

V&C Family Care Ltd

# V&C Family Care Ltd

## Inspection report

4 Wilderness Close  
Harleston  
IP20 9DB

Tel: 07857041698

Date of inspection visit:  
23 May 2022

Date of publication:  
13 July 2022

### 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

V&C Family Care LTD is a domiciliary care agency providing personal care. At the time of our inspection there were 11 people receiving the regulated activity of 'personal care' 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.

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

People told us that they were safe and well cared for by the service. Despite this, we found significant shortfalls in the risk management procedures in place at the service, which meant people were placed at risk of harm.

There was an absence of clear risk assessments and care plans to guide staff on how to provide care to people in a safe way and meet their needs.

Appropriate recruitment checks had not always been completed. This meant that some staff were working with vulnerable people without having had criminal records checks (DBS) or appropriate background checks.

Staff had not been provided with training appropriate for the role and this placed people at risk of receiving care that was unsafe or inappropriate.

It was unclear if medicines had been managed and administered safely, because there was an absence of a formal system to oversee their administration.

The management and oversight of the service was insufficient. Systems were not in place to identify shortfalls we found at the inspection and take action to rectify these.

The management of the service could not demonstrate they had the skills, competence and knowledge to run this type of service and they did not have a full and complete understanding of what was expected of them.

People made positive comments about the staff that provided them with care and said they were kind, caring people. However, we were not assured that a culture of kindness and caring was instilled by the provider.

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 is the first inspection of this service since it registered with CQC.

#### Why we inspected

This inspection was brought forward due to concerns about how the service was being managed and delivered.

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

#### 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 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 can be found in our safe findings below.

### Is the service effective?

**Inadequate** ●

The service was not effective.

Details can be found in our effective findings below.

### Is the service caring?

**Requires Improvement** ●

The service was not consistently caring.

Details can be found in our caring findings below.

### Is the service responsive?

**Requires Improvement** ●

The service was not consistently responsive.

Details can be found in our responsive findings below.

### Is the service well-led?

**Inadequate** ●

The service was not well-led.

Details can be found in our well-led findings below.

# V&C Family 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 Care Act 2014.

#### Inspection team

This inspection was carried out by two inspectors.

#### 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 service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

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

#### Notice of inspection

We gave a short notice announcement of one hour. This was to ensure someone would be available at the office when we visited.

#### What we did before the inspection

We reviewed all the information we had received about the service since its registration.

The provider was not asked to complete a Provider Information Return (PIR) before 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.

During the inspection

We spoke with five people using the service about their experience of the care they received. We spoke with six members of staff, including the registered manager and a director of the company.

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

# 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 inadequate.

### Assessing risk, safety monitoring and management

- The management team had a significant lack of knowledge and oversight of risks to people they cared for. There was an absence of risk assessments for people, setting out all the risks to them and how these could be mitigated. For example, one person was cared for in bed but there was no pressure ulcer risk assessment in place and no care planning around how this risk was reduced. Another person had a significant history of falls but there was no care planning around what staff should do to reduce this risk.

- We spoke with staff following our visit to the office. Only one of the five staff we spoke with could tell us about risks to people and how these were managed and mitigated. This meant we were not assured people were protected from the risk of harm. One staff member told us of a time when they had found someone on the floor but did not know what to do. They stated they called the registered manager for help, but none was provided.

### Learning lessons when things go wrong

- There was no oversight of incidents and accidents and no system to monitor these. Staff told us they did not know of any formal system to record incidents and accidents but stated they would record it on the person's care record if it occurred.
- The lack of oversight of incidents and accidents meant we were not assured actions were taken to reduce the risk of repeat incidents.

