

Vitality Plus Care Ltd

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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?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Vitality Plus Care is a domiciliary care agency providing the regulated activity personal care. The service provides support to people living with dementia and older people. At the time of our inspection there were 42 people using the service. The service provides support to people in their own homes who live in Wiltshire.

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.

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

Staff were not always recruited using safe recruitment principles. This means that there was a risk that people would not be supported appropriately.

Staff had received training the provider deemed necessary to be able to deliver a safe service. This included manual handling, safeguarding and induction training. However, several staff had not completed their refresher training for some of their training in line with company policy.

Staff had received supervisions and attended regular team meetings.

Some peoples' care plans had adequate information about the person, but others lacked the detail needed to support them appropriately. One person had been given information about another person in their care plan.

The registered manager and introduced quality audits to monitor service delivery but did not address issues identified which means they were not always resolved.

People we spoke to felt that they were supported well by staff.

Rating at last inspection

This service was registered with us on 16 May 2022, and this is the first inspection.

Why we inspected

The inspection was prompted in part due to concerns received about medicines and appropriate support for people. A decision was made for us to inspect and examine those risks.

Some actions were taken to mitigate risks we identified during the inspection. This meant that people's risks were reduced.

You can see what action we have asked the provider to take at the end of this full report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well led.

Details are in our well-led findings below.

Requires Improvement ●

Vitality Plus Care Ltd

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection was carried out by 2 inspectors and 1 pharmacy inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be available to support the inspection.

What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority who works with the service. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We reviewed medication records, care plans, recruitment file, staff files and training data. We spoke to the registered manager, 3 members of staff, 10 people who use the service and 3 professionals.



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 of this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

- Staff were not always recruited in line with safer recruitment practices.
- The registered manager had not ensured recruitment check lists were completed.
- There were gaps in the records of some staff's employment histories which the registered manager had not attempted to address. This meant the provider could not be assured they were employing people of good character.
- One person had started work before their DBS was received and without a risk assessment in place to mitigate the risk of working without a completed DBS. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. This meant that the registered manager could not be assured that people were being supported by suitable staff.

Failure to recruit staff safely put people at risk of avoidable harm and was a breach of regulation 19 (fit and proper persons employed) of the Health and Social Care Act (Regulated Activities) Regulations 2014

Using medicines safely

- Medicines were not always being used safely.
- The service prepared care plans including medicines and medicines administration records (MAR) for people they supported. However, the available information was not always consistent, complete, or available.
- Medicine care plans for two people were incomplete or not started. This put people at risk of being administered the wrong medication.
- One person's care plan instructed staff to administer medication they were not trained to use. This put the person at risk. We advised the registered manager we had reported this to the safeguarding team. The registered manager took immediate action to address this and since the inspection has had staff appropriately trained.
- People we spoke to told us that they were being supported well with their medicine.

Failure to manage medicines safely put people at risk of avoidable harm and was a breach of regulation 12 (safe care and treatment) of the Health and Social Care Act (Regulated Activities) Regulations 2014

Assessing risk, safety monitoring and management

- People were not always supported in a safe way. One person's support had been started with no care plan

in place to guide staff in how best to support them.

- One person told us that their relative was given a care plan with details of a different person. This could have led to incorrect care being provided which could have put the person at risk. This had been rectified by the provider prior to care being given.
- The monitoring of risks was not always effective. Risks were identified by the registered manager, but no action had been taken to reduce them to make sure people were being kept safe. One person who had specific support needs had no risk assessment in place despite the registered manager knowing that one was needed.
- One person told us that on one occasion staff had left the house without ensuring it was secure. They reported this to the manager who addressed this with staff.

Failure to assess and manage risks put people at risk of avoidable harm and was a breach of regulation 12 (safe care and treatment) of the Health and Social Care Act (Regulated Activities) Regulations 2014

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to keep people safe from abuse. Staff had received safeguarding training and could explain what to do if they had concerns about someone at risk of abuse.
- People and their relatives felt they were safe using the service.

Preventing and controlling infection, learning lessons when things go wrong

- We were assured that the provider's infection prevention and control policy was up to date.
- Staff we spoke to understood the need to wear and dispose of protective equipment (PPE) appropriately.
- We found evidence that the registered manager did not act when things went wrong. The manager had recorded that one member of staff was wearing PPE incorrectly but there was no evidence that there had been an attempt to rectify this, and the same member of staff was recorded as continuing to use PPE incorrectly at their next supervision.
- Whist medication audits had been completed issues that were found had not been addressed by the registered manager.

