

V.I.P Care Solutions Limited

VIP Care Solutions

Inspection report

32 Gleneagles Tower
Fleming Road
Southall
Middlesex
UB1 3LS

Tel: 02085749175

Website: www.vipcaresolution.co.uk

Date of inspection visit:
20 March 2017

Date of publication:
21 April 2017

Ratings

Overall rating for this service

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

We carried out an unannounced comprehensive inspection of this service on 30 November 2016. A breach of a legal requirement was found because the provider did not always assess, monitor and improve the quality and safety of the service. This may have placed people at risk of unsafe care.

We undertook this focused inspection on 20 March 2017 to confirm that the provider now met the legal requirement. This report only covers our findings in relation to the requirement. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for VIP Care Solutions on our website at www.cqc.org.uk.

VIP Care Solutions is a domiciliary care agency providing personal care and support to people who live in their own homes. The agency is privately owned and this is the only registered location managed by the provider. At the time of our inspection four people were using the service.

The owner was also the registered manager and his wife was the only support worker. 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 2008 and associated Regulations about how the service is run.

At our focused inspection on 20 March 2017, we found that the provider had not made all the necessary improvements to meet the requirement.

The provider failed to record observations of staff performance or audits of the service. Team meeting minutes were typed but not always accurate. There was no analysis or action plan for any records.

The provider had undertaken satisfaction surveys and was able to show us one response but could not locate two others.

Training was up to date.

The service did not have any incidents or accidents occur while they were supporting people but were aware of the need to record them. No notifications had been made to the Care Quality Commission as the service had not had any incidents requiring notification, but the provider said they were aware of their responsibility to make notifications to CQC as required.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service well-led?

We found the provider had taken some action to improve the service. However, they had not fully met the requirement because they were not recording observations / spot checks of staff performance, nor were they recording audits.

Team meeting minutes were not always accurate and lacked action plans.

Satisfaction surveys had been completed but the provider was only able to show us one out of three responses.

Training was up to date.

The provider told us they understood their responsibility to make notifications to CQC as required.

We could not improve the rating for well led from requires improvement because the provider had not fully complied with the regulation. We will check this during our next planned comprehensive inspection.

Requires Improvement ●

VIP Care Solutions

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.

We undertook an unannounced focused inspection of VIP Care Solutions on 20 March 2017. This inspection was carried out to check that improvements to meet the legal requirement planned by the provider after our 30 November 2016 inspection had been made. The service was inspected against one of the five questions we ask about services: Is the service well led. This was because the service was not meeting some legal requirements.

Prior to the inspection, we looked at all the information we held on the service including the last inspection report and notifications of significant events and safeguarding alerts. Notifications are for certain changes, events and incidents affecting the service or the people who use it that providers are required to notify us about.

The inspection was undertaken by a single inspector. During the inspection, we spoke with the registered manager. We looked at records including those for team meetings, supervisions, incidents and accidents, notifications and audits.

Is the service well-led?

Our findings

At the inspection on 30 November 2016, we saw that some of the records for how the service was managed were not clear or easily accessible. The provider told us they regularly undertook quality audits. However, with the exception of one recorded satisfaction survey and one recorded spot check of staff performance there were no records of these checks. Consequently, the provider was not able to demonstrate that they had effective systems to monitor the quality of service delivery. Additionally, although we were told that staff had received training, the provider was unable to provide evidence of any recent training. This meant we could not be sure staff had the necessary skills to ensure peoples' wellbeing and safety were promoted.

At the inspection on 20 March 2017, the provider had made some improvements as they had typed up team meeting minutes so they were clear, and they were able to provide up to date evidence of the support workers' training and said they had identified a new organisation to provide staff training.

However, although since the last inspection the provider had retrospectively typed up team meeting minutes, these were not always accurate. For example, we saw in the 20 September 2016 minutes the provider said they were preparing for a Care Quality Commission (CQC) inspection in November 2016, which was not information the service had in September 2016. In the minutes of 20 January 2017, the minutes stated they would review the action plan from the last team meeting on 20 September 2016. However, there was not an action plan to review. In the minutes of 16 March 2017, the minutes noted a CQC inspection had taken place and they would be 'sorting out issues' but there was no action plan to indicate how, when or by who the issues would be addressed. Therefore, although there were meeting minutes these were not effective in improving service delivery because they lacked action plans and were not fully accurate.

When the provider was asked how they had met the regulation since the last inspection, they said they had typed up team meeting minutes and had evidence of training but had not recorded observations or audits of the service. They said in future, "I will document everything especially spot checks and do auditing and documents clearly." Not completing auditing or documenting their processes meant the provider was not able to identify and assess the risks to people's welfare.

At the time of the inspection, four people were using the service. The service sent out satisfaction surveys in November 2016 and received feedback from one relative who indicated they were happy with the service provided. The provider told us they had two recently completed surveys from people using the service but could not find them.

Additionally we saw that the provider was not displaying their last CQC rating on their website. They told us there had been a link to CQC's website but they were currently in the process of updating the website and at present the link was missing.

We saw appraisals were being done annually as was supervision which we saw recorded on 18 March 2016 and again on 18 March 2017.

The provider had addressed the issue around training and showed us a certificate indicating the support worker had completed mandatory courses as part of face to face training on 11 March 2016.

The service had recorded one incident in November 2016 where they were informed by the family of a person using the service that their relative had fallen and the family had called the emergency services. VIP staff were not present and there had been no other incidents.

The service had not made any notifications to CQC but the provider said they understood their responsibility to do so.