

Vive UK Social Care Limited

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Inspection report

70 Mabgate
Leeds
West Yorkshire
LS9 7DZ

Tel: 01133202222
Website: www.vivecare.co.uk

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28 November 2018

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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

This inspection took place on 9, 15 and 28 November 2018 and was announced.

At our last inspection in September 2017, we rated the service as requires improvement. The key questions safe and well led were rated Requires Improvement. Records relating to medicines management were not always accurate and quality assurance systems were not fully embedded. At this inspection, we found the provider had made the necessary improvements.

Vive UK Social Care is a domiciliary care agency which is based close to the city centre of Leeds. The agency provides personal care and support to people living in their own homes, including care to people with physical or learning disabilities, dementia or people who require end of life care. At the time of our inspection the service was providing personal care to 73 people.

Not everyone using Vive UK Social Care receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The registered manager had systems in place to monitor the quality of the care provided and make improvements to the quality and safety of the service. These included audits on areas covering care records and medication records.

Staff worked well together and felt supported by the management team, which promoted a culture for staff to provide person centred care.

Staff were caring, kind and treated people with respect. People were listened to and were involved in their care and what they did on a day to day basis. People's right to privacy was maintained by the actions and care given by staff members.

A detailed assessment was carried out to assess people's needs and preferences prior to them receiving a service. People's personal and health care needs were met and detailed care records guided staff in how to do this. Staff followed the advice health care professionals gave them. Staff had guidance if they needed to provide people with end of life care.

Staff knew how to respond to possible harm and how to reduce risks to people. Lessons were learnt about accidents and incidents and these were shared with staff members to ensure changes were made to staff

practice or the environment, to reduce further occurrences.

Medicines were administered as prescribed and staff had guidance to do this safely. Infection control risks were reduced through the use of protective equipment.

People's views were sought and changes made if this was needed. A complaints system was in place and there was information so people knew who to speak with if they had concerns.

There were enough skilled and experienced staff to meet the needs of people who used the service. Recruitment checks were completed on new staff to ensure they were suitable to support people who used the service. A comprehensive induction and training programme was completed by all staff.

Where required, people were supported to have sufficient to eat and drink and their health needs were regularly monitored.

Staff understood their responsibilities in relation to the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. People were involved in making every day decisions and choices about how they wanted to live their lives.

The provider did not have a policy in place regarding the Accessible Information Standard. We have made a recommendation about this.

Further information is in the detailed findings below.

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.

Improvements had been made to ensure records relating to medicines management was safe.

People told us they felt safe with staff. Staff were aware of any risks relating to people they were supporting and risk assessments provided clear guidance for staff to follow.

The provider followed robust recruitment processes. Appropriate checks were completed for all staff to ensure they were suitable to work with vulnerable people.

Is the service effective?

Good ●

The service was effective.

Staff received regular supervision and training relevant to their roles.

People were supported to eat and drink sufficient amounts to help them maintain a healthy balanced diet.

Staff enabled people to access healthcare professionals when required.

Is the service caring?

Good ●

The service was caring.

Staff had developed positive caring relationships with the people they supported.

People were involved in making decisions about their care and their families were appropriately involved.

Staff respected and took account of people's individual needs and preferences.

Is the service responsive?

Good ●

The service was responsive.

Staff had a good understanding of people's care needs.

Care plans were detailed and provided guidance for staff to meet people's individual needs.

There was an effective complaints policy and procedure in place which enabled people to raise complaints.

Is the service well-led?

The service was well led.

Improvements had been made to quality assurance systems.

Staff spoke highly about the support they received from the registered manager and provider.

The provider continued to work closely and in partnership with other organisations.

Good ●

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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 9, 15 and 28 November 2018 and was announced.

We gave the service 24 hours' notice of the inspection visit because it is small and the registered manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

Inspection site visit activity started on 9 November 2018 and ended on 15 November 2018. We visited the office location to see the registered manager and office staff; and to review care records and policies and procedures. We also visited one person in their home on 15 November 2018. We contacted staff, people and their relatives by telephone on 28 November 2018.

The inspection was carried out by one adult social care inspector.

