

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?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

We inspected Vantage Care Services Ltd on 24 February 2015. 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. This was the first inspection of the service since it was registered with the Care Quality Commission. The service provides support with personal care to adults living in their own homes. The service was providing a service to 40 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. Staff we spoke with had an understanding of people's risks and could explain what they would do to minimise these.

Care plans were not always personalised and were task focused. The care plans were written mainly for staff use rather than being person centred. Staff knew the people they were supporting and provided a personalised service. We made a recommendation about person centred care being recorded in people's care plans.

The service was not recording medicine audits. We made a recommendation that the service record the on-going checks for medicines.

Systems were in place to help ensure people were safe. 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 were 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. Staff kept a record of medicines they had supported people to take.

The registered manager was open and supportive. Staff and relatives felt able to speak with the registered manager and provided feedback on the service. The service had various quality assurance and monitoring mechanisms in place.

We found one breach 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?

The service was not always safe. Risk assessments for people were not always robust.

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.

There were enough staff to meet people's assessed needs in a safe manner. People who were assisted with medicines and their relatives felt confident in the support they received from staff.

Requires Improvement ●

Is the service effective?

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.

Good ●

Is the service caring?

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.

Good ●

Is the service responsive?

The service was not always responsive. Care plans were not always personalised and were task focused.

Requires Improvement ●

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.

People knew how to make a complaint if they were unhappy about the service and felt confident their concerns would be dealt with appropriately.

Is the service well-led?

The service was not always well-led. The service was not recording medicine audits.

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

The service had various quality assurance and monitoring systems in place.

Requires Improvement 

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 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.

Before the inspection we checked the information we held about the service. This included any notifications and safeguarding alerts. We also contacted the local borough contracts and commissioning teams that had placements at the service and the local borough safeguarding team.

The inspection team consisted of two inspectors. On the day of the inspection we spoke with the registered manager, the office manager, one care co-ordinator, the liaison officer and five care workers. After the inspection we spoke to nine people who used the service and nine relatives. We looked at nine care files, daily records of care provided, staff duty rosters, six staff recruitment files including supervision and training records, minutes for various meetings, medicine records, and policies and procedures for the service

Is the service safe?

Our findings

Risk assessments were not always robust. People has assessments which identified risks in relation to their health and wellbeing, moving handling, mobility, eating and drinking, personal hygiene, activities, community, medicines, and social needs. 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 that a person had recently had a hip operation and been discharged from hospital. The risk assessment stated that no risks were identified at this time. Another risk assessment had identified someone who was elderly and used mobility aids however the assessment "no risk identified at the moment." Staff we spoke with had an understanding of people's risks and could explain what they would do to minimise these. The lack of prevention measures in risk assessments means there was a risk that people do not received safe support.

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

People who were assisted with medicines felt confident in the support they received from staff, as did their relatives. Staff kept a record of medicines they had supported people to take. Staff told us they had received medication training records and records confirmed this. One person told us, "They [staff] give medication on time." Another person said, "They [staff] always make sure I have taken my medicine before they leave." A relative told us, "They [staff] will prompt medicines and they record on sheet every time. They will watch her take it with a drink."

People who used the service and their relatives told us they felt the service was safe. One person said, "I feel 100% safe with the carers." Another person told us, "I have high care needs which the carers are well aware of and they use safe methods to move me safely." A relative said, "They [staff] are always so careful with my relative. They know how to keep them 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.

The registered manager told us there had been no safeguarding incidents since the service had been registered. 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). This meant the service reported safeguarding concerns appropriately so CQC was able to monitor safeguarding issues effectively.

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. One person told us, "I have been given lots of information about how to contact people, even late in the evening or at weekends."

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. The registered manager explained that permanent care staff would be allocated so they would see the same care staff regularly. A relative told us, "We have the same carers morning and night. " The registered manager also told us the service had senior care workers which would cover absences on short notice. One person told us, "The carers are always punctual. I can rely on them for that." Another person said, "They [staff] are always on time and if they are running a few minutes late I always get a phone call."

