

Vitality Home Health (Sevenoaks) Ltd

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Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

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

Vitality Home Health Sevenoaks is a domiciliary care service providing personal care and treatment of disease, disorder and injury for people in their own homes. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks such as personal hygiene and eating. Where they do, we also consider any wider social care provided. At the time of the inspection the service was supporting 28 people.

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

People were protected from abuse and avoidable harm; staff had completed training in safeguarding and recognising signs of abuse. Medicines and risks to people were managed. One person told us, "Yes, I feel safe. They are friendly, nice, kind people." Relatives praised the kindness and efficiency of the care workers and the professionalism of the management team. One relative said, "Yes, I do think [relative] is safe, and they do as well. They tell them what they are going to do and what they need to do. They are very careful, very competent and are aware of what [my relative] can and cannot do, and what is comfortable for them."

Peoples' needs were assessed, and person-centred care plans developed with them. Care workers had enough information to provide safe care for people. Staff had been recruited safely and attended training to prepare them for their role. One relative said, "They seem to know how to do the job and if they don't know they ask." A person told us, "The one that comes to see me has had enough training, yes." Staff had access to policies and procedures to guide them in their day to day work. Care plans were monitored regularly.

The management team was committed to providing a high-quality service and worked in partnership with other professionals, such as the local authority and primary health care services. Managers carried out appropriate checks to ensure that the quality of the service was continually reviewed and where necessary improved. The managing director was a qualified doctor, registered with the General Medical Council.

Relatives were very positive about Vitality Home Health. One relative said, "For me it is peace of mind and I have more energy to do the rest of the things [my relative] needs during the day. It is hard caring for someone, and it gives me a nice start to the morning."

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 on 30/04/2020 and this was the first inspection. This service has been rated good at this inspection.

Why we inspected

This was a planned inspection based on the timescales for unrated services.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Vitality Home Health (Sevenoaks)

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 and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service is a domiciliary care agency. It provides personal care and treatment of disease, disorder and injury to people living in their own homes.

The service had a manager registered with the Care Quality Commission. 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 managing director was a qualified doctor registered with the General Medical Council.

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.

What we did before the inspection

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 reviewed the

notifications about important events that had taken place in the service which the provider is required to tell us by law. We contacted health and social care professionals to obtain feedback about their experience of the service. We used all this information to plan our inspection.

During the inspection

We spoke with eight members of staff including the operations director, registered manager, coordinator, and four care staff including supervisors. We also spoke with the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We obtained feedback from three people who use the service and seven relatives about their experience of the care provided. We received feedback from the local authority commissioning team. We reviewed a range of records, including eight peoples' assessments and care 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 staff rotas and service user guide were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training and audit records, risk assessments and notes from the management on call service.

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 this newly registered service. This key question has been rated good. This means people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. Staff told us, and records confirmed they had received training in safeguarding and knew how to spot signs of abuse and report concerns.
- The provider had an up to date safeguarding policy in place. Staff were able to access this on an app on their mobile devices, so they always had up to date information.
- People told us they felt safe in the service. One person said, "Sometimes I have different people, but usually I have the same carers who are all nice and willing. We get on very well, they are all quite sweet." Peoples' relatives told us their loved ones felt safe with the service. One relative told us their relative was safe and said, "Yes, they are fine, they are all very nice to [my relative] and never lose patience with them, and even join in with their singing, which they do every day." Another relative said, "Yes, well I think they are genuinely caring individuals, and they discuss [my relative's] requirements with us and are willing to do whatever they need."

Assessing risk, safety monitoring and management

- Peoples' care records contained detailed risk assessments. Risks associated with peoples' health and care needs had been considered as well as risks posed by the environment, both internal and external. Risk assessments were reviewed regularly to ensure they were still appropriate.
- Risk assessments gave clear guidance to staff, detailing how to safely work with people in all areas, including medicines and moving and handling. Staff confirmed that the care plans gave them enough information for them to support people safely. Staff had access to the electronic care system on their devices, which provided an overview of the care required. Staff marked tasks as complete at the end of the visit. Anything not completed required an explanation reducing the risk of peoples' needs not being met.
- The provider had undertaken comprehensive COVID-19 risk assessments for the people they supported and their staff. This included detailed contingency plans if care visits needed to be cancelled due to staff shortages.