We did not ask the service to complete a Provider Information Return before this inspection. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

Before the inspection we reviewed information we held about the service. This included notifications the provider had sent us about events or incidents that occurred and which affected their service or the people who used it. We contacted the local authority adult safeguarding and quality monitoring team as well as local Healthwatch England, the consumer champion for health and social care, to ask if they had any information to share. We used this information to plan our inspection.

During the inspection we spoke with three people who used the service and five relatives for their feedback. We also visited one person in their home. We spoke with the registered manager and six members of staff. We looked at seven people's care plans, risk assessments, daily notes and medication administration

records. We reviewed four staff's recruitment records, as well as training, supervision and appraisal records for the staff team, and meeting minutes, audits and a selection of other records relating to the management of the service.

Is the service safe?

Our findings

At our last inspection in September 2017, we rated this key question as 'requires improvement'. Improvements were needed to ensure the medicines records accurately reflected the support which people received. At this inspection, we found the provider had taken appropriate action to make necessary improvements.

The registered manager told us that the auditing and review of medication administration records (MARs) was the responsibility of one member of office staff. They were responsible for ensuring documentation of people receiving support with their medication safely was being completed legibly and accurately. Auditing systems in place were robust and ensured any issues were identified quickly. For example, staff reported any issues to the office such as where a signature had been missed at the person's previous visit.

People continued to receive support with their medicines from staff who followed guidance within a care plan and risk assessment. These were very detailed and described exactly how the person wanted to be supported. For example, if they liked to have their medicines from a spoon, or what drink they preferred. One staff member told us, "The care plans are very clear. People have their routines and little ways of how they like to have their medicines." We observed staff administer one person's medication and saw they followed the person's care plan. People who needed support with their medication told us that they were happy with the arrangements. One person told us, "The staff sort my medicines out for me. I know the times I have them but can be forgetful. The staff make sure I get them on time."

Care plans we looked at were comprehensive and up to date risk assessments were in place, to enable staff to support people safely. Risks within the internal and external environment and the use of equipment was discussed with the person and their family and recorded so that people and staff were kept safe. From the risk assessments and the daily notes, we saw, staff had a good understanding of people's needs, and the actions they needed to take to keep people safe and to support them to live in their own homes. People had personalised emergency plans in place which detailed the assistance that they would need in an emergency. For example, what type of mobility equipment they used.

The service protected people from harm. People told us that they felt safe. We received consistent, positive feedback from people about how staff supported them in a safe way. Comments included, "The staff always check I'm ok and ask if I need anything before they go. They lock the doors and make sure the windows are closed at night. I have a falls pendant and they carry out checks on that too to make sure it's working" and "I have some equipment to help the staff to help me. The staff check it all and make sure it's clean and fit to use. They leave my walking frame close to me before they leave so I can get up if I need to." Two relatives told us the service provided them with 'peace of mind' and they had no doubt their relatives were safe. One relative said, "The staff are very good at making sure my relative is comfortable but you can tell they are focusing on safety all of the time. The attention to detail they show when they are providing care is really something. They are well trained to look out for anything concerning, and they have always let me know if they have any concerns about my relative."

There were sufficient staff employed to keep people safe. People and their relatives told us for most of their calls from staff, they had the same team visiting them. Comments included, "I have the same girls come to see me unless one is off poorly, but the office always let me know who will be coming" and "It has always been the same three ladies. They have got to know my relative well. We get the weekly rota so we know who will be coming. If there have been any changes, we know as soon as the office do I think." Staff and the registered manager told us all the staff were flexible and worked as a team and could cover if necessary, for example if someone was off sick or on annual leave.

The service had only had one missed visit since our last inspection. This had been investigated by the registered manager and changes were made to the on-call system as a result.

Staff had completed training on safeguarding when they completed their induction with the service. This was refreshed annually. Staff we spoke with told us they would report any concerns immediately; directly to the office. One staff member said, "I would have no hesitation in reporting anything I was concerned about. I don't think any of us would. We have a good team, and we deliver good care. We would never not report anything."

Accidents and incidents were appropriately recorded and reported. The staff we spoke with were aware of the reporting procedures for accidents and incidents. The registered manager had systems in place which ensured they reviewed incidents and any actions required were taken. For example, where a person had fallen, the service had reported this to the falls team. This led to the person being provided with additional equipment to assist their mobility.

