Vine Social Care Agency Limited

Vine Social Care

Inspection report

Centaur House
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Fleet
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Date of inspection visit:
13 June 2018
14 June 2018

Date of publication:
06 August 2018

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

The inspection took place on 13 and 14 June 2018 and was announced, this was to ensure staff we needed to speak with were available. This was the first inspection due to the service being new so we could not gather any information from past reports.

Vine Social Care is a domiciliary care agency; it provides personal care to people living in their own houses and flats. It provides a service to older and younger adults who may be living with a physical disability, a mental health condition, a learning disability or people living with dementia. At the time of the inspection, 29 people were using the service.

We identified breaches of two Regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, and one breach of Care Quality Commission (Registration) Regulations 2009. You can see what action we have taken at the back of the full version of the report.

The provider had a recruitment process to make sure the staff they employed were suitable to work in a care setting. However these were not always consistent and some staff had commenced employment without the required checks being completed.

Risks to people were assessed and action was taken to minimise any avoidable harm to people. Staff were trained to know the signs of abuse and how to report these in line with policy and procedures. However, the provider had not consistently reported these concerns to the relevant safeguarding teams. The provider had failed to notify the CQC and relevant agencies of safeguarding concerns which could have resulted in people not being kept safe.

Medicines were managed safely. Staff who administered medicines were appropriately trained, however staff did not receive medicines management competency checks so the provider could not be assured that staff were competent. There were unaccounted for gaps in people's medicine administration records (MARS) charts which had not been identified in the provider's audits There was no evidence of anyone coming to harm with regards to the management of their prescribed medicines.

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.

There was guidance in place to protect people from risks to their safety and welfare, this included the risks of avoidable harm and abuse. Staffing levels were sufficient to support people safely and where there were any short falls these were covered internally or with agency staff.

Staff were aware of the importance of infection prevention and control and their responsibility to ensure

that infection risks were minimised. Staff had access to appropriate personal protective equipment (PPE).

Staff raised concerns with regard to safety incidents, concerns and near misses, and reported them accordingly. The registered manager analysed incidents and accidents to identify trends and implement measures to prevent a further occurrence.

People's needs had been assessed and they had a written care plan to meet their identified needs.

People were supported by staff who had the required skills and training to meet their needs. Where required, staff completed additional training to meet individual's needs. People were supported to have a balanced diet that promoted healthy eating.

The registered manager involved a range of external health and social care professionals in the care of people, such as: community nurses, physiotherapists and GPs to enable them to be supported to live healthier lives.

The registered manager and staff understood their responsibilities in relation to the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards. 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. The service did not currently support any individuals who required assessments under the MCA.

People experienced consistency of care from staff who were kind and compassionate. People told us the staff were very caring and kind. People told us they were involved in making decisions about their care and that their wishes were respected. Staff ensured people's privacy and dignity was upheld at all times.

The service was responsive and involved people in developing their care plans which were detailed and personalised to ensure their individual preferences were known. People's care plans had information about their care needs, as well as their wishes regarding independence and any risks identified and how to minimise these. If a person's needs changed, their care plans were updated immediately.

Arrangements were in place to obtain the views of people and their relatives and a complaints procedure was available for people and their relatives to use if they had the need.

The registered manager provided support to staff. The safety and quality of the support people received were monitored. However, the quality assurance systems used had failed to identify some shortfalls in the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

The provider did not do the relevant checks consistently to employ sufficient, suitable staff to keep people safe.

People were not consistently protected against risks to their safety and wellbeing, including the risks of abuse and avoidable harm.

People received their medicines as prescribed and according to their preferences. Staff competency to administer medicines was not assessed.

Is the service effective?

Good

The service was effective.

People received person-centred individualised care from staff who were given comprehensive training and ongoing support

Staff worked in partnership with other services to help ensure people received effective care.

Staff respected people's legal rights and freedoms.

Is the service caring?

Good

The service was caring.

Staff understood people's needs and were caring and attentive.

People were treated with kindness, respect and dignity at all times. Staff interacted positively and patiently with people

Is the service responsive?

Good

The service was responsive.

People's care and support met their needs and took their preferences into account.

People's complaints and concerns were investigated and dealt with accordingly.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

The provider failed to notify the Care Quality Commission of safeguarding incidents.

People were supported by a service that used quality assurance processes to monitor the service people received although these were not always effective.

Incidents were used as learning opportunities to drive improvements within the service.

Vine Social Care

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.

