Vantage Care Services 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?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

We inspected Vantage Care Services Ltd on 13 & 14 February 2017. This was an announced inspection. We informed the provider 48 hours in advance of our visit that we would be inspecting. This was to ensure there was somebody at the location to facilitate our inspection. The service was last inspected 24 February 2016. We found concerns that risk assessments were not always comprehensive, care plans were not always person-centred, and medicine audits were not being recorded. We issued one requirement action and two recommendations. At this inspection we found the service had addressed the recommendation for care plans not always being person-centred. However, the service had failed to address medicine audits being recorded and the breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service provides support with personal care to adults living in their own homes. The service was providing a service to 100 people at the time of our inspection.

There was a registered manager at the service at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

Risk assessments were not robust and did not provide sufficient detail which meant there was a risk that people did not receive safe support. Medicine risk assessments and support plans did not always document what medicines and dosage people were to be administered, the reason for taking and any associated risks and side effects.

The service was not recording medicine audits. The service has a medicine policy that was not being followed.

Quality assurance systems were not sufficiently robust to ensure the delivery of high quality care. During the inspection we identified failings in a number of areas. These included risk assessments, medicine risk assessments, record keeping and recording medicine audits.

Staff had undertaken training about safeguarding adults and had a good understanding of their responsibilities with regard to this. Staff understood their responsibilities under the Mental Capacity Act 2005. We found there was enough staff working to support people in a safe way in line with their assessed level of need. People who were assisted with medicines and their relatives felt confident in the support they received from staff.

Care plans were in place detailing how people wished to be supported and people and their relatives were involved in making decisions about their care. Staff we spoke with had an understanding of people's risks and could explain what they would do to minimise these. People's cultural and religious needs were

respected when planning and delivering care. Discussions with staff members showed that they respected people's sexual orientation so that lesbian, gay, bisexual, and transgender people could feel accepted and welcomed in the service.

Recruitment records demonstrated that there were systems in place to ensure staff were suitable to work with vulnerable people.

The registered manager was open and supportive. Staff and relatives felt able to speak with the registered manager and provided feedback on the service.

We found two breaches of Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

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 safe. Risk assessments for people were not always robust.

Medicine risk assessments and support plans did not always document what medicines and dosage people were to be administered, the reason for taking and any associated risks and side effects.

People and their relatives told us they felt the service was safe. Staff had a good understanding of their responsibilities with regard to safeguarding adults.

Recruitment records demonstrated that there were systems in place to ensure staff were suitable to work with vulnerable people.

There was enough staff to meet people's assessed needs in a safe manner.

Is the service effective?

Good

The service was effective. Staff received on-going formal supervision in order for them to feel supported in their roles. Staff undertook regular training.

The registered manager and staff had an understanding of the MCA and how the act should be applied to people living in their own homes.

Staff had a good understanding about the current medical and health conditions of the people they supported.

Is the service caring?

Good

The service was caring. People spoke positively about staff and the care they received.

Care was delivered in a way that took account of people's individual needs and in ways that maximised their independence.

Staff provided care in a way that maintained people's dignity and upheld their rights. People's privacy was protected and they were treated with respect.

People's cultural and religious needs were respected when planning and delivering care. Staff members showed that they respected people's sexual orientation so that lesbian, gay, bisexual, and transgender people could feel accepted and welcomed in the service.

Is the service responsive?

Good

The service was responsive. Care plans were personalised. People's needs were assessed and care plans to meet their needs were developed and reviewed with their involvement. Staff demonstrated a good understanding of people's individual needs and preferences.

The service had a complaints procedure. People and their relatives were confident on how to make a complaint.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Records were not always robust. The service did not have robust quality auditing systems in place

The service had a registered manager in place. Staff told us they found the registered manager to be approachable and open.

Vantage Care Services Ltd

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 13 & 14 February 2017 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in.

The inspection team consisted of one inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. This expert had experience of caring for someone using a domiciliary care service.

Before the inspection we reviewed the information we held about this service. This included details of its registration with the Care Quality Commission and previous inspection reports. We spoke with the local authority commissioning team with responsibility for the service, the local Healthwatch, and the local borough safeguarding team. Before the inspection 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.

During our inspection we went to the provider's office. We spoke with the registered manager, the office manager, the care coordinator and six care workers. After the inspection we spoke with six people who used the service and nine relatives. We looked at 14 care files, daily records of care provided, eight staff recruitment files including training and supervision records, and policies and procedures for the service.

