

V.i.P Homecare

VIP Homecare

Inspection report

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Tel: 07973550707

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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 caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

VIP Homecare is a domiciliary care agency. It provides personal care to people living in their own homes. At the time of the inspection 28 people were using the service. 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

We found the risks to people's health and safety had not been effectively assessed or managed. We received mixed views from people's relatives regarding the provider's ability to keep people safe. Some staff we spoke with lacked understanding of their safeguarding responsibilities.

Assessments of people's needs were not always specific to the individual. The provider had not ensured all staff completed training appropriate to the care needs of the people they were supporting. The provider had failed to ensure people's capacity to make particular decisions was always assessed.

People and their relatives gave positive feedback on the caring manner in which staff delivered their care. The provider ensured people's views were sought on a regular basis. People and their relatives told us staff respected their privacy and dignity.

Care plans did not always provide clear guidance for staff to follow on how to meet people's individual needs. The provider understood their responsibilities under the Accessible Information Standard. People and their relatives told us they felt listened to and were able to raise concerns with the provider knowing they would be resolved.

The provider had implemented systems to assess, monitor and improve the service. However, these systems had not led to the required improvements needed to provide high-quality care to people. People we spoke with told us they were actively engaged and communicated with.

People were not always supported to have maximum choice and control of their lives and staff did not always support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice.

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 this service was good published (13 December 2017).

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. Please see the safe, effective, responsive 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.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for VIP Home care on our website at www.cqc.org.uk.
Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to safe care and treatment, safeguarding and the provider's governance systems.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the 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 caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive 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 ●

VIP Homecare

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 one inspector at the provider's office and an expert by experience who made telephone calls to people and their relatives off site. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

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 a registered manager in post.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 30 June 2022 and ended on 6 June 2022. We visited the provider's office on 30 June 2022. Telephone calls were made to people and their relatives on 1st July 2022

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback

from the local authority. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke to four people who use the service and eleven relatives regarding their experiences using the service. We spoke to seven staff members including the registered manager, general manager, care coordinator, senior carers, care workers, and administrative staff. We reviewed a range of records including three people's care records and two people's medicines records. We looked at two staff files in relation to recruitment and supervision. We looked at a variety of records relating to the management of the service including policies and procedures.

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; Preventing and controlling infection

- We found the risks to people's health and safety had not always been effectively assessed or managed. Risk assessments had not always been completed in relation to people's individual needs, including their health, mobility and personal care needs. Where risk assessments were in place for staff to follow, these lacked sufficient detail regarding the specific risks to the person and how staff were to remove or reduce these. This meant people were at increased risk of avoidable harm.
- We found one person had a pressure sore. The provider had failed to complete a robust risk assessment in relation to this person's risk of pressure sores, or a clear plan to guide staff on their role in preventing or managing these.
- Another person required regular support from staff with mobilising due to a physical disability. Again, the provider had failed to complete a robust risk assessment in relation to this person's mobility needs, or a clear plan for staff to follow on how to help this person move and transfer safely.
- The provider had not ensured all staff completed training appropriate to the care needs of the people they were supporting. For example, not all staff had completed first aid training, moving and handling training or pressure ulcer prevention training. This meant people were at risk of receiving care from staff who did not have the required skills to meet their needs.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We raised our concerns about the assessment and management of risks to people with the provider, who took immediate steps to improve their approach towards this.
- The provider ensured people were enabled to take positives risks. For example, one person wanted assistance from staff to smoke a cigarette. The provider ensured this happened and the person was aware of the risks to themselves.
- Risks associated to people's home environments had been assessed and regularly reviewed.
- Staff followed safe infection control practices.

Systems and processes to safeguard people from the risk of abuse

- The provider did not have robust systems and processes in place to protect people from the risk of abuse.
- Not all staff had completed the provider's mandatory safeguarding training, to ensure their understood

how to recognise different forms of abuse and how to report any related concerns.

- Some staff we spoke with lacked understanding of their safeguarding responsibilities. For example, one member of staff was unaware of how to report or record safeguarding concerns.
- We received mixed views from people's relatives regarding the provider's ability to keep people safe. One person's relative told us, in relation to a recent safeguarding concern, "[The provider] did not communicate with me very well. They did not ring to see how [person] was. The carer was incompetent, I had to pick [the carer] up on lots of things."