This inspection took place on 12 and 13 June 2018 and was announced. The inspection team consisted of one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the 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 reviewed the information included in the PIR along with information we held about the service, for example, statutory notifications. A notification is information about important events which the provider is required to tell us about by law. We also reviewed information contained within the provider's website.

We spoke with 17 people and their relatives by telephone. We spoke with four care staff, the registered manager and the co-ordinator. We reviewed five people's care records, which included their assessments, care plans and risk assessments. We looked at five staff recruitment files, supervision logs and training plans.

We examined the provider's records, which demonstrated how people's care reviews, staff supervisions, appraisals and required training were arranged. We also looked at the provider's policies, procedures and other records relating to the management of the service, such as staff rotas, health and safety audits, medicine management audits, and minutes of staff meetings. We considered how people, relatives and staff members comments were used to drive improvements in the service.

Requires Improvement

Is the service safe?

Our findings

The provider did not have robust processes to explore potential staff's experience, character and suitability for the role of working with vulnerable people. Four out of the five staff members did not have a current in date criminal record check with the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and helps prevent unsuitable staff from working with people. The provider had not put measures in place to check staffs DBS was regularly checked and was in date.

The provider's failure to ensure that the required pre-employment checks were completed on staff was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us they felt safe with the care provided and made positive comments about the home and staff. One person told us "They [staff] know me and what I need. I feel very safe in their hands". One person told us "I feel absolutely safe. I told them [the provider] I don't want men and I haven't had one."

Staff knew and could explain what they would do if they suspected abuse. All staff had undertaken safeguarding training and were able to identify the different types of abuse that people could be at risk from. In addition, they understood the safeguarding procedures to follow should they suspect a person was being abused.

Staff reported safeguarding concerns to the provider who had informed their commissioners but had not consistently reported these concerns to the relevant safeguarding authorities. We informed the provider that all safeguarding concerns were to be reported to the relevant local authority safeguarding teams.

The provider's failure to report safeguarding concerns to the relevant agency was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider had identified and assessed risks to people's safety and wellbeing. These included risks associated with falling. Steps to manage and reduce risks were reflected in people's care plans. We observed staff delivering care in accordance with people's risk assessments, which kept them safe and met their individual needs.

We reviewed the Medicines Administration Records (MAR) for people who required assistance with taking their medicines. These contained relevant information, such as records of allergies and people's preferences regarding how they took prescribed medicines. We noted that there were gaps in these records which had not been identified by staff. This meant that people may not have received some of their prescribed medicines. The provider was aware of these gaps and had followed this up with relevant staff members, however they had then not ensured that staff had adhered to the instruction to consistently fill these gaps in. This meant that there was a risk that people could miss medication which could have consequences to their health and safety.

Staff had received training in medicines administration but the provider had failed to complete medicine

competency checks on staff. This meant that the provider could not be assured that staff continued to be competent to administer people's medicines safely. When the registered manger was made aware of this they confirmed that there was currently no schedule in place to carry out competency checks, but that they would ensure this was done. There had been no medicines errors but there was a risk of this happening should staff not be assessed in competency.

We noted all staff received training in managing infection control in line with the provider's infection control policy. The staff we spoke with were aware of the importance of infection prevention and control and their responsibility to ensure that infection risks were minimised. Staff had access to appropriate personal protective equipment (PPE). This included gloves, aprons, and hand gel. Staff advised PPE was provided by the provider and easily accessible from the office when more was required. One person told us "There is always plenty of hand gel, aprons and gloves for us to help ourselves to."

The provider had arrangements in place to learn and make improvements if things went wrong. Staff reported and recorded accidents and incidents so that the provider could look for any patterns or trends. Where there were lessons to learn, the provider used staff meetings and supervisions to communicate them across the team.

Good

Is the service effective?

Our findings

People and relatives told us that they received care and support that met their needs and that choices were given to them about the care they received. One person told us, "Yes, they have the right skills and training to meet my needs. I have very delicate skin which bruises easily, and they are always gentle with it." One relative told us, "My [loved one] has a feeding tube. They connect it up at the appropriate time, they have had training, they wear personal protective equipment (PPE), and write copious notes."

Assessments were carried out prior to people commencing care. People were involved in identifying their needs and what their care plan contained. Care plans were reviewed and updated regularly. Care plans included information on any healthcare concerns, nutrition and hydration requirements, risk assessments for example, regarding manual handling. These stated the number of staff required for assisting people when receiving help, for example with personal care. .

New staff undertook an induction programme which included completing training that was mapped to the Care Certificate standards. The Care Certificate is the industry standard which staff working in adult social care need to meet before they can safely work unsupervised.

