

Digital Home Visits Ltd

Vida London

Inspection report

2 Bath Place
Rivington Street, Shoreditch
London
EC2A 3DR

Tel: 02039667300
Website: www.vida.co.uk

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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: Vida London is a domiciliary care agency. Staff provide support with personal care to people living in their own houses and flats in the community. The provision of personal care is regulated by the Care Quality Commission.

Not everyone using Vida London receives this 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. At the time of this inspection there were approximately 20 people using the service.

People's experience of using this service:

People told us they were well treated by the staff and felt safe with them. Staff understood their responsibilities to keep people safe from potential abuse, bullying or discrimination. Staff knew what to look out for that might indicate a person was being abused.

Risks had been identified, with the input from the person where possible and were recorded in people's care plans. Ways to reduce these risks had been explored and were being followed appropriately.

Staff treated people as unique individuals who had different likes, dislikes, needs and preferences. Staff and management made sure no one was disadvantaged because of their age, gender, sexual orientation, disability or culture. Staff understood the importance of upholding and respecting people's diversity. Staff challenged discriminatory practice.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Staff understood the way people expressed their views and the service made sure no one was disadvantaged because of the different ways people communicated.

Everyone had an individual plan of care which was reviewed on a regular basis.

All staff had clear roles and responsibilities and understood the values of the service.

Staff had been trained in the management of medicines and suitable policies and systems were in place. People told us they were satisfied with the support they received to manage their medicines where this was part of their care package.

Staff were positive about working for Vida London and told us they appreciated the support, encouragement and challenge they received from the management.

Both people who used the service and the staff who supported them had regular opportunities to comment on service provision and made suggestions regarding quality improvements. Staff told us that the management listened to them and acted on their suggestions and wishes.

People were supported to raise any concerns or complaints if they were unhappy with their care. People knew how to make a complaint although some people remained hesitant to do this.

The management team worked in partnership with other organisations to support care provision, service development and joined-up care.

Rating at last inspection: At the last inspection this service was rated 'Requires improvement' (report published on 17 March 2018). We identified a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This breach was in relation to supporting staff. At this inspection we found that the registered provider had complied with these breaches.

Why we inspected: This was a planned inspection based on the rating at the last inspection. As a result of this inspection the rating is now 'Good'.

Follow up: Going forward we will continue to monitor this service and plan to inspect in line with our re-inspection schedule for those services rated 'Good'. If any concerning information is received, 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 ●

Vida London

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection team consisted of one inspector, an assistant inspector and two experts by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of domiciliary care service.

Service and service type:

Vida London is a domiciliary care agency. Staff provide support with personal care to people living in their own houses and flats in the community. The provision of personal care is regulated by the Care Quality Commission.

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.

Notice of inspection:

Our inspection was announced. We gave the service 48 hours' notice of the inspection visit because we needed to be sure that a management representative would be available on the day.

Our inspection process commenced on 6 March 2019 and concluded on the 14 March 2019.

What we did:

Our inspection was informed by evidence we already held about the service including any statutory notifications. A statutory notification is information about important events which the provider is required to send us by law. The provider had completed a Provider Information Return. 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.

We spoke with three people who used the service and 12 relatives.

We spoke with the registered provider, the operations director, the registered manager, three office staff and six care staff.

We reviewed five people's care records, including medicine records, six staff files that included recruitment, training and supervision records.

We checked other records related to the management of the regulated activity.

We requested additional evidence to be sent to us after our inspection. This was received, and the information was used as part of our inspection.

Is the service safe?

Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People and relatives told us staff provided safe care. A person said, "The staff are kind and trustworthy." A relative commented, "We are so pleased our relative is safe and someone is taking care of them all the time." Another relative commented, "Yes, my sister does feel safe and if she's not happy then I'll call the office and get rid of them."

- Staff were trained in safeguarding and whistleblowing procedures and knew how to safeguard people from abuse. A staff member said, "I'm not worried about raising a concern. I'd call the police or contact CQC."

