

Vital Healthcare Services Limited

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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

Vital Healthcare Services Ltd provides care and support to people living in a supported living setting, so that they can live in their own home as independently as possible. People's care and housing is provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

This announced inspection was started on 17 October 2018 and we continued the inspection for another day on 18 October, we gave the service 48 hours' notice of the inspection site visit because some of the people using it could not consent to a home visit from an inspector, which meant that we had to allow the service time to arrange for a 'best interests' decision about us visiting people.

On the day of our inspection 20 people were using the service, some of whom were receiving 24-hour support.

There was a registered manager in post. 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.

We last inspected this service in May 2017 and rated the service as Requires Improvement in all key questions except Caring, which we rated as good. This meant that the service was rated as Requires improvement overall. We found the service was in breach of two regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During that inspection, we found that people who used the service were not always safe and well cared for. Staff had received medicines training, but medicines were not managed safely as people had not always been given their prescribed medicines and medicine records had not always been completed accurately. Risks assessments were in place, but staff had not always followed the care plan which had put people at risk of unsafe care.

During that previous inspection we also found that staff were not supported well enough to carry out their roles, staff supervision was not consistent and staff had not used their training to de-escalate situations effectively. Staff had acted in a reactive rather than a proactive way and acted in a reactive rather than a proactive way. People did not always have care plans in place when they began to use the service. There was a complaints policy and procedure but the actions taken as a result of complaints had not fully addressed the situation. The quality assurance systems were not robust enough and had not identified the concerns we found during that inspection in May 2017.

Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the quality of care and support people received to at least good.

During this inspection on 17 and 18 October 2018, we found that significant improvements had been made towards meeting the requirements to help ensure that people received an improved quality of service and there were no longer any breaches of regulation.

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 service was well led; the registered manager was knowledgeable about the people being supported and has recruited a care coordinator and an operations manager since our last inspection to improve the running of the service. People, their relatives and staff told us that there had been improvements in the way the service was run since our last inspection in May 2017 and that the registered manager was supportive and had good management skills. Staff told us that they recognised the hard work the registered manager had put into the service to improve the service offered to people. There were systems in place to monitor the quality of service offered to people.

People could express their views and staff listened to what they said, respected their views and took action to ensure their decisions were acted on. Staff protected people's privacy and dignity.

People and their relatives told us that they were confident they were safe in this service. People were protected from bullying, harassment, avoidable harm and abuse by staff that were trained to recognise abusive situations and knew how to report any incidents they witnessed or suspected. Staff understood their responsibilities to raise concerns and there were arrangements in place for reviewing and investigating incidents when things went wrong. Staff told us they would not hesitate to report any suspicions they had about people being abused. Staff had been safely recruited which helped protect people from harm.

Risks were assessed and steps had been put in place to safeguard people from harm without restricting their independence unnecessarily. Risks to individual people had been identified and action had been taken to protect them from harm.

Staffing levels were sufficient to keep people safe and people were supported to manage their medicines in a way that ensured that they received them safely and at the right time. There were also appropriate infection control practices in place to help protect the people the service supported and the staff from the risks involved around contagious diseases.

People's needs assessments were detailed and they received effective care in line with current legislation from staff who had the knowledge, qualifications, skills and experience they needed to carry out their roles.

The management and staff worked together with external healthcare professionals to ensure that people received consistent person centred care when they used or were supported by different services. People were asked for their consent by staff before they supported them.

Staff offered advice to people to help them make healthy decisions around food and supported them to eat and drink enough to maintain a balanced diet. People were also supported to maintain good health and gain access to healthcare services when they were needed.

People received care that was individualised and responsive to their needs. The service listened to people's experiences, concerns and complaints. They acted to investigate people's complaints, learnt by their

mistakes and made any changes needed to avoid them happening again.

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.

There were systems in place to minimise risks to people and to keep them safe.

There were enough staff to meet people's needs. Recruitment checks were made to protecting people from staff not suitable to work in care.

People were provided with their medicines when they needed them and in a safe manner.

Is the service effective?

Good ●

The service was effective.

Staff were trained and supported to meet people's needs effectively.

The staff were aware of and understood the Mental Capacity Act.

People's nutritional needs were assessed and staff offered advice and support to people when needed.

