

V.i.P Homecare

# VIP Homecare

## Inspection report

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Tel: 07973550707

Date of inspection visit:  
03 August 2023

Date of publication:  
28 September 2023

## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

VIP Homecare is a domiciliary care agency providing personal care to people living in their own homes. At the time of the inspection 18 people were receiving 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

At our last inspection we found risk assessments were not in place for people's identified risks and auditing systems did not ensure improvements were identified and actioned. At this inspection we found improvements had been made, however, we found risk assessments were still not in place for all identified risks. The provider had started to update their auditing systems; however, they were still not robust enough to ensure shortfalls were identified to make improvements.

At our last inspection we found the provider had failed to ensure people were protected from the risk of abuse. The provider had made improvements to their systems in place and people were now protected from the risk of abuse.

People were supported to have maximum choice and control of their lives. People were supported by enough staff who were safely recruited to work in the service. People's medicines were safely managed. The provider had effective systems in place to help protect people from the risk of infection. Staff informed us of the process they would follow if any incidents occurred.

The provider promoted a positive culture and staff showed an approach which helped achieve good outcomes for people. The registered manager understood their responsibility under the duty of candour and promoted an open and honest approach when something went wrong. People, their relatives and staff were involved in the running of the service. Staff confirmed they worked together as a team and with other professionals to support people.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection and update

The last rating for this service was requires improvement (published 27 September 2022) and there were breaches of regulation. At this inspection we found the warning notice had only been partially met and there were still breaches of regulation.

### Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection. We undertook this focused inspection to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions safe and well-led which contain those requirements.

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 remained requires improvement. This is based on the findings at this inspection. 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 Homecare on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Enforcement

We have identified breaches in relation to safe care and treatment and good governance at this inspection. Please see the action we have told the provider to take at the end of this report.

#### Follow up

Following the inspection we had a meeting with the provider to discuss the concerns and action they will take. 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 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.

This was a focused inspection to check whether the provider had met the requirements of the Warning Notice in relation to Regulation 12, 13 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We inspected the key questions of safe and well-led only.

#### Inspection team

This inspection was carried out by 1 inspector.

#### 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 provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

We gave the service 24 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 3 August 2023 and ended on 10 August 2023. We visited the location's office on

3 August 2023.

#### 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 and professionals who work with the service. 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 used all this information to plan our inspection.

#### During the inspection

We spoke with 3 people who used the service and 2 relatives of their experiences of the care provided. We spoke with 7 members of staff including the registered manager, the administration manager, the general manager, and care staff.

We reviewed a range of records, this included 2 people's care records and multiple medicines records. We looked at 2 staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were also reviewed.

# 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 requires improvement. At this inspection the rating for this key question has remained 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

At our last inspection the provider had failed to robustly assess the risks relating to the health, safety and welfare of people. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12.

- Since our last inspection the registered manager had started to update people's care records. However, we found risk assessments were still not in place for all identified risks. The registered manager told us they were still in the process of updating people's care records.
- For example, there was no specific information on how to monitor the risks associated with catheter care. A catheter is a tube inserted into the body to empty the bladder. Clear guidance was not in place for staff on how to monitor any risk and record actions taken in relation to this monitoring. Staff we spoke with, however, knew how to manage people's needs and risks and explained the specific catheter care provided and action they took to report identified concerns.
- One person required support from staff with the use of a ceiling track hoist. There was no risk assessment in place for the use of this moving and handling equipment. Staff we spoke with, however, knew how to use the hoist and which slings were required to safely support this person.

We found no evidence that people had been harmed however, not enough improvement was made to ensure risks to people's health was effectively managed. This placed people at risk of harm. This was a continued breach of regulation 12.

The provider acted during and following our inspection and started to put required risk assessments in place, to ensure there was clear information for staff to follow.

- People and relatives we spoke with confirmed staff knew people well and knew how to support and monitor their risks and needs. One person told us, "I have no concerns, I feel staff are trained and know what they are doing." A relative confirmed, "Staff know how to support [Person's name], they always report any concerns and call the district nurse, they talk to [Person's name] and involve them."
- Staff we spoke with were knowledgeable about people and how to meet their needs. Staff told us how they supported people's individual risks and the process they followed if they were concerned. For example,

1 staff member told us, "With pressure care for example, we look and document, complete body maps in the report book and notify the office if there are signs of pressure sores."

- People's care records included environmental risks assessments and dates equipment required servicing. Staff confirmed the process they followed if they had concerns with equipment, including not using it, reporting it and informing the person why they could not use it.

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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.
- People's care records included where their consent was sought and people and relatives we spoke with confirmed staff asked for their consent before providing care. One relative told us, "They [Staff] always try to give [Person's name] a choice and involve them."

Systems and processes to safeguard people from the risk of abuse

At our last inspection 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.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 13.

- The provider had made improvements to their systems in place to protect people from the risk of abuse.
- People and their relatives confirmed they felt safe with staff. One person told us, "I definitely feel safe, I have no concerns, I am happy with everything." One relative told us, "[Person's name is safe, they [Staff] know how to support them and are really good at raising anything if they have any concerns."
- Staff we spoke with confirmed the process they followed if they had any concerns. One staff member told us, "I have no concerns for anyone's safety, if I did, I feel able to raise them, and think they would be acted on; I would make sure they are."
- At the time of the inspection there were no recent safeguarding records to review. Staff and the management team informed us of the procedures staff were required to follow. The general manager told us, "Staff phone the office if they are unsure, they always ring for advice. We [registered manager and general manager] will always assist them if needed."