- Safeguarding records were appropriately completed and showed the registered manager followed the required safeguarding procedures and took timely actions to ensure people's safety.

Assessing risk, safety monitoring and management

- Before anyone was offered a service at Vida London their needs and associated risks were assessed by the registered manager or management team. Individual risk assessments had been carried out for people using the service. These described and recorded the risks they faced in relation to their everyday care and support needs and what action staff needed to take to keep people safe. For example, we saw highlighted risks that covered medicine management, communication, mobility, infection control, nutrition and skin integrity.

- Staff told us about the risks people faced and how these were mitigated. This matched the information in people's care plans. We saw that, where possible, staff had discussed people's risks with them and people had signed their risk assessments.

- Environmental risk assessments were developed for staff in connection with their duties and a lone worker policy was available which gave staff information about keeping safe.

Staffing and recruitment

- People and relatives were satisfied with staff timekeeping and there were enough staff to provide cover when the regular staff were on leave.

- The provider followed appropriate recruitment procedures to ensure sufficient and suitable staff were in place to meet people's needs safely. Staff recruitment records showed they were appropriately vetted, and necessary checks carried out before they started working with people.

- Staff told us they were satisfied with how the care visits were scheduled and had enough travel time.

- The registered manager ensured people and their relatives, were informed in a timely manner when staff were running late. One person told us, "Yes, he [staff] calls when he is running late but that's not very often." We saw that, where possible, the service made sure that staff lived close to the people they were visiting.

Using medicines safely

- Staff who supported people with their medicines had undertaken training and their competences for medicine management had been carried out during regular spot checks at the person's home.

- People's medicines, along with any known allergies were listed in their care plan if this was part of the agreed care package. The service provided different levels of medicine support which included administering medicines to prompting people.

- People told us they were satisfied with the way they were supported with their medicines. A relative told us, "My relative takes their own medicines from the pack but the carer does prompt them before meals."

Preventing and controlling infection

- Staff had completed infection control and food hygiene training and understood their roles and responsibilities in relation to these areas of care. They told us they were provided with sufficient amounts of personal protective equipment.

Learning lessons when things go wrong

- The provider had systems in place to report, record, investigate and learn lessons from accidents and incidents.

- Staff were trained in health and safety and knew the actions they were required to take in case of accidents and incidents.

- Accidents and incident records were clear and detailed the event and actions taken to keep people safe.

- The registered manager gave us an example of how they had reflected on and learnt lessons from a recent safeguarding issue. This included improving communications with local authorities and better recording of these communications.

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

Good: People's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

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

● At our last inspection of this service in December 2017 we identified a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This breach was in relation to staff supervision. At this inspection we found that the registered provider had complied with this breach.

● Staff were positive about how they were supported through supervision and this was a positive experience for them. They told us, and records confirmed they undertook regular supervision which included observed competences. One staff member told us that supervision, "Makes sure I'm following the procedures the right way and that I'm being professional with the client." Another staff member commented, "I like it [supervision] I can say how I'm feeling, how I'm going with the job, any issues with clients and if I'm worried about anything."

● Although not all staff we spoke with had received their yearly appraisal, all staff told us they felt very supported by the management. One member of staff told us, "Vida has pushed me to achieve my goals."

● Staff were positive about the training they undertook and told us they wanted more as they were keen to learn. The registered manager told us that there had been a high number of staff on the agency's books however, not all these staff worked on a regular basis. He told us that, following the last inspection, he had identified staff contracts and training as needing to improve. We were informed that staff contracts were being changed so the service could concentrate on making sure all regular staff could be provided with the appropriate training. We saw a suitably revised training policy and plan in place.

● Staff were provided with three days of classroom based training as part of their induction. One staff member talking about their induction, told us, "I absolutely loved it. It didn't feel like a classroom, it was more of an interactive session. [The registered manager] led the training. One of the best trainings I have completed." They told us, and records showed that staff were provided with the training they needed to support people effectively. This included safeguarding, health and safety, medicine management, food hygiene and first aid. One staff member told us, "The training was amazing."