The service had a policy around infection control and staff were aware of this and put it into practice. Staff told us they replenished their supplies of equipment when they visited the office. People and their relatives told us staff wore gloves and aprons during all care tasks. We observed this to be the case when we visited on person at their home.

The provider followed safe recruitment practices. They used application forms, interviews and references to assess the suitability of new staff. Disclosure and Barring Service (DBS) checks helped to make sure new staff were not barred from working with adults who may be vulnerable.

Is the service effective?

Our findings

Staff had the skills, knowledge and experience to deliver effective care and support to people. One relative told us, "The staff are very well trained. They definitely know what they are doing. They have notified other professional too when needed, they have contacted the GP for us and this has been of great help." One person told us, "I use a hoist and a wheelchair and the staff are so good with me. They have given me confidence. I would say they are very well trained."

Staff told us they received support from the registered manager and the office staff. Staff said they had completed an induction when they started work which included the provider's mandatory training. Records we reviewed confirmed this. Staff also said they attended team meetings and had supervisions which also included observations and spot checks when they were delivering care in people's homes. Annual appraisals had been carried out and were planned for new staff. Staff comments included, "Yes I have had a lot of training. Some practical, some online" and "I feel very supported by the (registered) manager."

The provider ensured people's needs were fully assessed prior to receiving care and support from the service. Needs assessments were completed and included any guidance and information from health or social care professionals. This enabled the service to clearly identify people's needs and the support they required. This information was then used to develop care plans for the person.

Staff told us they had regular contact with people's GP's, district nursing teams and mental health teams. This demonstrated the service worked collaboratively with health and social care professionals.

People's care records contained clear and detailed guidance for staff who helped people who were unable to eat and drink. This included information about how to support people to have their nutritional supplement, what to do if something went wrong and how to care for the equipment. One staff member told us, "The care plans have all of the guidance we need to support the person, this includes any kind of monitoring we need to carry out."

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. For people receiving care in their own home, this is as an Order from the Court of Protection.

We checked whether the service was working within the principles of the MCA. Peoples care plans showed they had consented to care and our discussions with the registered manager and staff showed they understood the requirements of the MCA. The registered manager told us they had not needed to make any applications to the Court of Protection to restrict anyone's liberty.

Is the service caring?

Our findings

Without exception, we received positive feedback from all the people and relatives we spoke with about the care they received from the service. Comments included, "I think I am so lucky to have such a lovely group of carers, they get a big gold star from me!" and "Vive are absolutely brilliant, we didn't know how good care at home would be but they are very caring, talkative and give explanations of everything. They have the right attitude and go the extra mile." Relatives told us, "The whole process has been handled professionally, responsibly and it is all based on good communication."

Staff continued to provide care in a respectful way. We visited one person in their home and observed the care they received. The carer demonstrated a high level of respect for the person, and their interactions were genuinely warm, caring and kind. The person was unable to communicate verbally at times but could tell us they felt very cared for by the carer. We saw the carer knew the person very well and was able to anticipate their needs.

A bespoke respite package had been arranged by the service for one person with the carer when their family had requested this. The person told us the care they had received was, "better than going away on holiday." The carer told us they were proud to support the person. The person's relative told us, "We could not wish for better care. Our carer is family to us now, we could not put into words how much we value her."

The staff and provider continued to promote people's independence. One person told us, "I can do some things for myself and the staff always give me time. They know it's important for me to still do what I can for myself." Care records gave detailed guidance on exactly how the person wished to be supported, and this included what the person could do for themselves. For example, one person was supported with personal care and care records stated, 'Give me the flannel when you have rinsed it in warm water. I like to wash my face.'

People's relatives gave complimentary feedback about the positive engagement they had with staff who worked at the office. They said they had always been updated and informed of any issues reported by care staff, and had been able to communicate openly with staff about any issues. One relative told us the service had communicated with them throughout when their relative was in hospital. This meant they could continue with an amended care package when the person was discharged from hospital.

Staff spoke passionately when telling us about the work they did and how they met people's needs. Staff confirmed they visited the same people on a regular basis and therefore got to know people well. Staff told us people received a good standard of care and they would recommend the service to anyone requiring care at home.