The provider had failed to implement robust processes and procedures to ensure people were protected from abuse. This was a breach of regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We looked at how the provider had managed a recent safeguarding incident and found they had taken appropriate steps to keep the person safe, including liaison with external stakeholders such as the police and local authority.

Staffing and recruitment

- The provider had ensured staff were recruited safely. Pre-employment checks had been completed including requesting references from previous employers and Disclosure and Barring Service (DBS) checks. DBS checks provide details about prospective staff's convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- The provider had a system in place to ensure there was the appropriate level of staff on duty to support people.
- People and their relatives told us they were happy with the punctuality and reliability of their calls. One person's relative told us, "[Staff] are usually on time, but will call if they're going to be late."

Using medicines safely

- People received their medicines safely and as prescribed. The provider had systems in place to ensure the safe administration of medicines. One person's relative told us "The carers give [person's relative] their medication; there's been no issues at all."
- The provider ensured all staff completed training to administer medicines safely and competency assessments were conducted.

Learning lessons when things go wrong

- The provider had a robust system in place to manage incidents. Incidents were recorded electronically and reviewed to ensure lessons were learnt and improvements made.
- The provider took immediate steps towards addressing the concerns we shared with them during the inspection about the safety and quality of people's care.

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.

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

- The provider had ensured assessments of people's needs were completed; however, these assessments did not always take into account people's full range of needs. For example, one person's medical history was recorded; however, there was no information recorded regarding how a particular long-term medical condition affected the person and staff's role in helping them to manage this. This meant staff did not have clear information and guidance on this person's health needs.
- The provider had considered people's protected characteristics under the Equality Act 2010. During the inspection, we saw people were asked about any religious or cultural needs so these could be met.

Staff support: induction, training, skills and experience

- People and their relatives gave mixed feedback about staff skills. One person's relative told us, "I feel [staff] should have more training and shadowing." Another person's relative told us, "The carers have been trained properly. We've got good ones and they understand [person's] needs."
- Staff told us they were regularly asked to complete training and had completed a period of induction prior to carrying out duties on their own. However, they expressed mixed views on the quality of the training provided. Some staff felt face-to-face training would be more beneficial than the online training provided.

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.

- We were not assured the provider fully promoted people's rights under the MCA.
- When a person's capacity to consent to particular elements of their care was in doubt, the provider told us they had not always ensured a mental capacity assessment was completed. This meant people were at

increased risk of receiving care they had not consented to and which did not reflect their best interests. We discussed this concern with the provider who took immediate action to ensure these assessments were completed.

- Staff we spoke with told us they had received MCA training and understood the principles of the MCA.
- Care records demonstrated staff sought consent from people before providing care.

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

- People received the level of support they needed from staff to prepare food and drinks.
- Where people had specific dietary requirements, these were recorded in their care plans and staff were aware of these.

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

- Staff and management made referrals to, and sought advice from, appropriate external health and social care professionals to ensure people's health and care needs were monitored and met.
- The outcomes of health appointments or visits were recorded in people's care records so staff could act on any advice received. However, care plans and risk assessments were not consistently updated as needed to reflect advice from external professionals.
- We discussed this issue with the provider who assured us they would ensure people's risk assessments and care plans were updated to reflect people's changing needs.

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.

At our last inspection we rated this key question good. The rating for this key question has remained 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

- People and their relatives gave positive feedback on the caring manner in which staff delivered their care. One person told us, "They [staff] do a fantastic job." Another person's relative said, "They're great; I take my hat off to them." Another relative told us, "They have a good relationship with [person]; I love them to bits."
- Staff we spoke with knew people well and were able to describe how to meet people's needs.
- People's equality and diversity was considered in assessments and care plans. Care records demonstrated staff took these into account when caring for people.

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

- The provider ensured people's views were sought on a regular basis. They regularly contacted people and their relatives to gain their views on the care being provided.
- The provider had shared information with people regarding advocacy services. This meant people were able to seek independent support and advice.

Respecting and promoting people's privacy, dignity and independence

- People and their relatives told us staff respected their privacy and dignity. When describing the personal care they received, one person told us, "They [staff] do a fantastic job; I never feel awkward and they are very reassuring."
- Staff we spoke with were able to demonstrate how they promoted people's privacy, dignity and independence. One staff member told us, "I will always ask people what help they need first. I'll make sure I respect their privacy and remember it's their home." Another member of staff told us, "I make sure [person] is covered up for example when caring for them. Dignity is important."

Is the service responsive?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant people's needs were not always met.