● Staff were also given the Care Certificate standards work book which they were required to complete during their three month probation period. The Care Certificate is a set of standards that social care and health workers must follow in their daily working life. It is the new minimum standards that should be covered as part of induction training of new care workers.

- Part of the induction included learning about the values of the service. This included providing person-centred care that promoted independent living through empowerment, encouragement, dignity, compassion, respect, and empathy. The values matched those of the National Institute for Health and Care Excellence (NICE) and other expert professional bodies.

- We saw that assessments and care planning was carried out holistically and in line with the values of the organisation. People told us and records confirmed that they had taken part in this process and had made their needs and wishes clear. A relative we spoke with said, "Vida were the only agency to agree to see my parent in hospital and carry out an assessment, which included occupational health and a physiotherapist. All the professionals were very impressed with the lady whom I believe was the agency owner."

- People's needs were assessed, and care was planned in a way that ensured people were not discriminated against. This was because the management and staff understood the ways people could be disadvantaged for example, because of their disability or religion.

- Care plans detailed how staff were to ensure that people's protected characteristics were respected and valued. The Equality Act 2010 introduced the term 'protected characteristics' to refer to groups that are protected under the Act and must not be discriminated against.

- The service used technology to enhance the delivery of effective care and support, and to promote people's independence. This included an application that staff used on their mobile phones to accept shifts, check in and out of shifts, access people's details, care plan and tasks and leave visit notes.

- A web-based portal system was provided to people who used the service and their relatives, so they could see their care plan, tasks completed, the future schedule for visits, see past visits, and notes. People were able to provide feedback on staff and the service as well as pay invoices through the portal.

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

- People told us they were happy with the way they were supported with eating and drinking where this formed part of their care package. A relative told us, "The [staff] do help my partner to eat and drink but also encourage him to do as much on his own."

- Care plans listed people's likes and dislikes in terms of food as well as any known food allergies or risks associated with eating and drinking. Staff we spoke with were aware of this important information and told us they always asked people what they would like to eat or drink. A member of staff told us, "I make breakfast, lunch and dinner. I speak to the client about what she likes in the morning, lunch, dinner. There is a chart of what they like to eat."

- Staff understood people's cultural or religious requirements in terms of food and drink and people told us this was respected. A relative told us, "My husband's carers recognise and respect our preference for being lifelong vegetarians and will not eat meat and go out if they want a ham sandwich."

Staff working with other agencies to provide consistent, effective, timely care;

Supporting people to live healthier lives, access healthcare services and support

- Where people required support from other professionals this was facilitated, and staff followed guidance provided by such professionals. Information was shared with other agencies if people needed to access other services such as doctors, health services and social services.

- There were systems and technologies in place to ensure effective internal communication which included a smart phone App used by all staff to update each other and the office staff of any changes in care provision.
- People told us they were supported to attend healthcare services and appointments where this was part of their care package. A relative told us, "If [my relative] needs to go to a hospital appointment then I will request a carer to go along with her." Another relative commented, "The carer always comes to appointments with my partner when we go and is a massive support to us both."
- Care plans showed the service had obtained the necessary detail about people's healthcare needs and had provided specific guidance for staff regarding what action they needed to take if people became unwell.
- Staff we spoke with had a good understanding about the current medical and health conditions of the people they supported. Records showed that people had regular access to healthcare professionals such as GP's, dentists and opticians if this was part of the individual's agreed care package.

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.

- We checked whether the service was working within the principles of the MCA and found that it was. Staff demonstrated their awareness about when they should obtain people's consent and confirmed they asked people for permission before carrying out care tasks. People told us that staff asked their permission before assisting them, offered choices and valued their decisions. A relative told us, "I do not watch and listen when my parent is having support, but I can hear a conversation about choices and if all is ok." Another relative commented, "Staff explain what they are going to do before they do it and ensures my parent is ok with that."
- Records showed that people had agreed to their care plan by signing a consent to care agreement form. Relatives, advocates and other professionals were involved in making decisions where people lacked capacity.

