

Vivid Community Care Limited

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Inspection report

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Ratings

Overall rating for this service

Good ●

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?

Good ●

Summary of findings

Overall summary

About the service

Vivid Community Care is registered to provide personal care to older people, people with learning disabilities and/or mental health and physical care needs in their own homes. The service also provides enablement and one to one support for people living in nursing homes. The service covers Essex and London and at the time of our inspection was supporting 20 people with personal care.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

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

People were cared for by staff who understood how to keep them safe, however risk assessments did not always provide detailed guidance on how to reduce the risk of harm. There were enough staff to meet people's individual needs and care visits were carried out as required. Staff recruitment systems required improvement to ensure they were organised, and the correct checks were in place. People's medicines were managed safely, however further guidance was needed regarding the administration of 'as and when required' medicines.

People's needs were assessed, and care was planned using best practice guidance. Staff had received training to support people effectively including training to meet people's specific health needs. Where required, people's nutritional needs were met, and referrals made to health professionals to ensure people remained well. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service mostly supported this practice, however these could be further developed.

People were cared for by staff who had been chosen by them. Staff knew people well and were kind and respected people's privacy and dignity. Positive relationships had been formed between staff and people using the service and people were encouraged to maintain their independence. The management team promoted diversity and inclusion within the service.

Care plans were in place and staff knew how to provide individualised care to meet people's needs. Staff received training in end of life care and provided this with compassion and a respect for people's individual preferences. A complaints process was in place and people and their relatives knew how to raise any concerns and most felt these would be addressed.

Overall, people, relatives and staff were positive about how the service was managed. Staff had the opportunity to develop their skills and knowledge and felt well supported. Systems were in place to ensure that the management team had a good oversight. There was a strong focus to continuously improving and developing the service.

We have made a recommendation about 'as and when required' medicines.

Rating at last inspection

This service was registered with us on 5 August 2016 and this was the first inspection as the service had not always provided personal care during this time.

Why we inspected

This was a planned inspection

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Follow up

We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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

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 effective.

Details are in our effective findings below.

Good 

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good 

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good 

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good 

Vivid Community Care 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 Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

This service is a domiciliary care agency and also provides a supported living service. It provides personal care to people living in their own homes. There were 24 people receiving a service at the time of inspection.

Notice of inspection

We gave the service a short period of notice of the inspection. This was because we needed to be sure the provider would be in the office to support the inspection.

Inspection activity started on 30 September 2019 and ended on 1 November 2019. We visited the office location on 30 September 2019 and 1 November 2019.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with one person who used the service and six relatives about their experience of the care provided. We spoke with eight members of staff and the registered manager, deputy director and the business relationship manager. We reviewed a range of records which included six people's care records and three medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

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

This is the first inspection for the service. This key question has been rated as 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

- Risk assessments were in place but lacked guidance and had no date for review recorded. For example, one person required a hoist for transfers. There was no guidance about how to attach the sling to the hoist, or how to support the person during the process. Another person had fragile skin and required assistance with repositioning. There was no information about how often this was required or any other measures to take to reduce the risk such as ensuring regular fluids, checking skin regularly and not wearing jewellery.
- One relative said, "There was a problem with staff wearing jewellery. It is not good when supporting a person with moving and handling as it can cause harm. It still happens occasionally." This placed the person at potential risk of harm.
- Despite the lack of information held in the office, one person indicated they felt safe with staff and there was adequate information in people's homes for staff to refer to, so people were kept safe. There were also simple easy to follow instructions for complex medical health needs such as catheter care and use of a peg feed.

Staffing

- Recruitment checks had mostly been completed on new staff before they joined the service to check their suitability to work with vulnerable people, however these were difficult to locate as some records were kept electronically. One staff member had no references and did not have any interview notes on file to evidence their skills and competence had been considered in assessing their suitability for the role. Three staff had gaps in their employment and there was no evidence these had been explored at interview. One staff members file was not available as it was kept at a different location. On the second day of inspection, action had been taken to improve the system and the gaps in employment had been addressed.
- There was enough staff to meet people's needs. We didn't receive any feedback that staff had missed a call or visits to people in the community were late.

Using medicines safely

- Staff supported people with the administration of their medicines and records contained information about the support people needed.
- Where people were prescribed medicines 'as and when required' which had a variable dose, it was not always clear how much of the dose should be given. For example, one person was prescribed a medicine to aid constipation. The dose to give was between 10-20ml. The guidance stated begin with 10ml, however there was no guidance on the circumstances when 20ml could be given.