Requires Improvement

Is the service safe?

Our findings

At our last inspection we found breaches of Regulation 12 of the Health and Social care Act 2008 (Regulated Activities) Regulations 2014. This was because individual risk assessments were not robust and did not contain sufficient measures to mitigate risks faced by people. The registered manager submitted an action plan following our inspection which identified the work that was needed to be done and confirmed that the service would meet this regulation. During this inspection we checked to determine whether the required improvements had been made. At this inspection we found improvements had not been made.

Risk assessments were not robust. People has assessments which identified risks in relation to their general and physical health, mental health, emotional wellbeing, medicines, finances, moving and handling and environment. However these risk assessments contained minimal information and gave no clear guidance to staff to follow to protect the person from risk and promote their independence. For example, one risk assessment stated "[Person who used the service] has history of challenging behaviour. [Person] physically and verbally aggressive against support staff." The risk assessment management plan on how to manage that risk was blank. Another risk assessment had identified someone at risk of falls. The risk assessments stated, "[Person who used the service] is at risk of slips or falls if not supported." The risk assessment plan on how to manage that risk was blank as well. Staff we spoke with had an understanding of people's risks and could explain what they would do to minimise these. The lack of information in risk assessments means there was a risk that people did not receive safe support.

The provider's policy on assessing risks for medicine administration was not being followed. The provider's policy stated, "Ensure that medication information and support requirements are detailed in the Individual Needs and Support Plan and Safe Working Risk Assessment and Management Plan." Records showed people who were supported with medicines had a medicine risk assessment. However the medicine risk assessment and support plan did not always document what medicines and dosage people were to be administered, the reason for taking and any associated risks and side effects. One relative told us, "They've [care workers] missed medication a few times." The lack of effective systems for the management and administration of medicines meant that people were being put at risk of not receiving their medicines correctly and safely.

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

Despite the lack of information in the risk assessments relating to medicines, people who were assisted with medicines felt confident in the support they received from staff. Staff told us they kept a record of medicines they had supported people to take. Staff told us they had received medication training and records confirmed this. One person told us, "They [care workers] give me the tablets in the morning, afternoon and in the evening." Another person said, "Yes they get the medication from the cupboard and give it to me."

People who used the service and their relatives told us they felt the service was safe. One person said, "Yes I do. I feel safe." Another person told us, "Yes I feel safe with this because they're just good carers." A relative

said, "Yes because there is someone that comes all the time." Another relative told us, "Whenever they go they make sure [relative] safe."

Staff knew what to do if there were any safeguarding concerns. They understood what abuse was and what they needed to do if they suspected abuse had taken place. Staff told us they would report any witnessed or suspected abuse to the registered manager. All staff had received up to date training in safeguarding vulnerable adults. The organisation's safeguarding and whistleblowing policies and procedures were also contained in the staff handbook which was given to all new members of staff when they first joined the service. One staff member told us, "I would report to the line manager. I could report to the police and the social worker." Another staff member said, "You call the manager first. Your manager will instruct you. If not followed up inform CQC."

The registered manager was able to describe the actions they would take when reporting an incident which included reporting to the local authority safeguarding team and the Care Quality Commission (CQC).

All care staff had completed first aid training. Emergency 24 hour on call numbers were given to people when they first started using the service and to staff when they were first employed so they could contact the service out of hours if there was an emergency or if they needed support. All the care staff we spoke with were aware of how to respond in the event of an emergency to ensure people were supported safely.

Most people who used the service and their relatives told us their care staff usually arrived promptly and would stay the allotted amount of time. If there were any problems they said the office or the care worker would call them. One person told us, "They [care workers] come regularly." Another person said, "Yes they're on time." A third person told us, "They [staff members] phone me and apologise and send someone else. No it doesn't happen that often." A fourth person said, "Well more or less they might be a couple of minutes late but most times they're on time."

Through our discussions with the registered manager and staff, we found there was enough staff to meet the needs of people who used the service. Staffing levels were determined by the number of people using the service and their needs. Staffing levels could be adjusted according to the needs of people using the service and we saw that the number of staff supporting a person could be increased if required.

The service followed appropriate recruitment practices. Staff files contained an up to date criminal records check, at least two satisfactory references from their previous employers, photographic proof of their identity, a completed job application form, their full employment history, interview questions and answers, and proof of their eligibility to work in the UK. This meant suitable staff were recruited to work at the service.