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 staff were safely recruited and suitable to work in a care environment.

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, "The staff must be well trained. They certainly know what they are doing." Another person said, "The carers are well equipped to do their jobs." A relative told us, "The carers know how to do their job."

Staff told us that they had regular training which included a week long induction programme at the commencement of their employment. Records confirmed this. Training included, pressure sores, dementia awareness, end of life, moving and handling, health and safety, safeguarding adults, challenging behaviour, infection control, medicines, first aid, food hygiene. A recent monitoring visit by the local authority's commissioning team found the service did not have a training matrix. At our inspection, the registered manager showed us that they had since created and had started using a matrix which showed when staff last attended courses and any upcoming training to be completed. One staff member told us, "I've learnt a lot." Another staff member said, "They did training with me. It's good."

Records confirmed staff had one to one supervisions. Supervision records showed discussions about safety in the workplace, infection control and what to do in an emergency. Records showed that staff had been observed by the registered manager whilst in the workplace. Aspects such as whether the care plan was followed and whether choices were given to people using the service were part of the registered manager's observations. These observations were recorded and dated within staff files and were used to monitor staff progress and compliance. One staff member said about supervision, "Discussions [about] how clients are and how we are handling things." This meant staff were given appropriate support to develop the skills and knowledge they required to perform their role.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

We checked whether the service was working within the principles of the MCA. We found the service had written information on the MCA so staff were provided with important information to uphold people's rights.

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. People we spoke with told us they had agreed to the support and care provided by the service. Records showed people had been involved and consulted about various decisions and had confirmed their agreement with them.

People were supported at mealtimes to access food and drink of their choice. Much of the food preparation

at mealtimes had been completed by family members and staff were required to reheat and ensure meals were accessible to people who used the service. Staff had received training in food hygiene practices. One relative told us, "The carers do not have to prepare food because I do this, but they are constantly making sure my relative is drinking enough fluids." Another relative said, "The carers are very focussed when assisting my relative to eat, they know this is an important activity." This meant people were supported to eat and drink enough to maintain a balanced diet.

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. 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 carry out first aid measures and call 999. The care file has the doctor's details." A relative told us, "They [staff] would ring me in an emergency and they have done to say [relative] is not well."

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, "The carers are kind. They make me feel better when I am sick." Another person said, "I consider the carers to be my friends." A relative told us, "Carer's do a first class job."

Positive, caring relationships had been developed with people and their relatives. The staff we spoke to were enthusiastic and clearly cared about the people they supported. One person told us, "I don't know what I would do without [staff member]. I would be heartbroken if they took her away." Another person said, "They [staff] are like a friend to me."

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 "I knock on the door first and ask to come in. Everything they ask me to do I try to respect them." One person said, "I need the carers to do all sorts of personal care for me but they do it in such a way as to not make me feel embarrassed." A relative told us, "The carers know my relative is very modest and yet they manage never to make them feel embarrassed when they are washing and dressing them." 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.

Staff were provided with a staff hand book which set out a code of conduct. This included how staff should maintain appropriate professional boundaries, how to adopt high standards of personal conduct and that staff had a responsibility to ensure that confidential records relating to people were only accessed by those with a legitimate right to do so. Staff were aware of the need for confidentiality. One staff member told us, "I can't talk about [people who used the service] to family and friends."

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 relative told us, "The carers are always chatting and encouraging my relative to do as much as possible on their own, no matter how little." Another relative said, "The carer supervises [person who uses the service]. It helps her be independent."

Is the service responsive?

Our findings

People who used the service and their relatives told us that the service involved them in decision making about their care and support needs. One person told us, "The carers follow what is written on the care plan. Sometimes this has to be altered." Another person said, "The carers do whatever I want them to do and follow the agreement [care plan]."