People were supported to maintain good health and had access to appropriate services, which ensured they received ongoing healthcare support.

Is the service caring?

Good ●

The service was caring.

People were treated with respect and their privacy, independence and dignity was maintained.

People and their relatives were involved in making decisions about their care and these were respected.

Is the service responsive?

The service was responsive.

People were provided with personalised care to meet their assessed needs and preferences.

Investigations were carried out to address people's concerns and complaints.

Good ●

Is the service well-led?

The service was well-led.

People were asked for their views about the service and their comments were listened to and acted upon.

Quality assurance systems were in place that identified shortfalls, which were addressed and enabled the service to improve the service they offered people.

Good ●

Vital Healthcare Services Limited

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 was planned to check 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.

One inspector carried out this announced inspection on 17 and 18 October 2018. We gave the service 48 hours' notice of the inspection site visit because some of the people using it could not consent to a home visit from an inspector, which meant that we had to allow the service time to arrange for a 'best interests' decision about us visiting people.

Before our inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service: what the service does well and improvements they plan to make. We looked at information we held about the service including notifications they had made to us about important events. We also reviewed all other information sent to us from other stakeholders for example the local authority and members of the public. We observed how staff supported people when we visited them in their own homes.

We looked at records in relation to four people's care and spoke with four people who used the service and one person's relative. We spoke with the registered manager, the provider, two care coordinators, three care staff and one healthcare professional. We looked at records relating to the management of the service, four staff recruitment records, training, and systems for monitoring the quality of the service.

Is the service safe?

Our findings

During our last inspection in May 2017, we found the service was not safe, and rated this key question Requires Improvement. We found the provider was in breach of three regulations in this area. The provider sent us an action plan that detailed the improvements they planned to make. At this inspection, we found that improvements had been made, and the provider was no longer in breach of these regulations. Improvements were needed in medicines management and the assessment of risks.

During this inspection on 17 and 18 October 2018 we found that risks to people were well managed. The provider told us that it was the service's policy to have a positive attitude towards risk taking, "If people are given permission to make that decision, in time they make that decision [for themselves]." People's care records included risk assessments, which identified how risks could be minimised without limiting people's independence more than necessary to keep them safe. These included risks associated with people traveling independently and visits to and from family. Risk assessments and interventions were in place that identified potential triggers for anxiety and distress for some people so staff could limit behaviour that some may find challenging. Staff undertook conflict management training so that they were prepared to support people in these situations. Where people had been assessed as being at risk there were systems in place to minimise the risk. This included seeking support from other professional organisations, including the speech and language and occupational health teams.

Risks assessments associated with emergency situations were also covered. For example, each person had an individual personal emergency evacuation plan (PEEP) in place so that staff and emergency workers knew what support they needed during emergencies.

During our previous inspection we found that medicines were not always safely managed. During this inspection records showed that people received their medicines as intended. We saw that monthly medicine audits were carried out by the management team and that staff had undergone regular training and their competencies were checked. This helped to ensure that the medicines were well managed.

There were guidelines in place for when medicines given as and when needed (PRN) can be taken, for instance medicines taken to help people manage periods of distress and anxiety.

People's ability to manage their own medicines was assessed and they were supported in ways appropriate to their ability. Some were capable of managing on their own with support and other people needed full support to get their medicines on time and safely.

People we spoke with told us that they felt safe in the service. One person said, "I'm safe, [the staff and I] are okay and [the staff] help me do what I want to do." A relative commented that, "The staff know how to keep [my relative] safe, they know [them] well enough to be able to see if [they] are getting upset."

There were systems in place designed to keep people safe from abuse. People received support from staff trained to recognise and report abuse. We saw that appropriate safeguarding referrals were made by the

service and that the service worked with the local authority throughout any investigation. Posters were present in the service office telling staff what action they needed to take and who they could speak to if they had any concerns or were worried. Staff we spoke with clearly understood what action to take if they suspected abuse and who to report it to.

People we spoke with told us that there were enough staff on duty to support them. One person said, "I haven't been let down by staff, they are there on time." We viewed the rotas in place and saw that safe levels of staffing were maintained. The rotas were planned in advance and staff confirmed that they received them in good time. The registered manager explained that the staff rotas were 'live' documents online, which were kept updated by office staff and staff were alerted if any changes had been made to them.