The service had an infection control policy which included guidance on the management of infectious diseases. Staff were aware of infection control measures and said they had access to gloves, aprons and other protective clothing. During the inspection we saw staff coming into the office to collect protective clothing. One staff member told us, "We have aprons and gloves. Sometimes a mask. The office provides it."

Good

Is the service effective?

Our findings

People who used the service and their relatives told us they were supported by staff who had the skills to meet their needs. One person told us, "Yes, [care worker] is good at her job. She knows exactly what she's doing. She does everything she's got to do." Another person said, "Yes, the way they do their job, it makes you feel very comfortable." A third person told us, "They train their staff kind of well so they know what to do." A relative told us, "The majority of the carers are very good."

Staff told us they had received a five day induction program and worked alongside experienced staff so they could get to know the care and support each individual required before providing care and support on their own. One staff member told us, "They [office staff] will take you to the place and introduce you to the service users. Sometimes the old carer will shadow you." Another staff member said, "The induction was for a week. Gave me a lot of training. They shadowed me for two days." A third staff member told us, "I was shadowed for three days." The registered manager told us all staff were assessed on competency whilst being shadowed. Records confirmed this. The shadowing assessment looked at moving and handling, medicines, personal protective equipment, record keeping, care plan being followed and communication skills.

Records showed staff had completed training specific to their role. Training included safeguarding adults, equality and inclusion, food hygiene, infection control, challenging behaviour, health and safety, medicines, first aid, fire awareness, dementia awareness, moving and repositioning and end of life care. One staff member told us, "The training is very good." Another staff member said, "The training is good. We have done dementia. They send me a text message when to come in."

Staff received regular supervision and we saw records to confirm this. Record showed topics including looking at moving and handling, infection control, complaints, accidents and incidents, food safety and time keeping. The provider had a supervision policy that stated staff would receive office based supervision and observational supervision. Observational supervision involved a staff member observing a care worker carrying out their normal duties. Staff members and records confirmed this was being completed regularly. One staff member said, "We have one to one in the office every six months and they go out and do observations." Another staff member told us, "They [office staff] come and check the client and the folder."

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.

The registered manager and staff had an understanding of the MCA and how the act should be applied to people living in their own homes. Staff explained how they supported people to make choices about their daily lives. Staff also told us they spoke with people who used the service and family members to get an understanding of people they supported and their likes and dislikes. Records showed people had been involved and consulted about various decisions and had confirmed their agreement with them. One staff

member told us, "I ask what they [people who used the service] need. If they refuse I will try and make sure they understand why it is important." Another staff member said, "You need to ask them. You just can't do it." One person told us, "Yes [care worker] asks everything." A relative told us, "Yes they ask for [relative] permission. [Relative] wouldn't let them do anything [relative] wasn't happy with." Another relative said, "Yeah [care worker] does ask for permission. [Care worker] explains what she's going to do before she does it."

Where the service supported people with food preparation care plans included information about people's food preferences. For example, the care plan for one person stated, "I like to have Special K cereal, warm milk, two slices of toast and a cup of tea." The care plan for another person stated, "I like to have porridge with one sugar, toast and butter and a cup of tea with one sugar." A staff member told us, "We prepare lunch. We microwave meals. You need to show what it is in the fridge and give choice." One person told us, "Sometimes if I have toast. I don't like using the grill so [care worker] will make me some toast or might make me some porridge in the microwave" Another person said, "They [care workers] ask me what I want for breakfast and they will make it."

People's care records in people's homes included the contact details of their GP so staff could contact them if they had concerns about a person's health. Staff and people who used the service confirmed this. Where staff had more immediate concerns about a person's health they called for an ambulance to support the person and support their healthcare needs. One staff member told us, "I would call 999 for assistance or 111 for advice. Then I would report to the office." A relative said, "Yeah I think the carers would call an ambulance." Another relative told us, "They [care workers] have taken [relative] to the GP."

Good

Is the service caring?

Our findings

People who used the service and their relatives told us staff treated them with dignity and acted in a caring manner. One person told us, "Yes, definitely because sometimes if I require extra support they [care workers] will always do it. If I am emotionally down they will converse with me." Another person said, "They [care workers] talk to me politely. They help me when I need any sort of help." A third person told us, "Yes because if I'm in pain then I see them going extra mile to make me feel comfortable." A fourth person said, "They clean me well. They treat me well. They give me the food in the morning." A relative said, "I think [care worker] extremely caring because she contacts us on weekends and emails us. [Care worker] has made herself part of the family."

