

Vital Healthcare Services Limited

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Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Vital Healthcare Services Limited is a supported living service providing personal care to people who live in their own homes across Suffolk.

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. At the time of the inspection, a total of eight people were using the service and receiving personal care.

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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

The service was not able to demonstrate how they were meeting some of the underpinning principles of Right support, right care, right culture.

Right Support:

- People told us that the support from staff was kind and caring and we observed staff offering people choices about daily living.
- People were supported to participate in a range of activities and to access the community facilities.
- Staff were not always clear about restrictive practices and the use of restraint, therefore there was a risk that people may not receive the right support. The provider told us that they were providing breakaway training to staff.
- There were gaps in risk assessments in key areas such as health plans which placed people at risk of not receiving the right support when they needed it.

Right Care:

- People were supported to maintain relationships with friends and family, and we saw that there were a variety of arrangements in place reflecting people's individuality.
- People were supported by a core team of staff however there was a high staff turnover and staff changes impacted on people. We have made a recommendation regarding training.
- Staff were clear about how people communicated and had access to tools to support this.
- Risks to people's safety were not always identified and effectively managed.
- Incident reports were not always fully completed so it was not always clear what actions staff took to protect people in the future.

Right Culture:

- Efforts were being made to promote a caring culture and the service implemented value based recruitment to ensure that the staff they appointed had the right values.
- There were quality assurance systems in place, but they were not robust and had not independently identified some of the shortfalls that we had found to ensure people consistently received a good service.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for the service was good (published 2 August 2021.)

Why we inspected

This inspection was prompted by a review of the information we held about this service. We have found evidence that the provider needs to make improvements. You can see what action we have asked the provider to take at the end of this full report.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from good to requires improvement. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Vital Healthcare on our website at www.cqc.org.uk. We have found evidence that the provider needs to make improvements. Please see the Safe, Effective and Well Led sections of this full report.

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

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.
Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.
Details are in our effective findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.
Details are in our well-led findings below.

Requires Improvement ●

Vital HealthCare Services Limited

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection was carried out by two inspectors 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.

One inspector visited the office and reviewed records; visits were made to three supported living services and inspectors spoke to staff and the people using the service. The expert by experience made telephone calls to people and relatives about their experiences of care.

Service and service type

The service provides care and support to people living in twelve supported living settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

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 no registered manager in post.

Notice of inspection

This inspection was announced, and we gave the service 24 hours' notice of the inspection as people are often out and we wanted to be sure there would be people at home to speak with us and that they consented to this. Inspection activity started on 9 November 2022 when we visited the location's office. We concluded the inspection on 24 November 2022 when we provided feedback.

What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We also sought feedback from the Local Authority. We used all this information to plan our inspection.

During the inspection

Some people we met during the inspection had complex needs and were not able to tell us about their experiences. We therefore used our observation of care and other evidence to help form our judgements.

We spoke with two people who used the service and eight relatives. We spoke to nine staff as well as two company directors and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We looked at selected care plans and risk assessments, medication and staffing rotas. We reviewed staff recruitment and training records as well as quality assurance systems.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks to people were not always identified, mitigated and effectively managed. There were gaps in documentation including risk assessments. Environmental risk assessments were not always available and where other risk assessments were in place, they were not always adequately detailed to guide staff on how to keep the people safe. For example, an incident had occurred where a person had almost been hit by a car and while the risk assessment told staff to be vigilant there was no direct guidance, as to what they should do to support the person when they were walking in busy areas.
- Where people had specific health conditions or allergies, risk assessments did not always guide staff to the symptoms that they should be alert to and how to respond. Staff were unable to locate 'grab sheets' which they could use in an emergency in the event that the person needed to go to hospital.
- There were positive behaviour support plans in place and staff received training in positive behaviour management which guided staff in de-escalating incidents. There were restrictions in place where it was deemed that people were at risk to themselves or others, the provider assured us that these were monitored through support plans and risk assessment processes.
- There was a policy on restraint, but staff were not always clear about the different types of restraint and incident reports were not always fully completed to allow for effective scrutiny.
- One family member told us that that some of the incidents which occurred were "entirely preventable" and had escalated because of staff's limited experience and knowledge.
- The provider had regular reflective meetings with staff to discuss practice, risks and agree management plans.