We saw that there was a policy and procedure in place for the safe recruitment of staff. The files showed that this procedure had been followed including taking up references and disclosure and barring service (DBS) checks on staff, meaning that checks had been made to ensure that the applicant was safe to work with vulnerable people. This meant that recruitment processes were robust and contributed to protecting people from the employment of staff who were not suitable to work in care.

Staff were trained in infection control and food hygiene, those we spoke with understood their roles and responsibilities in relation to helping to keep people safe from infectious diseases. Staff had access to disposable gloves and aprons, which helped limit the risks of cross contamination.

The registered manager has demonstrated that they were able to learn from mistakes and act to make improvements. During this inspection we found that, since our previous inspection in May 2017, the provider had reassessed their provision of care, learnt lessons and had made improvements to the service they offered to people. The management and staff team attended regular 'lessons learnt' meetings when they discussed where things had gone wrong or not as well as expected. Ways to avoid the event happening again was discussed and plans made to avoid them happening again. Decisions made were recorded and people's care plans were updated if necessary.

Is the service effective?

Our findings

During our last inspection in May 2017, we found the service was not effective, and rated this key question Requires Improvement. After our inspection the provider sent us an action plan that detailed the improvements they planned to make. At this inspection, we found that improvements had been made, and this key question was rated Good.

During that inspection in May 2017 we found that staff were not supported well enough to carry out their roles, staff supervision was not consistent and staff had not used their training to de-escalate situations effectively. During this inspection, conversations with staff and records showed that they had the skills and knowledge to meet people's assessed needs. Staff told us that they had the training and support they needed to carry out their roles. They were provided with training and the opportunity to achieve qualifications relevant to their role enabling them to meet people's needs effectively. Staff were given the opportunity to complete a 'qualifications and credit framework' (QCF) diploma qualification relevant to their role. Training provided to staff included safeguarding, moving and handling, fire safety, de-escalation skills and understanding autism. Staff files evidenced the training staff had achieved.

The registered manager monitored standards and provided staff with the support they needed to fulfil their roles and responsibilities. Records and discussions with staff showed that they felt supported. Staff received one to one supervision meetings which provided them with the opportunity to discuss their work, receive feedback on their practice and identify any further training needs they had. Staff told us that the registered manager led by example and helped with supporting people if needed.

The service completed full assessments of people's individual needs before they started using the service. This meant that the resulting care plans reflected people's needs holistically. The areas covered in the assessment included their physical, mental, social needs and future plans. The management team and the staff worked with other professionals involved in people's care to ensure that their needs were met in a consistent and effective way.

The registered manager could demonstrate that they had a good understanding of relevant guidance and standards; they received legislation updates through several support networks. Staff meeting notes evidenced that updates were shared with the wider staff team.

The provider's policies and procedures that were aimed at protecting people and staff from discrimination were reflected in the service's statement of purpose, which set out the organisations expectations and culture. Staff received equality and diversity training, which helped them to support people in a way that gave them the opportunity to achieve their potential, free from prejudice and discrimination. The registered manager told us that these were topics that were revisited during staff supervision and at team meetings. The service invited people, who use the service, to take part in an event to celebrate national inclusion week, saying that the service was an inclusive service and that they celebrated different cultures working together and learning from one another.

The service supported people to make positive choices to maintain a healthy diet. People told us that they

chose what they wanted to eat and that they were assisted to get their shopping by staff who gave advice about healthy choices. For example, care records gave examples of staff supporting people with their menu planning and reminded people to avoid drinks and foods that affected their mood or anxiety state.

Staff supported people with preparing their meals in varying degrees depending on their ability to cook. A staff member told us that they encouraged people to do things themselves as much as they could so that they could develop their living skills. Records showed that where there were risks associated with eating and drinking appropriate referrals had been made to health professionals.

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. For this service, which is registered to provide personal care in people's own homes, if it is assessed to be in the person's best interest for their movements to be restricted, the local authority placing the people in the care of the service, should make an application to the Court of Protection. This was because, by restricting people's movements, their liberty would also be restricted.