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 Requires improvement; This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- People's care was not always delivered in line with guidance. One person did not have the correct information about their support needs to ensure they could be supported in line with expectations.
- People did not always have care plans developed before support was provided, this meant they were at risk of receiving poor support.
- People told us that they felt well supported by staff. One person told us that the staff were "friendly polite, patient and efficient".

Staff support: induction, training, skills and experience

- Staff were provided with appropriate training to be able to carry out their role, however not all staff had completed their refresher training as required by the provider's policy.
- Staff were receiving regular supervisions. We were told by staff that the manager was "very approachable" and they would be happy to speak to them to raise concerns.
- The registered manager told us that all staff had the care certificate or were going to be taking it.
- The registered manager had ensured that staff received appropriate training when supporting people with specific support needs, although they had started support before staff could be trained. This was raised with the manager and a safeguarding referral was made in connection with this.

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

- Not all people needed support to eat and drink. We spoke to some people who did need support, they told us that staff supported them well.
- One person told us they explained to staff how to make food of their choice.
- One person told us that their relative was supported well and that staff "make sure they eat."

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

- Professionals we spoke to said that they "had worked hard" to support one person and were very supportive with another person.
- People told us they were supported by relatives to access health care.

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 MCA 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

- No one being supported by the service was being deprived of their liberty at the time of the inspection.
- Staff had received appropriate training on the MCA.

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 good: This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity: Respecting and promoting people's privacy, dignity and independence

- People using the service told us that they felt they were supported well. One relative told us that staff were "very caring and delivered good care. "and one person said that staff "knew their background and how to support them"
- We saw feedback from one person who said "staff help me to know how to stay safe and how to raise concerns"
- One person told us that when they had issues they raised these with a manager who addressed them.
- When we asked staff they could explain what dignified care was and how to support someone in a dignified way.
- People told us that staff listened and supported their choices.
- People's records were kept securely on an electronic system and in a locked room in the registered office.

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

- People were invited to feedback on their experiences on a 6 monthly basis. The manager told us they reviewed the feedback to ensure the service developed in line with people's needs.
- Staff told us that they discussed the appropriate support with people, to ensure that they were supporting people as they wanted.

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.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's needs were not always clearly set out in their support plans. One person told us that staff did not always arrive at their relatives in a timely way, this had led to their relative falling when trying to complete a task staff should have done. This was addressed with the manager and plans put in place to ensure staff attended at the appropriate times.
- The registered manager told us that before starting any support they met with people and completed an assessment of their needs; however, we saw evidence that they had started to support someone before all relevant information was gathered.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People and professionals told us that because English was not always the first language of carers, there was at times a difficulty in accurate communication.
- People told us that, sometimes, staff did not speak to each other using English language. We have raised this issue with the manager who told us they would immediately address it with staff.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- At the time of the inspection people were being supported to take part in activities by their families or friends.

Improving care quality in response to complaints or concerns

- The provider had systems in place to effectively respond to concerns and complaints.
- People told us that the registered manager had acted promptly when they had raised concerns. One person told us the registered manager was "very responsive and approachable"
- The service has a policy of seeking feedback from people on a 6 monthly basis to address any quality issues.

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.

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 Requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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 told us that the registered manager had engaged with them when they raised issues.
- The registered manager had not always sent appropriate notifications to the CQC. This was raised with the registered manager who committed to ensuring notifications would be sent to the CQC as required going forward.

Failure to send notifications to the CQC is a breach of Regulation 18 CQC (Registration) Regulations 2009 (part 4)

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

- The registered manager completed quality checks, audits, and supervisions but when issues were identified no actions were taken to address these. This meant that improvements in service delivery and quality were not being made.
- The service undertook audits of medicine records. However, these audits had not identified the concerns we had identified. This meant that the monitoring processes undertaken by the service were not effective.
- When we shared this with the registered manager they acted to make changes.
- Staff we spoke to understood the need to identify risks and could explain how to report these.

Failure to take action when issues were identified is a breach of Regulation 17 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

- People were not always supported in a person-centred way. We were told that some staff when working together did not always talk to each other using English.
- When asked, staff could not tell us what person-centred care was, despite them having attended training.
- People told us that they were supported in a respectful way.

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

- People we spoke to said that they found the registered manager easy to approach and responsive.
- Some people told us some staff "do not say much" to them when supporting them.
- One gave us feedback about the staff telling us "[person] loves them, they have a laugh and a joke".
- We saw feedback had been sought from people using the service, using questions based on safe, effective, and respectful of people's privacy.
- Professionals we spoke to said that the registered manager worked well them.

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 18 Registration Regulations 2009 Notifications of other incidents The provider failed send notifications to the CQC.
Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider failed to make sure people received safe care and treatment including medicine management and risk management.
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider failed to ensure good governance.
Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The provider failed to ensure that staff were recruited safely.