Staffing and recruitment

- There were enough staff deployed to provide safe care for people; absences were covered from within the team. The provider ran a regular recruitment campaign and new starters were going through pre-employment checks and induction training. Recruitment was ongoing.
- The management team monitored care visits through their electronic system and were alerted if a care worker was late or if there were any missed calls. There had been no missed calls. People told us that care workers were punctual most of the time, although people acknowledged that traffic in the area could cause delays. One relative said, "There is a traffic problem so sometimes they are a few minutes late, but they are usually on time. They do exactly what is required."

- Staff were recruited safely. Records were maintained to show that checks had been made on employment history, references and Disclosure and Barring (DBS) records. The DBS helps employers make safe recruitment decisions and helps prevent unsuitable people working with people who use care and support services.

Using medicines safely

- Not everyone needed help to take their medicines, some people just needed reminding, so they didn't forget. Some people needed full support with their medicines. One relative said, "They do [my relative's] medicines. They needed support because they weren't taking their afternoon medicines, the carers make sure [my relative] takes them."
- Medicines were managed safely. Medicine administration records were completed and were up to date. Medicine errors were reported promptly, investigated and lessons learned shared.
- Staff had received training in medicine administration and their competence to give people their medicines were checked every six months. Records showed training and competencies were up to date.

Preventing and controlling infection

- The provider ensured people were protected by the prevention and control of infection. Staff had received appropriate training to learn how to minimise the risk of infection spreading. Staff told us that during the COVID-19 pandemic the registered manager delivered personal protective equipment (PPE) to them.
- Staff told us they followed good infection control practice. One staff member said, "I wear full PPE and wash my hands." People and their relatives told us staff wore full PPE. A relative told us, "Yes, they always wear their masks, aprons and gloves."
- The office environment had enough space to support social distancing. Staff were tested for COVID-19 weekly.

Learning lessons when things go wrong

- Care workers knew what to do if someone had an accident or an incident and where incidents or accidents had happened, the right actions had been taken. Accidents and incidents were reported, recorded accurately and investigated. Lessons learned as a result of incidents or accidents were documented and shared with the team.

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 good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The registered manager or an assessor undertook a full assessment of each person's needs before commencing a service. The assessment included the person's life choices, routines, likes, dislikes, hobbies and social activities they enjoyed. Details in the assessment were used to formulate and agree the plan of care with the person and if appropriate, their relatives. One relative said, "I get involved in my [relative's] care plan regularly." Another relative said, "Yes, we had a visit to ask what we needed and to assess the situation."
- Where people had complex health needs, these were re-assessed regularly. One relative told us, "I like the fact that they have their own doctor who rings me nearly every month to discuss [relative's] health and he came and spent a couple of hours with us, checking [my relatives's] tablets and their health needs."
- Assessments included cultural and religious needs and a section on social inclusion. The provider had information available in other languages and formats.

Staff support: induction, training, skills and experience

- Staff received classroom-based induction training and shadowing shifts before working unsupervised. Staff confirmed they had received enough training to undertake their role. Staff told us if they were unsure of anything, they would just call the office and ask.
- Training records confirmed that staff training had been completed in mandatory areas. Course expiry dates were entered onto the management information software and when training was due to be refreshed the system alerted the manager so this could be arranged.
- Staff had supervisions and spot checks undertaken regularly and staff we spoke to said they felt supported by the management team.
- People and their relatives told us they thought the care workers were generally well trained. One relative said, "Yes, I do think they have had enough training and I am confident they would be able to cope with [my relative's] more complex needs in the future." Another relative told us, "From our point of view they do have enough training, and new people adapt to our routines very easily, they have support from an experienced carer who has been before."

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

- Some people received support to prepare meals and drinks to meet their nutritional and hydration needs. Others did not need any assistance in this area as they were either independent or received support from relatives.
- Peoples' care records detailed when a person needed assistance with food preparation and there were instructions for care workers in how this needed to be done and what foods to prepare.

- Relatives confirmed that staff had enough information to support people with their meals where this was included in their care plan.