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.

Good: 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 they received a caring service from staff who were respectful and thoughtful. People's comments included, "Staff are very respectful" and "We have a carer that comes for 5 hours a week. He is completely and utterly amazing. He even stays extra, he's just lovely."

- The service was committed to delivering person-centred care that reflected people's diverse needs in respect of the protected characteristics of the Equality Act 2010. These applied to people who used the service and included age, disability, gender, marital status, race, religion and sexual orientation.

- People confirmed their needs in relation to equality and diversity were valued and being met by staff. A relative told us, "At Christmas even though our carer did not celebrate the season she went out of her way to be involved and join in, which was appreciated."

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

- People and their relatives were supported to express their views and to be involved, as far as possible, in making decisions about the care and support they received. Although not everyone could remember if they had been involved in their care plan, everyone told us that staff listened to them and respected their choices and decisions.

- People confirmed that they were involved as much as they wanted to be in the planning of their care and support. A relative told us, "I am involved every step of the way." Staff told us they enjoyed supporting people and demonstrated a good understanding of people's likes, dislikes and life history. This matched the information we saw in people's care plans.

- Respecting and promoting people's privacy, dignity and independence

People and their relatives told us their privacy and dignity were respected. One person told us, "Yes, I am definitely treated with privacy and dignity." A relative commented, "The carers understand the need for privacy and avoiding any awkward moments, so they ask me to make myself scarce when they are delivering personal care."

- Staff gave us examples of how they ensured people's privacy and dignity were maintained and respected. This included keeping people's personal information secure. Personal information, held by Vida London, relating to people who used the service was being treated confidentially and in line with legal requirements.

- The service promoted people to be as independent as possible and information in people's care plans

reflected this. Staff told us how they worked in partnership with people and only supported them with the tasks people were not able to do themselves. A staff member commented, "I don't want [person] to feel totally dependent."

- Staff told us that maintaining people's privacy, dignity, and independence were integral to the values of the organisation. We saw these referred to throughout the assessment and care planning process.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control.

- All providers of NHS care or other publicly-funded adult social care must meet the Accessible Information Standard (AIS). This applies to people who use a service and have information or communication needs because of a disability, impairment or sensory loss. There are five steps to AIS: identify; record; flag; share; and meet. The service had taken steps to meet the AIS requirements.
- The care documentation showed that the service identified and recorded people who had specialised communication needs. Staff understood the way that people expressed and communicated their needs and wishes.
- The provider referred to the AIS and their duty to meet this in the service agreement terms and conditions which clearly stated their obligations to people with different ways of communicating.
- The registered provider gave us examples of how they implemented the AIS which included using technology, providing information in large print and allocating staff who speak the same language.
- People were involved in planning their care, from the initial assessment through to reviews and updates when required. There was a strong emphasis on collaboration and we saw people who used the service and their relatives had updated care plans as required. Information, provided to people before they started using the service, encouraged their involvement in their care. For example, the client information pack stated, 'We understand that all clients have a variety of cultural, religious, medical, personal, practical and environmental needs, and therefore encourage clients and their families to be involved in creating the initial care plan'.
- Technology was used to provide people with up to date information which included their care plans, risk assessments, staff rota's and daily notes written by staff and completed after each visit. People told us they were happy with using this technology. A relative told us, "I like being able to go online and look at my relative's care rota." another relative commented, "I do have access to files if I want them. I have also been involved with planning care". Where people were not so confident with technology paper records were provided at their home.

Improving care quality in response to complaints or concerns

- Most people told us they had no complaints about the service but said they felt able to raise any concerns without worry. A relative told us, "Yes, we know how to complain, it's one of the first things we found out how to do." Another relative commented, "I do know how to make a complaint, but I have never had to do so."

