrassed during personal care and don't take over."

## Is the service responsive?

### Our findings

People and their relatives told us the care and support staff provided in their homes reflected their current needs and requirements. One person told us, "Anything I ask them (staff) to do, they'll do." A relative said, "They (provider) have demonstrated quite a lot of flexibility and understanding of [person's name's] care needs." They also confirmed that staff had adequate time during care calls to provide people's care and support in an unrushed, person-centred way.

People's relatives were satisfied with the level of involvement they had in care planning and other decision-making affecting their family member's care. They felt communication with the provider was good, ensuring they were kept up to date and able to put their views forward. One relative explained, "I've had quite a big input in the whole process, including risk assessment. I've been quite hands-on." Another relative told us, "I set the agenda and told them (provider) exactly what we needed. I also reviewed and agreed [person's name's] care plan."

People's care plans were individual to them and addressed a range of needs. Along with guidance for staff on how to meet people's individual needs, they also contained some information about the individual's personal background, their abilities and preferences. Staff understood the importance of following the care plans, and told us they had the time to read and re-check these as needed. One staff member told us, "The information we need is all in the care plans, which include risk assessments. The main thing is to go in and read the clients' care plans."

The provider explained that they reviewed people's care plans on a monthly basis to ensure they remained accurate and up to date. As part of this process, they discussed any changes in people's needs and requirements with individuals and their family members. A more formal care review was organised annually, or sooner in response to any significant changes or issues affecting people's care. We saw evidence of review meetings attended by people's relatives in the care files we looked at.

People and their relatives were clear how to raise any concerns or complaints with the provider, and had confidence these would be listened to and addressed. They told us they would bring any issues of this nature to the attention of the provider, the registered manager or the administrator. One relative told us, "In the first instance, I would speak to (administrator). I feel confident enough to do that, and I'm sure they would be able to help."

Some of those we spoke with described how the provider had resolved previous concerns to their satisfaction. For example, one person had, at one time, experienced an unacceptable level of missed calls, which the provider had promptly addressed for them. We saw the provider had developed a formal complaints procedure to promote consistent and fair handling of complaints.

We looked at the record of a complaint received from one person's relative. This related, amongst other things, to a staff member not staying the agreed length of time during care calls. We saw the provider had apologised to the family, and taken action to resolve their concerns.

## Is the service well-led?

### Our findings

We looked at how the provider assessed, monitored and sought to improve the quality and safety of the care and support people received from Vitalitycare. The provider explained they maintained an open dialogue with people, their relatives and staff, in order to understand their views and experiences of the service. They also carried out periodic spot checks on members of staff, in people's homes, to ensure they were working as expected. The provider told us they also audited people's MAR charts and care notes on a regular basis, to check these had been appropriately completed. Assessing the quality of the care and support people received had led the provider to make improvements in the service. These included the decision to increase the number of staff employed, in order to ensure they were able to offer a flexible and reliable service. The provider had also sped up their assessment process, to be able to respond more quickly to referrals to the service.

However, we found the provider's quality assurance processes were undeveloped and not as effective as they needed to be. For example, no formal records were kept in relation to important aspects of the provider's quality assurance, such as spot checks on staff and the auditing of people's care notes and MAR charts. In addition, the provider's quality assurance had not enabled them to identify and respond to the shortfalls in quality we identified during our inspection. These included the poor standard of people's MAR charts and the lack of appropriate pre-employment checks on prospective staff.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During our inspection visit, we met with the provider and the registered manager of the service. They described how they kept themselves up to date with their legal obligations and current best practice guidelines through, for example, attending care seminars. The management team demonstrated an appropriate understanding of their duties and responsibilities under their registration with CQC. This included the need to submit statutory notifications to inform us of particular events affecting the people who used the service.

People and their relatives spoke positively about the overall management of the service. They used words like "helpful" and "polite" when referring to the management team. They referred to an open line of communication with the provider, which ensured they were kept up to date with any changes affecting them and able to freely share their own issues or concerns. One relative told us, "If they (provider) have got a query, they text me. Communication between us is quite good." People and their relatives knew who the provider and registered manager were. They appreciated the fact that the provider and registered manager continued to carry out weekly care calls themselves. One relative told us, "I think it's really important that [provider] and [registered manager] are hands-on. They are not remote and understand issues on the ground. It adds value to the service and gives us a direct interface with them. I couldn't fault [provider] or [registered manager]."

The staff we spoke with told us they had the support and direction they needed from management to

succeed in their job roles. They were clear what was expected of them at work, and felt able to approach the management team for additional help or guidance at any time. One staff member told us, "[Registered manager] is a lovely, bubbly person. They will sit and listen to you, and give you their time. They are really supportive and very helpful." Staff understood the meaning of whistleblowing and told us they would challenge and report any wrongdoing within the service.

Staff also appreciated the fact that both the provider and registered manager still provided direct care and support to people on a regular basis. One staff member explained, "[Provider] and [registered manager] are out on calls every week. I take my hat off to them for that; they still get stuck in." Staff told us they felt valued at work, and described the strong sense of teamwork and shared purpose that existed within the service. One staff member explained, "This company feels like a family. You can have a laugh but, if you've got a problem, you've also got someone to go to." Another staff member said, "They (management team) want the same as I want: to keep people living independently in their own homes and ensure they get what they need. We're on the same page, which is a good thing." Staff were invited to attend six-monthly staff meetings to keep them updated and involved. On the subject of the most recent staff meeting, one staff member said, "We got to say what we wanted to say and our concerns were heard. We all chipped in to make decisions."

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 12 HSCA RA Regulations 2014 Safe care and treatment  Staff did not record the administration of people's medicines in line with the provider's procedures and best practice guidelines.
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The provider's quality assurance systems and processes had not enabled them to identify and address significant shortfalls in the quality of the service.
Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed  The provider had not carried out consistent pre-employment checks to ensure staff were suitable and safe to work with the people who used the service.