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

- Staff knew people well and knew when to report issues to the office or management team. One relative told us, "It is more conversational now because they have got to know [my relative]." Another relative said, "The 'company manager' who is a doctor rings me up every three months to see if there are any medical problems. He said if I had any worries in between times, I could ring him."
- People told us staff knew their health needs. Staff told us they read the medical history and assessments so they could support people in the right way. Staff were confident about contacting a doctor or a pharmacist or would contact the office if assistance was required. Staff told us they called 111 or 999 if there was an urgent issue or an emergency. We saw evidence that a person's GP had been contacted and referrals had been made to other professionals, such as podiatrists or occupational therapists.
- The service had an active community presence and arranged presentations on a variety of health promotion topics, such as healthy eating and dementia. They provided yoga and pet therapy sessions. When vaccines became available, the provider organised transport to support people to get to their appointments.

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. 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.

- The management team were knowledgeable about the MCA and care records contained MCA assessments and clear guidance for staff. Consent was recorded. Where people could make some decisions but not others this was accurately documented.
- Staff gave people choices and encouraged people to make their own decisions, for example, what to wear or what to eat. One staff member said, "I get people involved and include them in conversations." A relative said, "They are very good. Last week [relative] didn't want their shower and wanted to go back to bed. The carers listened to [my relative's] requests."
- Where people had capacity, they signed their own care documents and contracts and records showed that people were not restricted.

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

- The provider was committed to ensuring continuity of care by allocating regular care workers whenever possible. A small team was allocated based on how much care and support was required. A staff member said, "I mainly go to the same people all the time."
- Staff knew how to respect people's equality and diversity. A relative told us, "Yes, they talk about cricket and discuss [my relative's] interest and what they like. They ask if [my relative] has had a nice day. They are interested in [my relative]." Care workers had taken the time to get to know the personal preferences of the people they cared for.
- The provider encouraged people to give their feedback about care during the regular reviews and through surveys. Comments from the recent survey included, 'I am so grateful for the help I receive' and 'May I just say how delighted we are with our wonderful [carer] who looks after [relative]. We could not be more pleased'.
- People and relatives were positive about how they were treated and supported. One relative told us they had arranged a milk delivery for their relative during lockdown, but on occasions when they missed a delivery, the care workers would always get bread and milk. Another relative said, "I think they are all brilliant."

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

- People were involved in their assessment and the development of their care plan. They were asked about their preferences, for example, their preferred time for their care calls. Where exact times could not be accommodated, this was discussed with the person and alternatives agreed.
- Staff told us care plans were tailored to individual needs and they asked people before carrying out any tasks, to make sure they were doing what the person wanted. Relatives told us they were involved in care plan reviews and that they were always informed if there were any changes.

Respecting and promoting people's privacy, dignity and independence

- People were supported to be as independent as possible. Staff told us they encouraged people to do things for themselves. One relative told us, "Yes, they encourage [my relative] to do the things they are capable of."
- Staff treated people with dignity and respect. Staff told us they ensured curtains were closed and they kept people covered up to preserve their dignity. All relatives said their loved ones were treated with dignity and respect. One relative said, "Yes, one hundred percent." Another relative said, "They use the towels respectfully."
- Information held in the office was stored securely. Most records were electronic and were held on secure,

password protected computers. Information was securely backed up. Care workers accessed care records on an electronic device, and access to records was restricted to those who needed the information to carry out their role.

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 good. This meant people's needs were met through good organisation and delivery.

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

- Care was person centred and care records developed in partnership with the person and if appropriate their relatives. One relative said, "Yes, I was involved in the original care plan, and I am involved in any reviews." Another relative said, "Yes, we were involved initially. We had a mini review ahead of respite and there will be another one soon." People were given choice and control over how they wanted to be supported. For example, one person liked to have a bath on a certain day.
- Communication between people, relatives and staff was effective. Most relatives told us that there were regular visits or calls from managers or the doctor to make sure they were happy with the service and to discuss any concerns. Any changes to care needs were recorded electronically so that care workers had the most up to date information. A relative told us that during lockdown the service was able to provide some additional support as the family were not able to visit.
- Technology was used to support peoples' needs. Staff used an electronic system to log in and out of care visits which meant the time spent with people could be calculated and monitored. If people gave consent, relatives had access to an app on their mobile device where they could read care notes and check that care had been delivered.

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.

- Peoples' communication needs were recorded and understood by staff. Information was available and shared with people in formats which met their communication needs.
- The service user guide was given to each person receiving care and contained all relevant information about the service and what to expect. This guide was available in alternative languages and formats, for example, it had been made available in Punjabi.