Staff told us they enjoyed working with the people they provided care for. They said that they shadowed care workers to help build a relationship with people who used the service and to get to know them better. One staff member told us, "We have a connection." Another staff member said, "You need to spend time talking to them." Another staff member said, "[Person who used the service] missed me when I went away for two months. She hugged me." A third staff member told us, "One client says I am like her mother." A fourth staff member told us, "The care is built on trust and compassion. Sometimes they get angry with you. I have to respect them."

Staff told us how they made sure people's privacy and dignity was respected. They said they explained what they were doing and sought permission to carry out personal care tasks. One staff member told us "We have to ask what clothes and food to choose. We cover them with a towel when washing." Another staff member said, "If you give personal care you make sure doors closed and make sure they are covered. You have to reassure them." A relative told us, "[Care workers] speak to [relative] in the language my [relative] knows." Another relative said, "[Relative] likes things explained and [care worker] does that. [Care worker] is just a very genuine person."

People were involved in making choices about their care. One member of staff told us, "I always ask about choice like what they want to eat." Another member of staff told us, "People have choices. We ask what they want to wear. You show them and they will tell you." A relative told us, "They [care workers] always ask what [relative] wants. If [relatives] doesn't want something [care worker] will go get something else."

People were encouraged to maintain their independence and undertake their own personal care where possible. Where appropriate staff prompted people to undertake certain tasks rather than doing them for them. Staff gave us examples of how they helped people to be independent. One staff member said, "Will ask if they can do [tasks] for themselves." A relative told us, "[Care worker] has done an excellent job with [relative] and with supporting and helping [relative] become independent. [Care worker] is integral in [relative] recovery." Care plans included information about supporting people to maintain their independence and enabling them to manage tasks for themselves where possible. For example, the care plan for one person stated, "Support staff need to assist me to make my own breakfast as I want to stay independent."

People's cultural and religious needs were respected when planning and delivering care. For example, where possible, staff respected people's wishes when preparing culturally specific food. Records showed that people could request a care worker of the same gender. One staff member told us about supporting someone with specific cultural needs, "You respect if they want to go to [place of worship]." Another staff member said, "When I go to [home of person who used the service] I have to take my shoes off."

Discussions with staff members showed that they respected people's sexual orientation so that lesbian, gay, bisexual, and transgender (LGBT) people could feel accepted and welcomed in the service. One staff member said, "We treat everyone equal so the care wouldn't be different." Another staff member told us, "We are all the same. We shouldn't treat [LGBT] different." A third person said, "It makes no difference to me. You respect their choice."

Good

Is the service responsive?

Our findings

People's care was delivered in a way that met their personal needs and preferences. People and their relatives told us they were able to talk to the staff and felt listened to. People had an initial assessment of need which included all of those important to them. One person when asked if they felt listened to told us, "Yes. I think if you have a carer she gets to know your ups and downs." Another person said, "Yes. We can sit there and have a chat." A relative said, "Yes, because [office staff] have phoned me up after a few months to see how everything is going and they definitely listened then and were pleased to hear my feedback." Another relative told us, "They listen to everything I say and I'm not looked down upon in any way." However one relative said, "They don't listen to me. I don't know about anybody else."

The registered manager and the care coordinator told us that they met with prospective people who wanted to use the service to carry out an assessment of their need after receiving an initial referral. This involved speaking with the person and their relatives where appropriate. They told us the purpose of the assessment was to determine if the service was able to meet the person's needs and if the service was suitable for them. One person said, "They just took notes on what's required. They went by what we told them, and what we needed." Another person told us, "I can't remember but there was an assessment done." A relative said, "Yeah they [office staff] came around and I spoke to them on the phone a lot before hand. Then they came to meet us and [care worker] came too." Another relative told us, "Yeah they did an assessment. They came in and asked me what [relative] needed."

People's on-going needs had been assessed and these were recorded alongside personalised plans to meet these needs. The records showed that people had been involved in identifying what they wanted the care plan to achieve for them and how they wanted their support delivered. Needs were assessed and care plans written to ensure that physical, emotional and communication needs were met during visits. Staff knew people well and were able to describe their support needs and preferences with a degree of confidence. They told us that they felt care plans reflected people's support. One person when asked about their care plans told us, "Yes I do, it says the things they do for me every time." One relative said about the care plan, "It displays everything they [care workers] have to do." Another relative told us, "Yes it covers every aspect of life."