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

- Care plans did not always provide clear guidance for staff to follow on how to meet people's individual healthcare needs. For example, one person had a significant physical disability. There was insufficient information in the form of care plans or assessments for staff about the nature or impact of the condition on the person.
- Another person required support with personal care. The provider had failed to ensure a clear care plan was developed to guide staff when supporting the person with their needs. The lack of guidance for staff to follow meant that people were at risk of receiving poor care.
- Care plans were written from the perspective of the person. They included information about people's background, support network and interests.
- The provider ensured people and, where appropriate, their relatives were included in care plan reviews. The provider told us all care plan reviews were conducted in people's homes, with people and, as appropriate, their relatives in attendance.
- People and their relatives told us people's care was regularly reviewed by the provider. One person told us "[Provider] is very proactive and make sure they do what the family want."

End of life care and support

- People's assessments and care plans did not always include information regarding people's end of life wishes. The provider told us they would not normally ask about people's end of life preferences. We raised this with the provider who agreed to include it in all future assessments.
- The one person who the provider was supporting with end of life care had an assessment of their needs in place.
- Not all staff had completed end of life training. Staff we spoke with were unaware of people's end of life wishes.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The provider understood their responsibilities under the Accessible Information Standard.
- People's communication needs had been explored with them and was recorded in care plans. This meant

staff had the required information to promote effective communication.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People's care plans included details of people's relationships with family and loved ones. They detailed the relationship each individual had with the person receiving care and how staff could encourage contact and support.
- Where relevant, care plans included information of people's hobbies and interests. The provider had ensured staff had clear information detailing how they could facilitate activities of interest to people.

Improving care quality in response to complaints or concerns

- People and their relatives told us they felt listened to and were able to raise concerns with the provider knowing they would be resolved. For example, one person told us about an issue with the care they received. The person told us, "[The provider] handled it well and immediately sorted it out."
- The provider had a system in place to record, investigate and manage complaints. Where concerns had been raised, we saw the provider had responded to them appropriately.

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

- The provider's quality assurance systems and processes were not effective. Although a programme of audits was in place, this had not enabled the provider to identify and address the shortfalls in the quality and safety of people's care we found at this inspection. This included concerns regarding the assessment and management of risks to people, the robustness of needs assessments, reviews of care plans, and gaps in staff training.
- The provider's quality assurance systems and processes had not ensured they notified us (CQC) of relevant changes, events and incidents affecting the service and people using it as per their regulatory requirements. For example, one person had developed a serious pressure sore when receiving care from the service. The provider had failed to notify us of this injury.

The provider had failed to implement robust audits and monitoring systems. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- During and after the inspection, the provider sent us evidence of improvements made in response to the findings of the inspection. This included improvements to the assessment and care planning process as well as plans to facilitate outstanding staff training and a retrospective notification to us.

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

- Most people and their relatives we spoke with felt positive about their interactions with the provider and care staff. One person told us, "There's good communication between me, the office, carers and my family." Another person's relative told us "[The provider] is very good and proactive. They're always asking how they can help."
- Staff we spoke with felt supported by the provider and felt able to raise concerns. One member of staff told us, "I feel supported by [the provider]; they're good to work for." Another person told us, "[The provider] is extremely approachable; they listen and are very professional."
- Through our conversation with the provider, we were assured they understood their responsibilities and were acting in line with the duty of candour. This included the need to be honest with people when care did not go according to plan.

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

- The provider ensured feedback forms were sent to people and their relatives. Feedback on the service received was reviewed by the provider and changes made where necessary. Furthermore, the provider had regular informal discussions with people about their care and treatment on an ongoing basis.
- People we spoke with told us they were actively engaged and communicated with by the provider and other staff. One person's relative told us, "I talk to them [provider] every couple of weeks." Another person told us, "[The provider] will call to check everything is ok; I really appreciate it."
- Care records we looked at indicated the provider, management and care staff had engaged with healthcare professionals to ensure people's care needs were monitored and met.

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

The enforcement action we took:

We sent the provider a warning notice detailing the necessary action they should take to ensure good standards of care.

Regulated activity	Regulation
Personal care	<p>Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>The provider had failed to implement robust processes and procedures to ensure people are protected from abuse. This was a breach of regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

The enforcement action we took:

We sent the provider a warning notice detailing the necessary action they should take to ensure good standards of care.

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had failed to implement robust audits and monitoring systems. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

The enforcement action we took:

We sent the provider a warning notice detailing the necessary action they should take to ensure good standards of care.