Staff competence was assessed through spot checks which were carried out by the registered manager and other senior staff on a weekly basis. Staff had regular supervisions as well as peer supervision. Specialist training was arranged including tracheostomy care, end of life care, diabetes and percutaneous endoscopic gastromy feeds. A tracheostomy is an opening made in a person's windpipe to help them breathe. A percutaneous endoscopic gastromy is a tube surgically inserted into a person's stomach to provide a means of feeding if they are unable to eat and drink orally. The provider also arranged basic life support training for staff on a yearly basis.

Some people required support with preparing meals. Staff were trained in food health and hygiene and promoted a balanced diet and encouraged people to drink fluids. People who required it, had a food and fluid chart to monitor their intake. If staff had concerns regarding a person's diet or hydration needs this would be discussed with management who then would liaise with the GP, dietician and/or relatives.

The registered manager involved a range of external health and social care professionals in the care of people, such as: community nurses, occupational therapists, physiotherapists, hospice nurses and GPs. Staff ensured people's health care needs were being met and if they had any concerns regarding a person's health then this was communicated with the relevant professional. People benefited from staff having good working relationships with external agencies to co-ordinate their care.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People were asked for their consent consistently throughout their care visits and to the care provided, which records confirmed. The registered manager told us all the people they provided care for had the capacity to consent to their care. Therefore, they had not needed to assess anybody's capacity to consent to the delivery of their care.

Good

Is the service caring?

Our findings

People told us the staff treated them with kindness, respect and dignity. One person told us, "I can't find any fault with any of them. They are all very polite, kind and happy people." One relative told us, "They [staff] don't rush [loved one]. They are very patient, very caring, they talk all the way through, have a joke with [loved one], have lovely manners." Another person said, "They do what they are employed to do. They haven't gone and left things undone."

The registered manager told us they had a staff team they found to be caring, kind and who really enjoy their work. They said, "The staff are great, they really care and make time to sit and talk with people." Staff told us they had enough time with people. One staff member told us "We have plenty of time with people, we can do our work then we have time to sit and chat or watch tv with people." One person told us, "It's a joy to have the carers here, they are very kind and helpful. We don't feel rushed. They always ask if I need anything else." And "It takes the edge off my [loved one] it gives [loved one] a bit of respite."

People had consistency of staff where possible so they could build trust and a professional relationship with them. Where there was a change in staff, this would be discussed with the person to ensure it was as least disruptive as possible. People received calls from their care worker or the office to let them know if there was going to be a delay in their call. One person told us, "We have two carers who regularly come, know us, know the house, we're very happy."

The registered manager, staff and relatives told us that people were involved in their care planning, and had their independence and wishes respected in the process. There was evidence of this in people's care records. Where staff noticed people's needs or preferences had changed, this was fed back to the registered manager, who made the necessary changes in the care plan. One relative told us "Staff speak to us as well as [loved one] regarding their care, [loved one] says what is to be put in the care plan and what they want from the carers, this is respected."

People and staff told us that people were treated with dignity and respect. One person told us, "They know exactly how to wash me and what order it needs to be done." And "I would give them top stars,10/10, they are really good." One person told us "They are very good actually, they put the blinds down, always cover [loved one] with the duvet. They check her pressure areas, check her skin, and apply the creams." One relative told us, "They respect my [loved ones] privacy and dignity by always closing the bedroom curtains." One staff member told us, "I always ask the person if I can carry out personal care, I then ensure if any family are there I ask them to leave and close the curtains, I ensure people are exposed as little as possible when I am doing this."

Good

Is the service responsive?

Our findings

Most of the people we spoke with told us they received care and support that was responsive and met their needs and preferences. However, there was mixed feedback with regards to the consistency of staff and people had fed back that consistency of staff was important to them. One relative told us, "They are reliable, they keep me informed. Anything I feel needs changing, I tell them and they implement it. [loved one] is under the district nurses and different things change about their health. If I'm not here and they have a concern, they phone me."

Staff told us how they delivered care that met people's changing needs or circumstances. One staff member told us, "I would call a family member, GP, other professional or an ambulance if I felt the need to, I would also report to the office so if I was running late they would get my next visit covered by someone else." One staff member told us of an incident where she had needed to stay with a person longer than expected after finding they had fallen. The staff member had called the registered manager and family and stayed with the person until their relatives arrived. The provider arranged for someone else to cover the staff member's visits following this.

People were involved in the planning of their care. Everyone we spoke with confirmed this. Where appropriate people's family were also involved. One person told us, "My care plan was reviewed recently, we made some changes to it and I was fully involved in the agreement of the plan." One person told us "I have a care plan, I know what's in it and it is reviewed often."