Staffing and recruitment

- People were supported by enough staff who were safely recruited to work in the service.
- People and their relatives confirmed they had consistent staff who stayed for the duration of the calls and for the most part arrived on time. When running behind, people confirmed staff called to inform them. One person told us, "The staff look after me, as much as I want to be looked after, I get on with them all very

well." One relative told us, "It is the same members of staff, they are great, we have a good relationship with the staff."

- The provider had safe recruitment checks in place. These included Disclosure and Barring Service (DBS) checks, which provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

#### Using medicines safely

- People's medicines were safely managed.
- Staff completed people's medicine administration charts to record where people had received their medicines as prescribed.
- People's care plans included information about their medicines and any allergies they had to inform staff. People and their relatives told us staff supported them with their medicines and they had no concerns.
- Staff received training in administering people's medicines, and they told us they had their competency checked regularly.

#### Preventing and controlling infection

- The provider had effective systems in place to help protect people from the risk of infection.
- People and relatives we spoke with confirmed staff wore personal protective equipment (PPE) during their calls. Staff we spoke with confirmed there was a continuous supply of PPE. One staff member told us, "There is always plenty of PPE, we have never had any problems with that."
- Staff completed training in preventing and controlling infection and people's care plans included information for staff to follow for effective infection prevention and control practices.

#### Learning lessons when things go wrong

- The provider told us there had not been any reportable accidents or incidents at the time of the inspection. Staff informed us of the process they would follow if any incidents occurred.
- The registered manager had begun to action the concerns we identified at our last inspection. For example, audits were completed for daily records, however there was no document in place to record this audit. When raised, the registered manager immediately created and implemented an audit form to record shortfalls and required actions.

# 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 requires improvement. At this inspection the rating for this key question has remained 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

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

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

- Since our last inspection the provider had started to update their auditing systems; however, they were still not robust enough to ensure shortfalls were identified to make improvements. For example, the registered manager was still in the process of updating people's care records following our last inspection. The auditing systems in place were not robust enough to ensure all records contained the updated documents.
- Where people's care records were updated, some risk assessments for people's identified needs were still required. For example, there was no catheter care risk assessments, allergies risk assessments or moving and handling equipment risk assessments. This meant the system in place to review care plans was not fully effective as they did not identify where risk assessments were not in place.
- The registered manager had put in place a diabetes care plan for 1 person; however, it did not contain enough information to inform staff of how to meet their specific needs. Although staff were aware of how to meet the person's needs and the signs and symptoms to look out, it was not clearly recorded. This meant new staff being recruited would not have all the required information to safely care for the person.
- An audit was in place for the reviewing of people's daily records, however there was no document to demonstrate the completion of the audit. The general manager told us if anything was identified from the audit; they discussed it with staff during supervisions. When raised, the registered manager immediately created a document to record the audit of daily records. The document included areas for improvement.

We found no evidence that people had been harmed however, not enough improvement was made to the auditing and monitoring systems. This placed people at risk of harm. This was a continued breach of regulation 17.

The provider acted during and following our inspection to update their auditing systems in place and action improvements we identified.

- The general manager completed regular medicine audits, which did identify areas for improvement. The audit included required actions and when they were completed.
- Staff we spoke with confirmed they were supported by the registered manager and staff team. One staff member told us, "I am supported by the management and staff 100 percent, the communication between us all is really good."

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

- The provider promoted a positive culture and staff showed an approach which helped achieve good outcomes for people.
- People and their relatives confirmed staff had positive interactions with them. One person told us, "The staff are always nice and friendly, they talk to me, nothing could improve, they know how to support me."
- Staff we spoke with shared a passionate approach to supporting people and they knew them well. One staff member told us, "I really like all the service users, and I get on with the staff well, it is like a second family."

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 registered manager understood their responsibility under the duty of candour and promoted an open and honest approach when something went wrong.
- Staff confirmed they kept people and their relatives informed as and when required. One staff member told us, "We have regular communication with people and their families and update them. We are encouraged to be open; we have good relationships with them."

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

- People, their relatives and staff were involved in the running of the service.
- People and their relatives were frequently sent feedback forms to share their experiences of care and suggestions to make improvements. The forms were reviewed and analysed, and action taken was documented. For example, 1 person shared an improvement for the way their bedding was following their care call. The provider actioned for staff to speak with the person and identify how they wanted their bed left following the delivery of personal care.
- People and their relatives confirmed they were involved in people's care. One relative told us, "[Person's name] care plan has enough information, but I will talk to them [Staff] if anything needs changing and they will do that."

Working in partnership with others

- Staff confirmed they worked together as a team and with other professionals to support people.
- The provider told us how they worked with other health care professionals to meet people's needs. These included the general practitioners (GPs), district nurses, speech and language therapists and occupational therapists. We also saw where people's care records included information in relation to external professionals.

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, risk assessments for identified risks had not been effectively put in place. This placed people at risk of harm.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had failed to ensure audits and monitoring systems were effective.</p>