Using medicines safely

- The systems and processes to support people with their medicines were not robust. We identified shortfalls in the storage, administration and oversight of medicines.
- Medicines were not always securely stored and the arrangements in place to return medicines to the pharmacy were not effective. In one medication cupboard we found creams which had not been administered for six months and an EpiPen which had expired two months previously. A member of staff told us that new prescription had been requested prior to our visit.
- Medicine support plans were unclear and did not always correspond with the administration records so it was unclear if people were receiving their medicines as prescribed.
- The provider told us staff competency to manage medicines was regularly checked but we identified the system for administration was not consistently clear. One person had refused some of their medicines, but staff were not administering sequentially in line with the prescriber's instructions. The lack of clarity

increased the likelihood of error.

The shortfalls in the management of risk and medicines are a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014.

Systems and processes to safeguard people from the risk of abuse

- People were restricted and restrained without lawful authorisation. The provider and staff told us that they had a 'no holds policy.' However, on a review of incidents we saw that incidents had occurred where people had been physically restrained, when staff were trying to keep them safe.
- Staff told us that they would raise safeguarding concerns with the provider if they became aware of abuse, but some staff were not clear about the role of the Local Authority or how to make a safeguarding alert.
- A person using the service raised historical concerns about staff practice during the inspection and we raised a safeguarding alert. The provider told us that they were not previously aware of the concerns and assured us that they would have acted if they had been aware.
- Prior to the inspection the provider had raised a number of safeguarding's about issues that they had identified. These had been investigated by the Local Authority and where appropriate the providers disciplinary processes had been followed.
- We were not always clear however whether lessons had been learnt and embedded into practice. One person had been the victim of financial abuse, and while we saw that there were systems in place, they were not fully robust. The provider assured us that they would strengthen the systems further.

The shortfalls in the management safeguarding are a breach of Regulation 13 (Safeguarding) of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014.

Staffing and recruitment

- The provider ensured that there were enough staff to meet people's needs but it was a new staff team and not all staff were sufficiently experienced or knowledgeable.
- The service was affected by staffing issues being experienced across the care sector and until recently the service had been dependent on agency staff. The provider had recruited a significant number of new staff and approximately two thirds of staff had commenced employment within the last year. Whilst some training and induction had been provided, there were gaps in staff knowledge in areas such as medicines, safeguarding and food hygiene.
- People were supported by a core team with oversight from a senior member of staff who usually worked across a number of services.
- Recruitment processes were in place, including taking up references and seeking copies of police checks from newly appointed staff's country of origin. The provider's policies were not however consistently followed, and we identified gaps in staff employment records and there was no record available of these areas being clarified.

Preventing and controlling infection

- We were assured that the provider was using Personal Protective Equipment (PPE) effectively and safely. Staff were clear about PPE use and told us that they had good access to cleaning products.
- Relatives told us that they were able to visit their family members in accordance with current guidance.

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.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- There was a high percentage of new staff who completed a combination of eLearning and face to face training as well as two or three supernumerary shifts, before working independently.
- We identified shortfalls in staff knowledge in areas such as medicines, risk management, food hygiene and safeguarding. We also received inconsistent feedback from relatives about staff skills and experience, although most people told us staff were helpful and kind.
- A training matrix was used to plan and record staff training. Staff completed training on a range of areas including first aid, learning disability and autism, positive behaviour support and epilepsy. Competency assessments were undertaken in areas such as medicines management.
- Staff were positive about the face to face training and the role. One told us, "It is totally different to what I did before...but very rewarding."

We recommend that the provider undertakes a review of staff skills, experience and training to ensure staff can meet people's needs and those purported in the statement of purpose.

