

Treasure Vince Limited

Treasure Vince

Inspection report

1 Gower Chase
Laindon
Basildon
SS15 5BF

Tel: 01268418095

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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?

Inadequate 

Summary of findings

Overall summary

About the service

Treasure Vince is a domiciliary care service providing the regulated activity of personal care in people's own home, flat or specialist housing accommodation. The service provides support to adults aged 18 to 65 and older people. The registered provider's Statement of Purpose states this includes people who are living with dementia, who have mental health needs, people who have a learning disability, sensory impairment or physical disability. At the time of our inspection there was one person using the service.

Not everyone who used the service has 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

The provider's governance arrangements did not provide assurance the service was well led, and regulatory requirements were being met. Quality assurance systems were not robust and had not identified the shortfalls we found during our inspection. No information was available or recorded to demonstrate the registered manager had recognised where improvements were needed, and lessons learned to improve safety.

Although there was no impact for people using the service, not all risks for people were identified and recorded in relation to their care and support needs to ensure their safety and wellbeing. Improvements were required to the service's medicines management. The registered manager was unable to provide evidence of completed recruitment checks to demonstrate compliance with regulatory requirements as these had been shredded. We have made a recommendation about recruitment practices.

We were unable to assess if staff employed at Treasure Vince had attained appropriate training, a robust induction or formal supervision as no records were available as these had been shredded. We have made a recommendation about training, induction and supervision. However, the registered manager had attained both mandatory and specialist training relating to the people being supported. Not all people who used the service had a robust support plan in place describing their individual care and support needs; and the delivery of care to be provided by staff. We have made a recommendation about care records.

No concerns were or had been raised by people using the service or their relatives relating to the safety of their family member. No safeguarding concerns had been raised since the service became operational in June 2022. The registered manager demonstrated an awareness and understanding of their responsibilities to ensure infection, prevention and control practices were operated in line with government guidance. Staff supported people as needed to ensure their nutritional, hydration and healthcare needs were met.

People were positive about the care and support provided and confirmed their family member's dignity and privacy were respected by staff. Relative's confirmed their family member received consistent care and

support from staff that were familiar and aware of their family member's care and support needs. 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 supported 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

This service was registered with us in April 2019 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

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

Enforcement and Recommendations

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 the management of risk medicines management and quality assurance at this inspection.

Please see the action we have told the provider to take at the end of this 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 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 well-led.

Details are in our well-led findings below.

Inadequate ●

Treasure Vince

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 team consisted of one inspector.

Service and service type

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

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. The provider was also the registered manager. 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 14 September 2022 and ended on 27 September 2022. We visited the location's service on 14 September 2022.

What we did before the inspection

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We reviewed information held by the Care Quality Commission.

During the inspection

We spoke with the registered manager and examined a range of records. We reviewed two people's care records. We were unable to review the staff recruitment records, including evidence of training, supervision and 'spot visits' for one member of staff who had been employed at Treasure Vince. We looked at the registered provider's quality assurance arrangements, which consisted of blank templates.

The registered manager was the sole member of staff delivering care and support to one person. Following the inspection to Treasure Vince we spoke with one relative about their experience of the care and support provided for their family member.

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 of this newly registered service. This key question has been rated 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; Using medicines safely

- Although there was no impact for people using the service, not all risks for people were identified and recorded in relation to their care and support needs to ensure their safety and wellbeing. For example, the care plan for the person receiving a service, recorded they were at risk of choking, had the medical condition of diabetes and were at risk of falls. No information was recorded detailing how these risks were to be mitigated and reduced to ensure their safety and wellbeing.
- Though one person was no longer receiving a service from Treasure Vince, the care plan forwarded to the Care Quality Commission recorded they were at risk of falls. Daily care records in June 2022, recorded them as having sores or blisters on their legs, potentially compromising their skin integrity. No information was recorded detailing how these risks to their wellbeing and safety were to be mitigated and reduced.
- Risk assessments were not completed in relation to the risks posed and presented by COVID-19 for people using the service. Risks presented by the pandemic had not been identified for staff at the domiciliary care service. This meant staff who may be at increased risk of contracting COVID-19, for example, those with underlying health conditions and including staff from black and minority ethnic groups were not identified.
- Medication was not being administered from the original pack [boxes and bottles] dispensed by the pharmacy but from a Dossett box prepared by their relative. When medication is not being directly administered from the container they are supplied in, it is classed as 'Secondary Dispensing'. This is not good practice as the member of staff administering the medication cannot be assured the person using the service is receiving the right medicine or right dose at the right time in line with the prescriber's instructions.
- A clear record of all medicines administered, including the dose and strength specified, was not maintained. This refers to a Medication Administration Record [MAR] form.
- Where a person required assistance with their medicines, an assessment was completed detailing the support needed and who was responsible for providing this, including where there were shared responsibilities, for example with a family member. The registered manager had completed up to date medication training.