We checked whether the service was working within the principles of the MCA. Staff received training in MCA and DoLS and they were able to demonstrate they understood the MCA and how this applied to the people they supported. People's care records identified their capacity to make decisions and included signed documents to show that they consented to the care provided in the service.

During our inspection in August 2017, we found that people were not always being supported to attend their healthcare appointments and were not always receiving specialist support and counselling that may have had a detrimental effect on the health and wellbeing of the people concerned.

During our inspection in October 2018, people told us they were supported to access health professionals when needed. One person told us, "[Staff] come with me if I have a doctor's appointment." People's records included information about treatment received from health professionals and any recommendations made to improve their health was incorporated into their care plans. This ensured that people continued to receive consistent care.

One healthcare professional told us that the service had worked well with them. One professional told us, "There has been evidence of improvement of engagement since their last inspection."

There were systems in place to support people to move between services effectively. For example, there were folders in people's care records that were sent with them if they were admitted to hospital, the folders included important information about the person regarding their support needs and the medicines they took.

Is the service caring?

Our findings

During our last inspection in May 2017, we found that people were supported in a caring way, and rated this key question Good. During our inspection we found that staff continued to support people with a caring attitude. This key question remains Good.

We found that the service's visions and values promoted people's rights to make choices and this was reflected in the care that people received. People were well cared for. One person told us, "[The staff] understand me and we get on."

We saw examples of positive interactions between the staff and people who used the service. We saw staff interact with people in an open and friendly way; staff had developed good relationships with the people who came to speak with us and those we visited in their own home. There was mutual jokes and laughter.

The staff we spoke with had taken time to get to know people; this meant that they could communicate effectively with them. Staff told us about the people they supported, how they liked to be helped and the things that pleased them as well as things that made them anxious.

One person's relative told us, "The care my [relative] gets is excellent! [They] really like the staff, [they] feel like part of the family."

People told us that staff encouraged them to maintain their independence and to continue to do tasks for themselves where they could. One person said, "I need help myself, [the staff] are helping me keep things tidy." People's care records identified that they had been involved in their care planning and where required, their relatives were involved as well. People had signed their care plans to show that they agreed with the contents. People looked after their care plans and kept them in their flats, the care plans included people's usual routines, likes, dislikes, and preferences. During the assessment process, people were asked if they had any hopes or plans that they wanted support from the service to achieve. Where these had been discussed, we saw they had been recorded in their care plans.

People's care records were kept private and secure in a locked cabinet in the office which was kept locked when it was not in use. People's privacy was respected. We saw that staff did not enter people's homes without knocking and making sure they had permission to enter. When we talked with staff they referred to people in a respectful way and respected their privacy.

Records included information about people's friends and family who were important to them and the arrangements for support to maintain these relationships. People were supported by the service to keep in touch by phone and visits.

Is the service responsive?

Our findings

During our last inspection in May 2017, we found the service was not responsive, and rated this key question Requires Improvement. Concerns were raised by professionals and relatives that care preadmission care assessments were of a poor quality, the assessment had not identified the full personal care and support the person required. During this inspection we found that improvements had been made and rated this key question Good.

We found that staff worked together to offer people consistency and followed people's care plans when working with them. One healthcare professional told us, "My observation is that [the staff] work well with my clients and the care assessments are full and detailed. I am invited to have an input."

A full assessment was carried out of people's needs before they started using the service. As well as the person involved, all interested parties in their life were invited to have an input into the assessment. This included family members and professionals working with the person, the speech and language team (SALT) and advocates for example. The assessment helped to ensure that the service could meet the person's needs and had all the information they needed to make the move using the service easy and successful.

The care plans generated after the assessment recorded information about the person's personal history, individual preferences, interests, and aspirations. The care plans were person centred and detailed enough for the staff to understand how to deliver care to people in a way that met their needs. Care plans guided staff how best to support people individually.

People were supported to maintain relationships that were important to them. Care plans contained details of birthdays and special anniversaries, which enabled staff to support people in remembering special birthdays and buying presents. Visits to family members and special friends were arranged and planned for.

Support and encouragement was given to people to help to develop and maintain their independence in areas that they could, including shopping for clothes, planning menus, grocery shopping and managing their finances. Support was also given to people to be able to come and go within the local community independently and with staff support.