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

- The providers statement of purpose states that they have the resources to support people with a wide range of complex needs including autism, learning disability, physical disability, mental health needs and acquired brain injury. The agency had access to a consultant on positive behaviour management who provided staff with some training, but we were not assured that the training provided addressed all of these specialisms in depth. There were gaps in staff knowledge in some areas such as mental health and best practise in learning disability and autism.
- All staff used electronic care plans, which they could access from hand-held devices maintained within each supported living service. This allowed greater oversight by the head office team and relatives but there were challenges which had not been fully considered such as access to emergency health information.
- The provider told us that assessments took place before a person joined the service. We saw that one person had begun using the service as an emergency seven months previously. The provider had not been sufficiently proactive in seeking clarification on key areas nor providing an ambitious support plan. We observed that the person had sensory needs, but the service was not aware of any sensory assessment. The provider told us that they would follow this up with the commissioner of the service and update their care plan.
- Relatives gave us variable feedback on review systems and told us that this was an area that could be strengthened. We saw that some reviews were taking place with the Local Authorities.

Ensuring consent to care and treatment in line with law and guidance

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The Mental Capacity Act was not fully understood. Where the court of protection had made authorisations, the service was not clear about the nature of the authorisation and what they were for. The provider agreed to follow this up with the commissioners of the service.
- There were capacity assessments in place and staff were observed to ask people for consent before providing care.

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

- Where people required support with eating and drinking this was provided. People were encouraged to choose foods and drinks of their choice. People described going to the supermarket with staff and choosing items to cook.

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

- Staff worked with the people using the service to make and attend regular appointments with professionals such as doctors and dentists. Staff told us that they had sought advice from the speech and language team on how best to support one person.
- Relatives told us that when their family members health needs changed, staff were proactive in seeking medical advice.

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.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- There was no registered manager in post and the service has not had a registered manager for significant periods over the last two years. There was no deputy manager. The provider told us that the nominated individual was intending to apply to be the registered manager and they had appointed a deputy manager.
- People did not consistently receive safe care. We identified shortfalls in the management of risk, medicines and care planning. There were some restrictions on people's liberty and restraint was not fully understood. Incident reports were not fully completed to enable analysis and effective review.
- Relatives told us that staff were doing their best, but some were inexperienced. There had been significant staff changes and relatives told us that they were not always kept informed of changes, and staff transitions sometimes caused their family member distress. One relative told us, "Things improve for a short period but then deteriorate."
- The provider had a quality assurance system in place, but it was not effective and had not identified the shortfalls that we identified. Office staff monitored records and checked staff attended support calls as required but there was a lack of independent onsite scrutiny of the supported living services.
- Incidents and accidents were collated and reviewed in the providers lessons learnt meetings, but they had not identified all the issues we identified.

The shortfalls we identified are a Breach of Regulation 17 (Governance) of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People we spoke to were generally positive about the service and told us that they were happy. Feedback from relatives was not consistent, with some describing the care as 'excellent' but others saying that improvements were needed.
- Staff were positive about their role and told us they loved their job. They told us senior staff were generally approachable and helpful. One member of staff said, "It had been difficult initially but now things are clearer, and they were getting the support they needed."
- Regular team meetings were held, and staff had opportunity to raise issues at the regular reflective practice meetings.

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

- The nominated individual was aware of their responsibilities and had made notifications to CQC.
- The nominated individual understood their responsibility to apologise and give people an explanation if things went wrong.

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

- Staff worked with a number of professionals including day care providers, health care professionals and the housing provider for the benefit of people using the service. Medical appointments were arranged, and relatives told us that their family member saw professionals when they needed to.
- Arrangements were in place to gather the views of staff and relatives about their experiences of the service. Questionnaires were sent out at regular intervals and the results collated to identify learning.
- The service was proud of the support that they had provided to two people in assisting them transition to more independent living.

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 12 HSCA RA Regulations 2014 Safe care and treatment The shortfalls in the management of risk and medicines are a breach of regulation 12
Personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment Safeguarding systems were not robust
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The oversight of risks and people's medicines was not effective.