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 were encouraged and supported to take part in activities and interests, either in their home or in the community. Staff encouraged them to maintain contact with people.
- A relative told us that Vitality provided social events and activities, but due to the COVID-19 pandemic they were only just getting these back up again. Another relative said, "The personal care and social interactions are the things we need most, and Vitality meet that one hundred percent." Another relative told us that the

visit time were changed, "So that she can join in with any social events at their home."

Improving care quality in response to complaints or concerns

- People and their relatives told us they knew how to complain if they had any concerns, although most people had not needed to raise any issues. They knew who the manager was and could contact them by telephone or email. We saw evidence of concerns raised being dealt with quickly. One relative said, "Anything we have mentioned has been dealt with immediately." Another relative said, "When we first started, I asked for a regular person to provide consistency. It was a request, not a complaint, and it happened. Now we have a small number of care workers and we know them all."
- The provider's complaints procedure was clearly set out in the service user guide. It provided relevant contact details and gave guidance on escalation of complaints if they weren't satisfied with the response from the provider. People and their relatives told us they had read this.

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 good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The management and staff team demonstrated a commitment to providing person centred care and there was a caring, open culture.
- Staff told us that the culture was friendly, and they were comfortable approaching managers with any concerns. There was an on-call service to provide support and guidance to staff when the office was closed.
- People and relatives agreed that managers and office staff were approachable. One relative said, "It is professionally managed; that is what I liked about it. The manager is very experienced and happy for you to ring her at any time. The doctor who is involved is keen that people get good care." Another relative praised the quality of the people who visit them and said, "They are caring and professional and include us in any discussion."
- Staff told us teamwork was good and morale was generally high. Care workers came into the office regularly, which has helped to form strong working relationships. Staff said Vitality Home Health was a nice place to work and they enjoyed their role.

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 Care Quality Commission (CQC) sets out specific requirements that providers must follow when things go wrong with care and treatment. This includes informing people and their relatives about the incident, providing truthful information and an apology when things go wrong. The provider understood their responsibilities.
- People told us, and records confirmed managers had regular contact with people and their relatives if appropriate. Relatives told us they had periodic reviews with either the manager or the supervisor. Relatives were contacted if there were any concerns, for example, if a person had had an accident.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Services providing health and social care to people are required to inform CQC of important events that happen in the service. This is so we can check appropriate action has been taken. The manager had correctly submitted notifications to CQC.
- The provider had an electronic care management system in place. This enabled the management team to actively monitor care visits and produce quality monitoring reports. The system had the capacity to monitor start and finish times of care visits; the tasks completed and outcomes of each visit through the task list and

the detailed visit notes. We saw evidence that visit notes were checked daily by a supervisor or manager. The registered manager undertook audits of the care plans regularly.

- The provider had a service development plan in place, which included actions and updates. Each area of development was rated red, amber or green according to progress and urgency.

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

- Service quality was monitored through postal surveys and regular telephone calls to people. We saw records that regular telephone reviews had taken place and were documented. Responses from the recent satisfaction survey had been analysed and the results shared with people. This communication included actions the provider either had taken or was planning to take to address some of the minor concerns, for example the recruitment of a new coordinator which had improved communication in relation to changing call times.
- The provider produced regular communications for people and staff. They contained topical information, for example, heat waves, seasonal flu or COVID-19, along with company updates. People and relatives were positive about the service they received. People and relatives said it was a bonus that the company was run by a doctor.
- The provider had a range of different contract types to offer flexibility for staff. Staff were encouraged to sign up for eligible discount schemes. There was a management on call rota so people or staff could contact the service at any time.

Continuous learning and improving care

- The provider was committed to continuous service improvement and to providing the best possible quality of care.
- Where people had contacted the service with a concern or a problem, people told us these were acknowledged very quickly and rectified.
- A service development plan was in place focused on continual improvement, whilst at the same time addressed minor shortcomings.

Working in partnership with others

- Staff and the management team worked in partnership with people, their relatives and health and social care professionals to ensure people had the best outcomes and consistent care.
- Vitality Home Health interacted with the local authority provider forums and had membership of relevant national care associations. There was a local networking group for managers to provide mutual support. These relationships had enabled the provider and managers to keep up to date with new developments and industry updates.