We recommend the service consults reputable guidance on 'as and when required' medicine protocols.

- Staff members were provided with medicines training and competency observations to ensure they were able to support people with their medicines safely.
- Audits of medicines were completed to ensure people received their medicines as prescribed and where concerns were identified, these were addressed through re-training or discussion in supervision.

Systems and processes to safeguard people from the risk of abuse

- Staff were aware of their responsibility to safeguard people from abuse and that they could report any concerns to the registered manager or to external agencies such as the local safeguarding team.

Preventing and controlling infection

- People were protected by the prevention and control of infection and staff received training in infection control.

Learning lessons when things go wrong

- Where incidents or accidents had occurred, these had been recorded and analysed and measures put in place to prevent re-occurrence. For example, one person's behaviour management plan had been updated following an incident to reduce the risk of the incident happening again.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for the service. This key question has been rated as Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Staff completed training in subjects including first aid. Specific training in subjects such as the use of a feeding tube had also been provided to ensure staff had the knowledge to support people effectively. One staff member said, "We had two days of positive behaviour support training with a really good trainer which was very beneficial."
- Once staff had completed training, their understanding was tested to ensure the training had been effective, however there was no evidence these tests had been checked by any of the management team to ensure their answers were competent. The deputy director acknowledged this and assured us this would be addressed.
- Staff received supervision where they could discuss their performance and team meetings were held to discuss any concerns.
- We received consistent positive feedback from staff regarding the support they received from the management team to further develop their skills and knowledge. One staff member said, "The best thing about Vivid is that I get the opportunity to develop myself. I have been given the opportunity to do a level 3 and 4 qualification and they are happy to support my self-development."
- Staff completed an induction on joining the service included shadowing a more experienced member of staff to gain experience and knowledge of the people they would be supporting.
- Staff who had no previous experience of care were completing the Care Certificate. The Care Certificate is a set of standards which social care workers should follow in their working life.
- Spot checks were completed on staff practice and included areas such as record keeping and personal care. Where issues had been identified these were discussed with the staff member to ensure improvements were made.

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

- Assessments of people's needs were completed prior to them receiving a service and care plans developed using this information.
- Care was planned and delivered in line with current evidence based and best practice guidance. For example, the Recovery Star approach was used to help staff support individuals to understand their recovery and plot their progress. It helps to measure and assess the effectiveness of their support including social and practical skills training as well as coping strategies.

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

- Where needed, staff supported people to eat and drink enough to keep a balanced diet.
- Healthy eating was promoted, and staff supported people to balance choice with healthy options.

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

- Staff supported people to meet their health needs.
- Staff felt the communication within the service was effective and was mostly done via communication books in people's houses and through a messaging group. One staff member said, "We have a good communication system and if we don't communicate well, we are at risk of complaints."
- The service made referrals to other agencies such as GP's and district nurses where required.

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

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

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.

Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty.

We checked whether the service was working within the principles of the MCA.

- People were encouraged to make day to day decisions. Staff checked people gave consent before they provided any support, however consent forms relating to in people's records had not been signed by the person or, where appropriate, on their behalf by their representative.
- Staff understood the principles of the MCA. One staff member said, "We cannot assume someone lacks capacity. The MCA is to protect people who are vulnerable, and lack mental capacity and we may be involved in making a decision on their behalf."
- Some improvement was required to ensure where people did not have capacity to decide, this was recorded as being assessed and a best interest's decision was made where required.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for the service. This key question has been rated as Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Overall, people and their relatives were mostly complimentary about the care they received from the service. One person was happy with the care provided and had a good relationship with their care team. One relative said, "We have been dealing with them [Vivid] for a long time, so we know how to work together. They [staff] ease our lives and they [staff] are very good. We know most of the staff. They [staff] care for [person] very well."
- Staff had developed positive, meaningful relationships with people. Staff spoke passionately about the people they were supporting. One person was happy with the care provided and had a good relationship with their care team.
- Staff received training in equality and diversity. People's care plans included information about their religious needs. One relative spoke very positively about how their family member's religious needs were met. They said, "The staff are a great comfort to us."
- Diversity was celebrated within the service and people's cultural differences were respected and where there were language barriers, these were dealt with sensitively considering people's needs. An open celebration was planned at the office for December and dishes from across the world were due to be available for people to try.

