

Vital Care and Support 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

Vital Care and Support Ltd is a domiciliary care agency providing personal care to 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 related to personal hygiene and eating. Where they do we also consider any wider social care provided. At the time of our inspection they were providing personal care to three people living in their own homes, although they were hoping to expand their services in future.

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

People and their relatives were satisfied with the care and support they received from the care workers. They told us they felt safe and had no concerns about their safety. The provider operated robust recruitment procedures which helped to ensure that people were supported by staff who were safe to support them. There were enough staff employed to meet people's needs. The provider assessed risks to people which staff were aware of and there was good infection control practice in place.

Staff were given appropriate training which meant they were competent in carrying out their duties effectively, they also received regular supervision and ongoing support. Consent to care was sought and assessments were undertaken before the provider began to support people which helped to ensure people's needs could be met. People's dietary and ongoing health needs were met by the provider.

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.

People and their relatives told us that care workers were friendly, caring and respected their choices. They were involved in planning their care and gave us examples of how they were supported to remain as independent as possible.

Care plans were reviewed regularly and were individual to each person. People were given information about how to raise a complaint if they were unhappy.

The service was well-led. The registered manager carried out quality assurance checks to monitor the service and engaged with people, relatives and staff seeking their feedback.

Rating at last inspection

This was the first inspection of the service since it registered with the CQC on 6 November 2020.

Why we inspected

This was a planned inspection based on when the service registered with us.

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.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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 safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Vital Care and Support Ltd

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

This inspection was conducted by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes. This is help with tasks related to personal hygiene and eating.

The service had a manager registered with the CQC. This means they are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 29 March 2022 and finished on 1 April 2022. We visited the office location on 29 March 2022.

What we did before the inspection

We reviewed information we had received about the service since it had registered with us. We used this information to plan our inspection.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service

and made the judgements in this report.

During the inspection

We spoke with the registered manager.

We reviewed a range of records. This included two care records, two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including complaints, incident forms, policies and procedures were reviewed.

After the inspection

We spoke with one person using the service and two relatives. We contacted two care staff to find out their experiences of working for or with this provider.

We requested additional evidence to be sent to us after our inspection. This including the service user handbooks and records relating to governance including policies and procedures.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People using the service and their relatives told us they felt safe. Comments included, "Yes, I feel safe" and "definitely safe."
- There had been no safeguarding concerns in relation to the service. The registered manager was familiar with the steps she would take if an allegation was brought to her attention. There was guidance around the local safeguarding procedures on display in the office.
- Care workers were confident about safeguarding procedures and were aware of the tell-tale signs of abuse and the types of harm that people could be subjected to. They said, "Safeguarding can be different types of abuse, physical or financial. People may have some bruise or marks. I would tell [the registered manager]."

Staffing and recruitment

- Staff recruitment procedures were robust and demonstrated that staff were recruited in a safe manner.
- Employment files were complete and included evidence of the appropriate recruitment checks needed, for example, completed application forms, checks on identity, right to work checks and professional references from employers. They also included Disclosure and Barring service (DBS) checks, these are criminal record check that employers undertake to make safer recruitment decisions.
- There were enough staff employed by the provider to meet people's needs. People and their relatives told us that there were no issues with timekeeping and care workers always came on time. One person said, "Yes they are always on time."
- There was a system in place to monitor timekeeping and visits to people. The registered manager said they were transitioning to an electronic system which would allow them to monitor this in real time in future.

Assessing risk, safety monitoring and management

- The registered manager completed assessments before people began to use the service. This included risk assessments in areas of support such as mobility, moving and handling and skin assessment.
- Risk management plans were in place to reduce the potential harm to people where they had been identified at high risk. Care workers were aware of the potential risk to people and the steps they would take to manage this, for example one person was diabetic and care workers knew how to manage this.

Preventing and controlling infection

- The provider managed the risks in relation to infection control.
- On our arrival, we were asked to provide evidence to show we did not have COVID-19.
- We were assured that staff were using personal protective equipment (PPE) effectively and safely. Care

workers were issued with up to date guidance with regards to PPE practice. One relative said, "Yes, they always have masks and gloves."