### Using medicines safely

- Not all the people using the service had medicines administered by care staff.
- The service operated an electronic care records system, so when medicines had been administered, these were recorded on the electronic system. We looked at the electronic medicine's records for two people. We found that there were gaps on some of these records which could not be explained by the registered manager.
- There was no system in place to monitor medicines records and therefore we were not assured that the management team would have identified gaps and been able to take action to investigate these.
- There was no system in place to carry out audits of medicines where the service had responsibility for administering them. For example, there were no checks to make sure that the number of medicines remaining in the box matched the number signed for as administered. This meant we were not assured the service could identify instances where medicines may not have been administered and take action.

All of the above constituted a breach of Regulation 12 Safe Care and Treatment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

### Staffing and recruitment

- Whilst there were sufficient staff deployed to meet people's needs, appropriate recruitment checks were not carried out on staff to ensure they were of the right background and character to care for vulnerable people. One staff member had no recruitment checks at all and had been caring for very vulnerable people without having had a criminal records check with the Disclosure and Barring Service (DBS) to make sure they were safe to work with people. For other staff, the service had not always obtained full employment history, references from previous employers or ID to ensure they were who they said they were. This placed people at the risk of potential abuse.

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

- Whilst there was a safeguarding policy and procedure in place, the management of the service had not identified shortfalls that could place people at risk.
- The registered manager told us of concerns about the safety of one person who had been admitted to hospital, but they had not made a safeguarding referral about these concerns.

### Preventing and controlling infection

- There were systems and processes in place to reduce the risk of the spread of infection.
- Staff told us they had access to appropriate stocks of personal protective equipment (PPE) to wear whilst caring for people.
- Staff demonstrated an understanding of their responsibility for reducing the risk of the spread of infection.

# 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 of this newly registered service. This key question has been rated inadequate.

Staff support: induction, training, skills and experience

- Staff did not receive appropriate training for the role. Some staff we spoke with told us they had joined the service having worked for other care companies where they had received training. However, all of these staff told us that the management team had not asked for proof of their training before they started work.
- All the staff we spoke with told us they had not received any training from the company. Training records we were provided with showed that staff had recently been registered on the Care Certificate training but none of them told us about this, so it was unclear whether they were aware they had been registered. There was no oversight of completion of the Care Certificate, so the registered manager couldn't tell us where staff were in the process of completing it or if they had even started it.
- One staff member told us they were new to the care industry, having never provided care before. They told us the only training they had received was a director of the company showing them how to use mobility equipment such as slide sheets. This staff member was deployed to care for a person cared for in bed who was very vulnerable and had significant mobility needs. The director did not have a 'train the trainer' qualification which would enable them to provide training to staff. This meant we were not assured that this staff member could carry out their role safely.
- There had been no checks on staff competency to ensure that they had the skills and knowledge to continue providing care to people.
- Staff told us they did not feel well supported by the registered manager and told us of occasions when they had asked for help and this had been denied. Staff had not received appropriate supervision and appraisal to identify any development needs and drive improvements in the skill set of the staff team.

This was a breach of Regulation 18 Staffing of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- A number of people using the service were reliant on staff to support them with food and drink and did not have anyone else to help them with this.
- Despite this, there was insufficient care planning or risk assessment to guide staff on how to support people to reduce the risk of dehydration and malnutrition. For example, the service had not carried out risk assessments such as the Malnutrition Universal Screening Tool (MUST) to identify people at risk of malnutrition.
- The food and drink provided to people was not recorded, so it was unclear how the service could identify where people may not have had this support.
- There was no information for staff stating how they should meet people's nutrition and hydration needs and to guide staff on recognising when people may need support from other services such as GP surgeries or

dietitians.

- People's preferences were not always noted, and this included for people living with dementia, so it was unclear how staff could provide support in a personalised way.

This was a breach of Regulation 14 Meeting Nutritional and Hydration needs of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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.

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.