We found no evidence that people had been harmed. However, arrangements were either not in place or robust enough to manage and mitigate risk and improvements were required to the service's medicines management. This was a breach of Regulation 12 [Safe care and treatment] of the Health and Social Care Act 2008 [Regulated Activities] Regulations 2014.

Staffing and recruitment

- Recruitment checks required improvement to ensure staffs suitability and competence to work with vulnerable people prior to commencing employment at the domiciliary care service was safe and in line with regulatory requirements.
- The registered manager confirmed since the service became operational in June 2022, they had employed one member of staff. At the time of this inspection they were no longer employed at Treasure Vince.
- The registered manager was unable to provide evidence of the completed recruitment checks for this member of staff to demonstrate compliance with regulatory requirements. The registered manager told us, "I can't find it [when looking on their laptop], I must have deleted the records." Therefore, we could not be assured the provider's recruitment arrangements were robust and the right staff were recruited to support people to stay safe.

We recommend the provider finds out more about regulatory requirements in relation to recruitment checks and documents required when appointing staff.

- The daily care records for one person who was currently receiving care and support via the domiciliary care service showed their care needs were met each day. The person's relative confirmed there had been no missed or late calls.

Learning lessons when things go wrong

- No information was recorded to demonstrate the registered manager had recognised where improvements were needed, and lessons learned to improve safety.

Systems and processes to safeguard people from the risk of abuse

- No concerns were or had been raised by people using the service or their relatives relating to the safety of their family member.
- The registered manager told us no safeguarding concerns had been raised either by themselves, the local authority or others since the domiciliary care service became operational in June 2022. This concurred with information held by the Care Quality Commission.
- The registered manager was aware of their role and responsibilities to safeguard people from harm and abuse. They were able to tell us about the different types of abuse and what actions they would take to safeguard people, including notification to external agencies such as the local authority and Care Quality Commission.

Preventing and controlling infection

- The registered manager had an infection, prevention and control policy and procedure and confirmed they had enough supplies of Personal Protective Equipment [PPE] available, such as hand sanitiser, gloves and aprons. PPE is used to help protect people using the service and staff from the risk of infection.
- The registered manager demonstrated an awareness and understanding of their roles and responsibilities to ensure infection, prevention and control practices in line with government guidance were adopted and followed by them and staff employed. The registered manager had completed up to date training relating to infection, prevention and control.

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 this newly registered service. This key question has been rated 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

- The registered manager confirmed one member of staff had been recruited since the domiciliary care service became operational in June 2022. No information was retained to demonstrate this member of staff had received appropriate training to enable them to carry out their role and responsibilities. We could not be assured they were skilled and competent to undertake their job role effectively.
- No information was retained to demonstrate this member of staff had received an induction. No information was available to show they had completed the 'Care Certificate' or the 'Care Certificate' standards self-assessment tool. The 'Care Certificate' is a set of standards that social care and health workers should adhere to in their daily working life.
- No information was recorded to demonstrate this member of staff had been formally supervised. This refers to both face-to-face meetings and 'spot check visits.' The latter enables the registered manager to observe the member of staff as they go about their duties and check they are meeting the organisation's standards and expectations.

We recommend the registered provider consider current guidance to demonstrate staff are appropriately trained, receive a robust induction and formal supervision.

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

- People's needs were assessed prior to the commencement of the service being provided by the domiciliary care service. One relative confirmed an assessment of their family member's needs was completed prior to the start of the service.
- We were unable to fully evaluate this as we were only able to view one completed assessment for the person currently receiving a service. No assessments were evident for those who were no longer receiving a service from Treasure Vince.
- People's protected characteristics under the Equalities Act 2010, such as age, disability, religion, and ethnicity were identified as part of their need's assessment. For example, one person's care plan recorded their specific religious observance needs and how these were met.

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

- Records for the person using the service demonstrated staff supported them as needed with the provision of snacks and drinks throughout the day to ensure their nutritional and hydration needs were met.

- Although there was no risk assessment in place detailing the person was at risk of choking, the registered manager knew what support was required to keep the person safe. The relative told us they prepared their family member's food in line with their ethnicity and religious beliefs and were happy with the support provided to keep their family member nourished and hydrated.