- We were assured that the provider was accessing testing for people using the service and staff.

Staffing

- The provider told us they had measures in place to mitigate the risks associated with COVID-19 related staff pressures.

Using medicines safely

- None of the people using the service at the time of the inspection were being supported to take their medicines.
- The provider carried out medicines assessments to see if people did need medicines support.
- Care workers received medicines management training as part of their induction training.

Learning lessons when things go wrong

- The registered manager told us, and records confirmed that there had been no reportable incidents or accidents including complaints and safeguarding concerns.
- Incident reporting forms were available for care workers to complete if required.

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.

Staff support: induction, training, skills and experience

- We were assured that care workers received the necessary training which meant they were competent to carry out their duties. People and their relatives told us that care workers carried out their duties well.
- Care workers were issued with a staff handbook which gave them an introduction and background to the service, and other information related to staff employment such as policies and procedures.
- Care workers completed a robust induction programme which covered the components of the Care Certificate as well as additional training. This was completed over three days. The provider then supported staff to attend more detailed, comprehensive Care Certificate training that was completed in-depth over a period of three months. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.
- New care workers completed a shadow visit with an experienced care worker so they could familiarise themselves before supporting people independently.
- Care workers received monthly supervisions and unannounced spot checks four times a year. They were also subject to other checks on competency such as good infection control practice. These checks helped to ensure they were competent and supported to carry out their roles.

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

- The registered manager carried out visits to people homes if they expressed an interest in using their services to carry out an assessment prior to providing support to people.
- A support needs assessment tool was completed for people which looked at their dependency and support needs in relation to a number of areas of support such as personal care, moving and handling, medicines, eating and drinking and skin care.
- Care plans were developed based on the needs assessment. People were given the opportunity to review and agree to their care plans before care commenced.

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.

- Care plans included people's consent to their care and support and also agreement to the content of their care plans. These had been signed by people, indicating their consent.
- All of the people being supported by the provider at the time of the inspection had the capacity to consent to their care and make decisions for themselves.
- People and their relatives told us that care workers respected their choices and sought consent before supporting them.
- Care workers demonstrated a good understanding of the MCA and how people could be supported to make decisions if they did not have the capacity to do so. One care worker said, "[Person]He has capacity to make decisions, if (they) refuses then I would encourage but not force (them)."

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

- People and their relatives told us care workers provided low level support in relation their diet and helped to heat up food that had been prepared by family members.
- The provider completed a needs assessment in relation to any dietary support needs of people and there were care plans to reflect this.
- Care workers were aware of any dietary needs of the people they supported.

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

- People were supported by care workers to live healthier lives.
- Care plans contained details of any professionals involved in people's care such as their GP and other community professionals involved in their wider circle of support.
- Care workers received training in topics that were relevant to supporting people to lead healthier lives such as nutrition, hydration, promoting wellbeing and first aid training.
- There were written protocols for staff to refer to and follow in relation to healthcare support such as basic life support, falls prevention and oral hygiene.

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

- People and their relatives told us that care workers cared for them as if they were their own family members and praised their caring attitude and empathy that they demonstrated. They said, "They treat (family member) with respect, they are culturally aware", "They go out of their way. [family member] is always praising them."
- Care plans included people's preferences and their support needs in relation to any cultural, religious or disability needs.
- Care workers completed equality, diversity and inclusion as part of their mandatory training. They spoke about religious needs of people they supported and how they respected these. For example, one person liked to dress in traditional religious clothing on Fridays and only ate a Halal diet.
- People received consistent and continuity of care from the same care worker which meant that they were able to establish caring relationships with them based on familiarity. Care workers were aware of people's preferences and how they liked to be cared for.

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

- People and their relatives told us they were involved in planning and directing their care. There was evidence of their involvement and consent in relation to their initial needs assessments, their care plan and subsequent reviews.
- Care plans contained details of wishes and preferences in a number of support areas including their preferences in relation to personal care, diet and other areas.