- Whilst the service carried out a short assessment of people's capacity, this was not decision specific. The registered manager was not clear on who had capacity and who did not. For example, in the records of one person it stated they did not have capacity due to their dementia. However, the registered manager then told us that the person had chosen to stop all their medicines as they often refused them. An assessment of their capacity to understand the risks of stopping all their medicines had not been carried out.
- The service had not obtained proof of 'Power of Attorney' relatives may have. This meant there was the potential for decisions to be made on people's behalves by those who did not have legal authority. A power of attorney is a legally nominated person who can advocate for someone's best interests in the event they no longer have capacity to do so.
- There was no information in people's care records about how they made day to day decisions and could be supported by staff to have maximum control over their lives.
- The preferences of people living with dementia were not always recorded, so it was unclear how staff could consistently support them in line with their wishes and respecting their individuality.

This was a breach of Regulation 11 Need for Consent of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Whilst an assessment of people's needs was carried out before the service began caring for them, this assessment was not thorough enough and did not lead to appropriate risk assessment and care planning. This meant there was insufficient information for staff on how to provide the person with safe and effective care.
- Care was not planned in line with best practice guidance, such as that produced by the National Institute for Health and Care Excellence (NICE). The management team had failed to utilise best practice guidance when designing people's care, and this meant that the care planning and risk assessment in place was of poor quality.

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

- The service did not have any links with other agencies at the time of visit. Whilst they did note the details of peoples GP surgeries, there was no information for staff about when they should contact other health professionals for advice or guidance.

# 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 of this newly registered service. This key question has been rated requires improvement.

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

- Whilst people told us the care staff were kind and caring towards them, this was not consistently promoted by the service. One staff member told us of a time they raised concerns about one person's mental health and asked for further time to spend with them or for another staff member to go and see them. They stated the registered manager told them they could not have this, and as they had another person to care for, they had to leave them in distress.
- Whilst the care staff were described as kind, caring people, the actions of the provider and management team meant we were not assured they were sufficiently caring. For example, deploying staff without appropriate recruitment checks put people at risk and this could not be described as caring. Additionally, the lack of risk assessment and care planning put people at risk of harm and this was also not caring.
- In the registered office we observed an item which could be viewed by some people to be racially offensive. The fact that this had not been identified by the provider and management team meant we were not assured that they fully respected equality and diversity.
- People's care records did not always make clear what parts of tasks they could complete independently. This meant people were at risk of being over supported and of not having their independence encouraged.

This was a breach of Regulation 10 Dignity and Respect of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- People's views about their care were not recorded in their care plans. People's care plans did not reflect their individuality and their personal preferences. This meant we were not assured staff could care for people in a person-centred way. This was particularly important for the people the service supported who were living with dementia and may not always be able to recall their likes and dislikes.
- We spoke with staff about the preferences of people they cared for. Some staff knew about people's likes and dislikes, but others did not. This meant we were not assured people received person centred care.

# 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 of this newly registered service. This key question has been rated requires improvement.

### 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.

- Care plans did not clearly set out people's communication needs and the support they required to communicate effectively. Some information was noted, such as people being hard of hearing, but it was unclear what staff needed to do in order to communicate effectively with the person.
- Staff told us about one person who struggled to communicate on occasions due to their dementia and would sometimes have occasions where they did not respond to attempts from staff to communicate with them. This was not recorded in their care records and staff were unclear on what they were supposed to do in this instance.

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

- Care plans that were in place were very brief and task focused. There was little information about how people would like their care delivered or what their preferences were.
- Staff could not always tell us about people's individual needs, preferences and interests. This meant we were not assured that people received consistently person-centred care.

### End of life care and support

- There was no end of life care planning in place to guide staff on people's preferences should they pass away.
- Staff told us they were not aware of any end of life care and support plans in place for people they cared for.
- This meant staff may not be able to support people in line with their wishes.

All of the above constituted a breach of Regulation 9 Person Centred Care of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- There was a suitable complaints policy in place. People said they felt that the care staff who visited them would act on complaints but did not have faith in the registered manager to do so.
- There was no record of any complaints having been made at the time of inspection, so we were unable to assess how the service investigated and responded to complaints.

# 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 of this newly registered service. This key question has been rated inadequate.