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

- People had access to health professionals as required. If staff were concerned about a person's health and wellbeing, they would relay these concerns to the office or the registered manager for escalation and action.

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 registered manager had received MCA 2005 training and demonstrated an understanding of the legal framework.
- The registered manager stated consent from people was gained prior to providing care and support. They told us it was important where appropriate for people using the service to make day to day decisions and choices.

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 this newly registered service. This key question has been rated 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

- A relative told us their family member was treated with care and kindness by staff. They told us, "[Relative] gets on very well with them [registered manager], they look forward to seeing them each day. The [registered manager] really looks after them, they are the first member of staff that [relative] gets on with."

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

- People and their relatives had not been given the opportunity to provide feedback about the service through the undertaking of reviews and satisfaction surveys. The rationale provided by the registered manager was that although the service was registered in April 2019, the service had only been operational since June 2022.

Respecting and promoting people's privacy, dignity and independence

- A relative told us their family member was treated in a respectful and dignified way.
- A relative confirmed their family member received consistent care and support from staff that were familiar and aware of their family member's care and support needs.

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 this newly registered service. This key question has been rated 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; End of life care and support

- Not all people who used the service had a robust support plan in place describing their individual care and support needs; and the delivery of care to be provided by staff.
- The registered manager confirmed no one using the service was assessed as being at the end of their life. The registered manager told us, where people required end of life care and support, they would work with healthcare professionals, including palliative care specialists and others, to provide a dignified and pain-free death that is as comfortable as possible.

We recommend the registered provider consider current guidance relating to people's care plans and record keeping.

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.

- There was a lack of evidence to demonstrate how the service assessed people who had a disability, impairment or sensory loss to receive information they can access and understand.
- There was nothing to show information was provided in an appropriate format that people can read and understand, for example, braille, audio, easy read, large print, pictorial or in another language. However, when discussed with the registered manager they told us all effort would be made to ensure this was undertaken.

Improving care quality in response to complaints or concerns

- The registered manager told us no concerns or complaints had been raised either by people using the service or those acting on their behalf, the Local Authority or others since the domiciliary care service became operational in June 2022. This concurred with information held by the Care Quality Commission.
- The service's Statement of Purpose provided information for people and those acting on behalf about how to make raise a concern or complaint. The registered manager confirmed this was provided to the person at the commencement of the care package.
- A record of compliments was not maintained at this time to demonstrate the service's achievements.

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 this newly registered service. This key question has been rated Inadequate.

This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Continuous learning and improving care; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager failed to keep records relating to the care and treatment of each person using the service or staff employed in line with General Data Protection Regulations [GDPR]. For example, the registered manager told us they had shredded information relating to one member of staff employed in June 2022. No information was kept for one person who used the service. When asked for this information the registered manager told us, they no longer had their care plan as they were unaware this had to be retained. The registered manager confirmed the person's daily care records were also shredded.
- The quality assurance and governance arrangements in place were not effective in identifying shortfalls in the service. Specific information relating to the improvements required is cited within this report and demonstrated the arrangements for identifying and managing the above were not robust and required significant improvement. These arrangements provided little assurance that the registered manager understood regulatory requirements.
- For example, no system was in place to make sure staff's recruitment files, induction, training and supervision data were audited to ensure these were in line with regulatory requirements. No system was in place to audit people's care plans, risk assessments, daily care records and evidence of medication being administered.
- Although the domiciliary care service had been operational since June 2022, audit templates provided to the Care Quality Commission by the registered manager were blank and had not been completed. The rationale provided by the registered manager related to the service only being operational since June 2022. This meant effective auditing arrangements were not in place to assess, monitor and improve the quality and safety of the service provided and lessons learned.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and their relatives were not given the opportunity to provide feedback about the service through the completion of a satisfaction questionnaire. The rationale provided by the registered manager related to the service only being operational since June 2022.

We found no evidence that people had been harmed, however we could not be assured the provider's governance arrangements were robust and effectively managed. This placed people at risk of harm. This

was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Despite the above relatives considered the service to be well run. One relative told us, "It is really an excellent service my [relative] receives."

Working in partnership with others

- The service was able to demonstrate they were working in partnership with others, such as other healthcare professionals and external agencies.

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>We found no evidence that people had been harmed. However, arrangements were either not in place or robust enough to manage and mitigate risk and improvements were required to the service's medicines management.</p>

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>We found no evidence that people had been harmed, however we could not be assured the provider's governance arrangements were robust and effectively managed. This placed people at risk of harm.</p>