The provider had a system in place to log and respond to complaints. There was a complaints procedure in place. This included timescales for responding to complaints and details of who people could escalate their complaint to, if they were not satisfied with the response from the service. The complaints procedure was contained in the service user handbook which was given to all new people when they first joined the service.

People were aware how to make a complaint. One person told us, "I would tell them if I didn't like this or something and they would change it. I would tell the carer first and if they don't do it then I may call the office." Another person said, "At this stage I would phone the office or the social worker." A relative told us, "No we haven't actually made any complaints. Yes I have the office number and out of hours number." Another relative said, "Well I would ring up the agency and take it up with them. No I haven't had a

complaint." A third relative said, "I've got rid of about two carers, and it was sorted the next day. I thought the carers were pretty useless and [Vantage Care] replaced them." Records showed the service had received two complaints since the last inspection. We found the complaints were investigated appropriately and the service aimed to provide resolution for every complaint in a timely manner.

Requires Improvement

Is the service well-led?

Our findings

At our last inspection we made a recommendation that the service record medicine audits. The registered manager submitted an action plan following our inspection which stated the service would audit medicines administration records (MAR) quarterly. During this inspection we checked to determine whether the recommendation had been actioned. At this inspection we found improvements had not been made.

The service was not recording medicine audits. The service has a medicine policy that was not being followed. The medicine policy stated, "MARs are returned to the branch at the end of each month for retention and spot auditing." The care coordinator told us they would visit people who used the service in their house monthly and would check if the MAR sheet was correctly completed. We asked the care coordinator if they recorded these checks and returned MAR sheets to the provider's office. The care coordinator replied, "No." We asked the registered manager if the process of recording medicine audits had changed since the last inspection. The registered manager told us, "No they haven't improved." This meant people using the service were at risk of unsafe medicines administration because the provider was not recording medicine administration audits.

Records were not always robust. The registered manager told us the office staff would have weekly staff meetings however these were not always recorded. The registered manager said, "We have a weekly meeting but we don't document it." Records showed the last staff meeting minutes recorded were 8 February 2017 and the previous minutes were for 4 January 2016. This meant there were not records of staff meetings for over one year. The care coordinator confirmed regular staff meeting were undertaken. Staff meeting minutes for 8 February 2017 showed discussions on care plans, timesheets, new staff, medicines, supervision, appraisals and manual handling.

The registered manager told us the service gathered the views of people who used the service and relatives with an annual survey. The registered manager told us the last annual survey was sent October 2016. The registered manager told us the service sent out 100 surveys and approximately 50 had been returned. We asked the registered manager to see copies of the returned surveys however they could not locate them. This meant the systems to monitor the quality and improve the service were ineffective as appropriate records were not maintained.

In addition, the service did not have robust quality auditing systems in place that would identity shortfalls which we identified during our inspection. These included risk assessments, medicine risk assessments, record keeping and recording medicine audits. This meant the lack of quality systems in place could have potential risk to people using the service.

The above issues were a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Despite the lack of robust quality auditing systems the provider regularly gathered the views of people who used the service and relatives with telephone spot checks. People who used the service told us this was

done regularly and records confirmed this. Records showed people were asked if care workers were punctual, wore protective clothing, respected people's wishes and if staff were courteous. One person told us, "A couple of times the office has rang me and asked if I am okay and all that." Another person said, "They've rung up and asked me if I'm satisfied with the service."

Most people who used the service and their relatives told us they had regular contact with the registered manager and the office staff. One person told us, "The lady manager, she's a very nice lady. She has rang me several times and asked me if I'm okay." Another person said, "She's alright. I have no trouble with them at all." A relative told us, "Very helpful." Another relative told us, "The management is alright because if you meet them its informal. If you phone them they are okay."

There was a registered manager in post. Staff spoke positively about the registered manager. They said they felt comfortable raising concerns with them and found them to be responsive in dealing with any concerns raised. One staff member told us, "[Registered manager] is good. She is supportive. Will tell you want you need to improve on." Another staff member said, "She is very good because if I need anything she will go the extra mile to assist." A third staff member told us, "She is available. They do support me."

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 17 HSCA RA Regulations 2014 Good governance People who used the service were not protected against the risks of inappropriate or unsafe care and treatment, by means of the effective operation of systems and records, designed to enable the registered provider to regularly assess and monitor the quality of the service provided. Regulation 17 (1) (2) (a) (b)

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Detailed individual risk assessments were not in place to identify and protect people from the risks associated with their assessed personal care needs. Regulation 12 (1) (2) (a) (b) (g)

The enforcement action we took:

to be confirmed