Is the service responsive?

Our findings

The service was responsive to meeting people's needs. People told us that they had no concerns about their care. One person told us, "I have no concerns or worries with Vive. My carers are lovely and cannot do enough for me." Staff had a good knowledge of people's needs and explained how they provided individualised support to each person. Staff could explain people's preferences, such as those relating to support and care needs, or leisure and pastimes.

The service was responsive to people's changing needs and liaised with external healthcare professionals to ensure people's needs were met. For example, we saw advice had been sought regarding one person's medication following discharge from hospital.

People's care and support plans contained detailed information about their life and medical history, their likes and dislikes, what was important to each person and how staff should support them. Plans for the care of more complex and specific healthcare needs, provided clear guidance regarding how to care for the person, what to look for and what to do if something was not right. Staff we spoke with had a very good understanding of people's needs and how they were to manage them safely. Care plans were reviewed on a regular basis to ensure they continued to meet people's required support and care needs. Daily records provided evidence to show people had received care and support in line with their support plan.

The service welcomed feedback and managed complaints in line with the provider policy. People told us they felt able to speak with a member of staff if they were worried about anything. Staff confirmed they knew what action to take should someone in their care want to make a complaint and were confident the registered manager would deal with any given situation in an appropriate manner. The service's complaints procedure was included in the 'Client guide to care' which people received when they began using the service. We looked at how the service had managed a recent concern they had received and found that it had been investigated and responded to appropriately.

The registered provider did not have a policy in place to provide staff with guidance on the Accessible Information Standard. The Accessible Information Standard (AIS) was introduced by the government in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand. It is now the law for the NHS and adult social care services to comply with this standard.

We recommend the provider implements guidance for staff to follow regarding the Accessible Information Standard and also incorporates this into relevant documents within the service.

The provider had an end of life policy which gave guidance to staff in the event that they had to provide care to a person at this time. Staff were not providing end of life care to anyone at the time of our visit. The registered manager confirmed that some staff had completed additional training to assist people who may need to use equipment when their care needs changed. They also told us they had positive working relationships with external healthcare professionals and had previously worked closely with them when providing care for people at the end of their life.

Is the service well-led?

Our findings

At our last inspection in September 2017, we rated this key question as 'requires improvement'. Quality assurance systems were not fully embedded in the service to ensure continuous improvement. At this inspection, we found the provider had taken appropriate action to make necessary improvements.

The service had a clear vision and staff told us they were proud to work for Vive UK Social Care. Staff said there was an expectation for them to deliver good quality care and support in line with the values of the service. They told us that communication between the registered manager and all levels of staff was good. There were opportunities, such as individual supervision meetings, to discuss the running of the service. Staff told us they were supported by the registered manager and felt they could discuss any issues or concerns they had.

The registered manager used various ways to monitor the quality of the service. These included audits of the care records, equipment such as hoists, medicines and staff performance. Where audits identified failings action was taken to put them right.

The views of people and their relatives were obtained through questionnaires, care review meetings or telephone contact. The information was then collated and a summary of the findings made available. This also included any actions taken by the service to make improvements. For example, changes had been made to the on-call system which meant staff on duty did not perform this role, and it was assigned to a dedicated staff member for this role only.

People and relatives told us that they were contacted regularly for their views about how the agency was performing. The survey results from the 2017 report showed a high overall satisfaction rate. The survey results from 2018 were yet to be collated but some of the feedback we reviewed showed people continued to be satisfied with the service they received.

The records relating to peoples' care and the management of the service were well organised. The registered manager was able to locate all documentation required during the inspection. Policies and procedures had been regularly reviewed and updated to ensure they accurately reflected current practices. People's care records were kept securely and confidentially, in line with the legal requirements.

The registered manager liaised with other organisations appropriately and in relation to safeguarding, investigated issues and took action where this was required. We saw that information was shared with other agencies about people where their advice was appropriate and in the best interests of the person.

The registered manager continued to notify the CQC of all significant events, changes or incidents which had occurred at the service in line with their legal responsibilities. The provider had policies and procedures in place that considered guidance and best practice from expert and professional bodies and provided staff with clear instructions.