People's care plans were reviewed regularly, or if their needs changed more often. They included risk assessments and information for staff about how to manage these risks. The registered manager told us, "The carers know what people's needs are and what's in their care plans if a person's needs change then they [staff] call me and I will arrange for it to be updated before the review is due." The registered manager had a good relationship with people and their families. She told us, "People know they can call me with any questions or concerns regarding their loved ones and I will do all I can to help."

People and their relatives were aware of how to complain if they needed to. The registered manager told us they went through the complaints procedure when they met people and their families who were new to the service. She said, "I make sure they know they can call me or the office at any time if they are not happy with their care in any way." People confirmed this was the case. They told us they found the service to be responsive in the way they received complaints and acted to resolve them. One person told us, "If there's any issues, I phone the office. They sort it out straight away. They keep a check on time keeping, the head lady comes in to observe the carers sometimes."

The provider had a logging system for formal complaints; these were kept in a folder along with evidence on how the complaint had been dealt with. Complaints had been dealt with efficiently, in line with the provider's procedure, and to the complainant's satisfaction.

At the time of inspection there were no people receiving end of life care. The registered manager explained

that if someone was approaching the end of their life, an end of life care plan would be created. Staff would work jointly with the district and hospice nurses to support and care for the person in their own home for as long as possible.

Requires Improvement

Is the service well-led?

Our findings

Providers are required by law to notify CQC of significant events that occur. This allows CQC to monitor occurrences and prioritise our regulatory work. We found that the provider and registered manager had taken some action to manage these events they had failed to notify CQC about any incidents that had occurred in line with their responsibilities under the regulations. A notification is information about important events which the provider is required to tell us about by law. Failing to send these notifications was a breach of regulation 18 of the Care Quality Commission (Registration) Regulations 2009. The provider stated that they did not realise they were required to notify us of these but told us they would take action to ensure CQC received the required notifications.

People their relatives and staff told us that they thought the service was well led. One person told us, "[Managers name] runs a tight ship – very friendly, but makes sure everybody works well." One relative told us, "If I have any concerns, I always email the office, tell them what I want, ask for confirmation, and they ensure it happens. I have recommended the agency to others." One staff member told us, "if I have any concerns I speak to the manager and they will always help."

There was a vision to provide a good standard of care and support based on the provider's aims which were "We aim to support people to promote and maintain their independence in their own homes. We respect their choices, needs, dignity and ensure that their care is person centred." We observed staff members following these aims within their day-to-day work.

There was a system of quality assurance in place; the provider had an external agency come and do quality assurance checks, monitor data protection and to look at health and safety. Internal audits included, monthly, six monthly and yearly audits. Topics covered were infection control, medicines management, health and safety, support plans, and observations on staff to assess continued competency of the quality of care. Findings from these audits were fed back to the team through meetings or supervisions to facilitate learning and changes to be put in place. However, we found that the medicines audits were not always effective with respect to checking that actions agreed to address issues identified had been completed by staff. An example of this was in relation to gaps in some of the medicines records (MARS) which we found had still not been completed by all staff despite being requested to do so by the registered manager. Audits had failed to identify the missing information in some of the staff recruitment files and lapsed DBS checks.

The provider held monthly team meetings which included staff supervisions. These allowed staff to express their views on the service and to be informed of updates.

People and their relatives were asked to complete questionnaires regarding their care and how this could be improved upon. The provider was proactive in facilitating change to meet people's and staff's needs.

Measures were in place to monitor incidents people experienced and to ensure appropriate actions had been taken for people. The registered manager analysed any incidents that occurred, identified the cause and made a person-centred plan to avoid re-occurrence. Records showed that following incidents relevant

measures had been taken for people. One example was that during a changeover of premises a relative was trying to call the service regarding her loved one's call being missed. The phones had been transferred to another phone and this had failed to be transferred. The provider had arranged for the telecommunication systems to be improved to ensure people could always contact the service when required.

There was evidence of partnership working within the service. Social workers, community nurses, physiotherapists and hospice nurses attended regularly. There was open communication with other agencies and where the service had concerns about a person this was communicated to the relevant healthcare professional.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents The provider had failed to notify the CQC of any abuse or allegations of abuse to a service user.

Regulated activity	Regulation
Personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment Systems and processes were not operated effectively to ensure Safeguarding referrals were always made by the provider to the appropriate local authority safeguarding teams.

Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The provider failed to ensure themselves that they employed 'fit and proper' staff who are able to provide care and treatment appropriate to their role and to enable them to provide the regulated activity.