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, managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The service was being managed by the registered manager and a director of the company. Neither could demonstrate to us, in the course of the inspection, that they had the appropriate skills, knowledge and competency to be running a service of this kind. Both failed to have an adequate understanding of the regulations under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and guidance produced by CQC on meeting the regulations.
- Both the registered manager and director had an awareness of some issues which may put people at risk of harm but had not reported these either to the councils safeguarding team or to CQC. This meant we were not assured that they were open and transparent.
- The management team placed people at risk because they failed to operate systems to identify shortfalls. For example, there was no system in place to ensure appropriate recruitment procedures were followed and this meant staff were deployed without appropriate checks.
- We were not assured that the management team had sufficient concern for people's safety and welfare, because they knowingly deployed staff with no training or appropriate background checks to care for vulnerable people. This placed them at risk of harm.
- The registered manager and director jointly running the service did not have a positive and professional relationship. Arguments between the two led to an inconsistent service being provided. One person told us that they had been given 24 hours' notice that their care would be stopped because the company was closing, this was following an argument between the registered manager and director. Shortly after, we were told the registered manager changed their mind and they and the director reconciled their differences. However, at the time of inspection and thereafter, it was clear that the registered manager and director were not working as a cohesive team.
- Both the registered manager and director blamed the other for the shortfalls in the service, and neither made themselves accountable for identifying and acting upon shortfalls that placed people at risk.
- There were no systems in place to monitor the quality of the service and identify shortfalls that required action. The registered manager nor director had identified the shortfalls we found, and this meant there were no measures in place to protect people from harm.
- At the inspection visit, the registered manager could not provide us with the documentation we requested. They and the director told us that this information did exist, but that it could be accessed by the director when they returned from holiday. Despite being given two further opportunities to provide this information, they were unable to provide documentation which assured us that there were appropriate recruitment checks, training, care planning and risk assessment in place.
- All the staff we spoke with made negative comments about the registered manager and stated they did

not feel supported and could not raise concerns because they did not feel these would be acted upon. Some people we spoke with also made negative comments about the registered manager, stating that they were unhappy with their manner and the way they communicated with them.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people. Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- A positive culture was not promoted by the service because they had failed to act upon shortfalls that placed people at risk of harm.
- The management team had not ensured that staff had appropriate access to personalised information about people, and this meant that they could not deliver person centred care.
- People's views and involvement in their care planning was not demonstrated. People were not sure whether they had seen their care plans or been involved in these.
- There was not a focus on equality and diversity. People's individuality did not shine through in their care records and staff did not know how to care for people as individuals.

Working in partnership with others

- The service did not have any relationships with external organisations involved in people's care at the time of our visit.
- Despite being a new service, the management team had not linked up with other organisations to understand how they ran their business and to share best practice. They had also not utilised best practice and other sources of information when starting the company.

All of the above constitutes a breach of Regulation 17 Good Governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 Treatment of disease, disorder or injury	Regulation 9 HSCA RA Regulations 2014 Person-centred care  1. The care and treatment of service users must— 1. be appropriate, 2. meet their needs, and 3. reflect their preferences.
Regulated activity	Regulation
Personal care Treatment of disease, disorder or injury	Regulation 10 HSCA RA Regulations 2014 Dignity and respect  1. Service users must be treated with dignity and respect. 2. Without limiting paragraph (1), the things which a registered person is required to do to comply with paragraph (1) include in particular— 1. ensuring the privacy of the service user; 2. supporting the autonomy, independence and involvement in the community of the service user; 3. having due regard to any relevant protected characteristics (as defined in section 149(7) of the Equality Act 2010) of the service user.
Regulated activity	Regulation
Personal care Treatment of disease, disorder or injury	Regulation 14 HSCA RA Regulations 2014 Meeting nutritional and hydration needs  1. The nutritional and hydration needs of service users must be met. 2. Paragraph (1) applies where— 1. care or treatment involves— 2. the meeting of the nutritional or hydration

needs of service users is part of the arrangements made for the provision of care or treatment by the service provider.