- Two relatives we spoke with told us they had previously wanted to complain about staff but did not feel sufficiently confident that the management would take their complaints seriously or address them properly. One person we spoke with was also hesitant to complain. This was not the majority view of people we spoke with. One relative commented, "They accept complaints and have taken responsibility for anything that has gone wrong." Another relative told us they did not like the way office staff spoke with them when they rang. They said, "When I call the office, I find that the staff are irritating and childish with their off-hand comments. The tone in their emails are often wrong. It's like they're talking to their mates. I think they need to get their act together as I am a paying client. That's why I prefer to go directly to the [registered] manager who I get on with."

- We spoke with the registered manager after the inspection who told us that complaints were encouraged and used to improve service provision and to make sure staff were acting and behaving professionally. He told us that he would ensure people were reminded and encouraged to make complaints.

- Records we saw showed that the registered manager had dealt with past complaints swiftly and had maintained accurate records of the complaint investigations. We saw that people had received a written apology where mistakes had been made.

End of life care and support

- We were informed that currently, no one using the service required palliative care. However, training would be made available to staff and the relevant policies and procedures were in place so that staff understood this important aspect of care should it be needed.

Is the service well-led?

Our findings

Well-Led – this means that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- At the last inspection in December 2017 the overall rating for this service was requires improvement. Following this, the management reviewed how the service was being run and instigated a number of changes. This included a quality review system that followed the Key Lines of Enquiry (KLOEs) which CQC use to inspect services. A new manager was employed and registered with the CQC. The management also arranged an external audit to determine if the changes had improved service delivery.

- The registered manager and management undertook regular audits of service provision. This included daily audits of care notes and weekly care plan reviews. All these audits formed part of the continuous improvement plan of the service. This was used to monitor the quality and safety of the service.

- Staff were very positive about the new registered manager. A staff member told us, "[The registered manager] is more passionate. He is more aware and has more insight. He relates to us a lot more." Another staff member commented, "It's a small community. Everybody knows everybody. There is a relationship with everyone. [The registered manager] is really helpful, I have a good relationship with him."

- Staff understood the vision and values of the service and this was being clearly communicated to staff by the management. These values included providing person centred care, respecting people's privacy, dignity and independence. A care staff told us, "It's all about care."

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility.

- It was clear from speaking with the operations manager and provider of the service that they had understood the need to review their systems and service provision in response to the CQC inspection.

- Where the service provision had fallen short or mistakes had been made the registered manager, in line with the requirements of the duty of candour regulation, was open and had used these as a learning opportunity. The Duty of Candour regulation requires providers to be open and transparent with people who use services and other 'relevant persons' (people acting lawfully on their behalf) in relation to their care and treatment.

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

- People told us the service was well run, communicated effectively with them and encouraged their feedback. One person told us, "Oh yes, I get regular phone calls and they've come down at least three times to see me. They're very thoughtful, perfect actually, you couldn't fault them." Another relative said, "Not many people get this good level of care, my relative is lucky." Another relative, talking about the changes they had noticed in service provision commented, "Since the manager has come in, there has been a lot of improvement. If you had called me last year I would have told you not to go near them with a barge pole. But since the new manager has come they're trying."

- Yearly surveys were sent to people who used the service, their relatives, staff and outside professionals to monitor the quality of service provision. Like all the feedback and audits these were included in the continuous improvement plan.

- Staff told us they were able to make suggestions for improvement and felt listened to and valued. They gave us examples of how the management had taken on board their suggestions.

- Staff told us the management respected their differences and valued their religion, beliefs and other protected characteristics. The provider wrote to us after the inspection and stated, "Vida will always consider taking positive action to remedy disadvantage, meet different needs or increase the participation of people who share a protected characteristic."

Working in partnership with others

- The service worked in partnership with key organisations to support care provision, service development and joined-up care. The provider wrote to us after the inspection and stated, "At Vida, we adopt a collaborative approach to care and believe that connecting with healthcare professionals involved in the care of our service users is paramount to delivering high quality care. We stay connected with local authority commissioners, GP practices, occupational therapists and district nurses at every point during a client's service."