Different activities and outings were planned and staff worked together with the person to help people take part in activities of their choice. One person we spoke with told us they had just returned from a trip to the cinema and told us about the film.

People told us that if they needed to complain they were confident it would be handled quickly and dealt with properly. One person told us that they had been given the contact numbers of the senior staff and had been reassured that they could call them if they needed to speak to them.

People received a copy of the complaints procedure, which was written in a way that was easy for the people to understand. Records showed that complaints were investigated and that the service had taken

steps to deal with them to the satisfaction of the complainant.

In each person's care plan there was a section for people to record what their wishes were in regard to the care they wanted at the end of their life, including how and what they would like to be done and if there was anyone they would like to be put in charge of those preparations or contacted at that time, such as family or friends. People were supported to complete this area along with their family, if they wanted their help, or if the person lacked the capacity to make those decisions. The registered manager told us, they would do everything in our power to respect people's wishes if people's health started to deteriorate, and that the service would support them to stay at home and to get the healthcare and support they would need through outside agencies, specialist treatment or hospice support.

Is the service well-led?

Our findings

During our last inspection in May 2017, we found the service was not well led, and rated this key question Requires Improvement. We found the provider was in breach of one regulation in this area. After our inspection the provider sent us an action plan that detailed the improvements they planned to make. At this inspection, we found that improvements had been made, and the provider was no longer in breach of this regulation. We have rated this question as Good.

During that inspection in May 2017 we found that the service's quality monitoring systems were not robust and did not identify the concerns that we had during the inspection. During our inspection on 17 and 18 October 2018 we found that the service was well led. Documentation and our observations showed that people were cared for and supported in a way that met their needs and were being helped to work towards achieving their aspirations.

People and the relative we spoke with said that there had been improvements in the way the service was managed since their last inspection in May 2017. One person's relative felt there was still some improvement needed in sharing information with them about their relative's welfare, although they did comment that their relative had achieved a lot in the last few months and had built up some good relationships with staff.

The provider, who had previously been the registered manager, had created new senior posts within the service and had filled the posts with people who had the relevant qualifications and experience of working with people with similar needs as those currently being supported by the service. The provider stood down from managing the service so they could get a better overview of the service and had promoted an experienced, senior staff member to registered manager. The registered manager told us that they had been well supported in settling into their post by the provider and other senior staff and believed that the service would be able to maintain improvements made and would continue to develop and improve the quality of care they offered to people.

The service promoted an open culture where people, relatives and staff were asked for their views of the service provided. The management team regularly visited the homes of people who used the service to ask their opinion of the service they received. During those visits they also observed the staff's working practices and interaction with the people they were supporting.

Staff told us that they were supported and had built up a good relationship with the registered manager and found them approachable and committed to giving people a good service. One staff member told us, "We get the support we need to get things done."

One healthcare professional told us that they had noticed an improvement in the way people were supported and that the registered manager and the staff team had worked well with them whenever they contacted them.

The service was honest and transparent; the registered manager and the provider talked openly about

difficulties they had experienced since their last inspection in May 2017 and shared experiences when things had not gone well, and when they had. They told us that if things went wrong it was analysed at the regular 'lessons learnt' meetings so they could find out why and make changes to help them avoid it happening again. This meeting was attended by the consultant the service had taken on to help them make improvements to the service people received. The service had shared information of concern with us and the local safeguarding authority in line with their policies and procedures and these were fully investigated.

The minutes of staff meetings showed that they were kept updated with any changes in the service or to people's needs and they were encouraged to share their views and comments to improve the quality of care. Staff told us that they were happy working in the service.

The service worked in partnership with other organisations to make sure they were following current practice, providing a quality service and the people in their care were safe. These included social services, healthcare professionals including general practitioners and specialist healthcare team.

People's care records were kept securely and confidentially, and in accordance with the legislative requirements. They were stored in locked cabinets in the office and access was restricted to those people who required access to them to support the people they referred to.

The provider and the registered manager assessed the quality of the service through a regular programme of audits. These included audits on medicines management, care records and the care provided to people. These helped in identifying shortfalls where improvements were needed. Where shortfalls were identified, records demonstrated that these were acted on quickly.