Respecting and promoting people's privacy, dignity and independence

- The provider supported people in a way that promoted their independence and maintained their dignity.
- People told us care was provided in a dignified way. Comments included, "They help (family member) to go to the bathroom, with respect yes" and "They pass the toothbrush and let him brush his own teeth."
- Care workers gave us examples of how they respected people's privacy and dignity and ways in which they encouraged independence. One care worker said, "I always ask for consent, if I help with personal care then we have to respect their privacy."
- Care plans were written in a way that encouraged support to be delivered in a way that promoted independence, for examples they included details of how much support people needed and how independent people were.
- People's records were kept securely in locked storage and the provider was transitioning to an electronic care planning system which was also secure.

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; Meeting people's communication needs

- People's care plans were reviewed more frequently when people first began to use the service and thereafter, every three months This helped to ensure the service was responsive to people's ongoing support needs. The registered manager said, "I go over the care plan and make sure nothing has changed and the clients are happy."
- People and their relatives told us, "[The registered manager] is excellent, she pops in to check things are OK."
- Care plans were based on people's support need such as personal care, mobility, nutrition/hydration, oral and continence care. They included details of how people wished to be supported and how care workers were expected to support them.

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.

- None of the people using the service had communication needs in relation to disability or sensory impairment. However, they did have preferences in relation to language which were met by the provider. For example, one person first language was Somali and the provider allocated care workers who were able to converse in this language to meet this person's needs. Care plans were also available in alternate format.

Improving care quality in response to complaints or concerns

- There had been no formal complaints received by the provider. This was reflected in the records we saw and feedback from people and their relatives.
- People were issued with a service user handbook which provided details about the provider's complaints procedure and how they could raise concerns.

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

- We received positive feedback from people and relatives about the service and the registered manager. One relative said, "[The registered manager] is excellent, always around if you need help." Other comments included, "She goes above and beyond, she even helps us with things like housing. She is great."
- The registered manager was supported by a senior care worker and team of care workers. Feedback from staff was that they felt valued and were well supported. They said the registered manager was approachable and encouraged them to progress and improve through extra training. One staff member spoke about how the registered manager had encouraged and supported them to pursue a qualification in Health and Social Care which they felt would be advantageous to them for their career.
- There was an open culture within the service, where people, relatives and staff felt comfortable approaching the registered manager and providing feedback.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The registered manager was clear about her role and the responsibilities she had. She was familiar with the regulatory aspects of the role and was aware of when notifications were required.
- There was a robust system of quality assurance checks in place which helped to monitor the quality of service. These included gathering feedback from people, reviewing care plans and audits on staff performance.
- Quality review checks were completed which helped ensure care plans were up to date and regular telephone monitoring to see if people were satisfied with their care. A care plan audit was also completed to provide further assurance.
- Unannounced spot checks were carried out to see if care workers attended on time, carried out their tasks safely and competently and included any actions for follow up if things needed improving. New carers were also required to complete a shadow assessment before they were allowed to work independently.
- The registered manager confirmed there had been no notifiable incidents to the CQC needed.
- The provider carried out audits to gather feedback about a range of issues, these included covid-19, PPE, infection control and safeguarding audits. A survey report was conducted to understand the level of preparedness of the provider in dealing with the Covid 19 pandemic.
- A service user and a separate staff survey based on the five keys questions that CQC inspect against was also completed by the registered manager. These showed high levels of satisfaction amongst the stakeholders surveyed.

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 was aware of her responsibilities under duty of candour, although there had not been a need to act under this.

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

- People's views were sought through regular contact, both informal and formal. This was seen through regular care plan reviews, telephone monitoring and annual surveys.
- The views of staff were also sought through regular supervision and team meetings.

Working in partnership with others

- There was evidence that the registered manager was open to working with external partners such as training providers and social services. She attended a number of registered forums including those facilitated by skills for care and Social Care Institute for Excellence (SCIE).