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

- People were asked for their views on the service and action was taken in response. One relative said, "The management team does listen to feedback about the staff. There was a couple of staff I was not so keen on, but management listened and haven't sent those staff back."
- Most relatives been involved in reviews of their family members care. One relative felt they and the service all worked together to ensure their family member had the best possible care. However, one relative said they hadn't been involved in any review of the care plan.
- A monthly call service was in place. One of the management team contacted each person and their relatives to check if there were any issues from the previous month and if they were happy with the care. Some action points were recorded; however, records could be further developed to evidence when actions had been completed and improvements had been made.
- Staff prepared a profile about themselves which was given to a person and their representatives to help them be involved in choosing who provided their care.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected.
- Some people's care plans included what they could do for themselves and what they required help with to

encourage and promote their independence, however this could be further developed. One person's care plan said they could do 'a few things' for themselves but did not go into any detail. Despite this, staff knew people very well, so their independence was promoted, and this did not impact on the care provided.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for the service. This key question has been rated as Good. This meant people's needs were met though good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Each person had a care plan, which contained basic information about the care people required at each visit.
- Care plans within the office required some development. For example, one care plan stated, 'Please assist to carry out my personal care needs, including oral care and continence management.' There was no detail about how to provide this care. We found no impact from the lack of detail in care plans as staff knew people so well and guidance was provided in people's homes. We received positive feedback about the care people received and feedback from relatives that care plans were followed.
- Care plans included 'My Story' which gave a full picture of the person including their history, likes and dislikes and was very person centred to further develop positive engagement.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The management team were aware of the AIS. One staff member was receiving training to become a Makaton champion to promote this for those who used this method to communicate.
- People's basic communication needs were identified in their care plans. One person's care plan stated. "I nod my head, use gestures and utter one or two words."

Improving care quality in response to complaints or concerns

- A complaints procedure was in place and people and their relatives knew how to raise a concern.
- Most relatives felt where they had raised concerns, these had been addressed. One relative said, "When Vivid started there were many issues. The manager talked through our concerns and they have managed to sort it out and we are happy."
- The complaints system required further development to ensure all concerns raised were documented so they could be monitored for any themes or trends and action taken where required.

End of life care and support

- Staff received training in end of life care.
- At the time of the inspection, the service was not providing care to anyone who was at the end of their life. Previously, where people required end of life care support, the service worked with healthcare professionals, to ensure end of life care was dignified, comfortable and pain-free.

- We received very positive feedback from one relative whose family member had passed away. They said, "I couldn't speak highly enough of the care [relative] received. They [staff] were wonderful, loving and caring."

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for the service. This key question has been rated as Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted 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;

- The management team ensured there were ongoing checks on the quality of the service. Some of these were formal, such as spot checks on the quality of the care and audits on records. Other checks were more informal, for example, team leaders worked alongside staff and knew what was happening at the service.
- Where incidents had occurred, these had been reported to the relevant authorities, however there was one incident which had not been reported to CQC. This was acknowledged by the management team who assured us this would be addressed.
- There was a commitment to continuously improving and developing the service. The management team immediately acted on any feedback received during the inspection.

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

- Overall, people and their relatives were positive about the service and felt the management team were approachable. One relative said, "Absolute excellent, excellent agency. 100% they are very professional. I really am very impressed." Another relative said, "I hold them in the highest respect, they are very good, and they take on board any constructive criticism."
- Staff were motivated and enthusiastic about how the service was managed. One staff member said, "The service is managed well. If there are any concerns, they [management] are responsive and are concerned about the wellbeing of the staff and of the people they support."
- The management team promoted a culture where staff development was positively encouraged, and staff could actively make suggestions to improve the care people received. One staff member said, "I have regular contact with my manager and this organisation meets my needs as I feel able to speak up and bring things to the table and others can do the same."
- Some staff had recently been identified to become champions within key areas such as dementia and infection control to promote a positive culture and share knowledge of best practice.
- Compliments had been received which included, "I greatly appreciated your visit to our home last week to assess the situation and for your quick understanding of what was required. [Person] appreciates the calibre of the staff you sent. They have been extremely kind, understanding and respectful."
- Questionnaires were sent out to people who used the service, their relatives and the staff team to gather their views and the responses were positive.

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 management team were aware of their responsibility to be open and transparent when things went wrong.

Working in partnership with others

- The service worked closely with others, for example, the district nurses and GPs and the to support care provision.