The registered manager told us that they met with prospective people who wanted to use the service to carry out an assessment of their needs after receiving an initial referral. This involved speaking with the person and their relatives where appropriate. The registered manager 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 relative told us, "Two ladies came and filled out a form about what [relative] likes and dislikes." Another relative said, "We agreed the care package and were we shown the care plan." People told us that staff listened to them respected their choices and decisions. People confirmed that they were involved as much as they wanted to be in the planning of their care and support. Relatives told us they were kept up to date about any changes by staff at the office. One person told us, "The carers never do anything without first explaining." Another person said, "The carers do whatever I want them to do." A relative told us, "I've heard the carer giving [person who used service] choices, like what she wants to eat."

People told us that they had the information they needed to raise a concern. Some people told us that they would do so if needed. One person told us, "I know the managers in the office, so can speak directly with them if I have a bit of a concern." Another person said, "I know the procedure for how to complain. I have all the relevant telephone numbers."

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 how people could escalate their complaint, if they were not satisfied with the response from the service. People and their relatives were given a copy of the complaints procedure. The registered manager told us there had been no formal complaints since the service was registered.

Care plans were reviewed regularly, so people could give feedback about what they liked and what they wanted changed. People said they were happy with their care plans and their involvement in their care. One person told us, "The care supervisor visited me to review my care plan. I felt that I was fully part of this." The care plans identified actions for staff to support people. Some of the areas that were considered were personal care, toileting, medicines, moving and handling and nutrition. However, care plans were not always personalised and were more task focused. The care plans were written mainly for staff use rather than being person centred. However staff we spoke with knew people's likes and dislikes and personal history. One staff member told us, "The more you work with them the more you learn." Another staff member said, "We ask what the needs are. We talk to the client."

We recommend that the service seek advice and guidance from a reputable source, about person centred care being recorded in people's care plans.

Is the service well-led?

Our findings

People and their relatives told us they had regular contact with the registered manager and the office staff. One person told us, "The manager comes out to speak with me sometimes and to make sure the carer is doing their job properly." Another person said, "I know the manager in the office well. They ring me a lot and they have also been out to my house." A relative told us, "I see a manager a couple of times a year. I have all the phone numbers if I need to speak to them at other times."

There was a registered manager in post and a clear management structure. Staff spoke highly of the manager and the office team. 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, "She's nice and very supportive. She likes people to do their jobs." Another staff member said, "She's really good. She tried to sort out things and she does."

People and their relatives were provided with a customer guide about the service. The information set out how the service planned to support people with care, to show compassion and act with integrity and honesty at all times. For example, they stated, "The company provides a range of solutions to individuals and families who need care and support within their own homes, enabling them to preserve their independence and dignity."

The service carried out an annual internal audit that was conducted by operational staff. The registered manager told us aspects of the service that were audited, for example training, staffing and the views of people using the service. The registered manager advised us that the report for the audit was pending at the time of the inspection.

The service gathered the views of people who used the service and relatives through the use of a survey. The survey covered topics on punctuality of care staff, infection control, if people have regular care staff, do people feel cared for, if people felt staff are well trained, respect and dignity, are people listened too, do care staff encourage independency, do senior staff visit people at home, and if people know how to contact the office and have up to date information available. Overall the service had received positive feedback. Comments included, "I am happy and satisfied with the support. She is nice and polite", "Very satisfied", and "I'm satisfied with the care. [Carer] talks to me. Finds out how I am and doing, asks me what I want. She is very helpful with breakfast. I am very happy."

The service was not recording medicine audits. The care co-ordinator told us they check medicine records every six weeks when they visit people for the customer review however they do not document this unless they found an error. The registered manager told us that the provider had recently completed a monitoring visit for the service and had identified medicine records checks were not robust. The registered manager told us training had been arranged for March 2016 for medicine audits.

We recommend that the service seek support and training, for the on-going recording of checks of medicine records.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider did not appropriately assess the health and safety of people and did not take reasonable steps to mitigate risks. Regulation 12 (1) (2) (a) (b)</p>