

Vitality Home Health Ltd

Vitality Home Health Gravesham & Dartford

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Vitality Home Health Gravesham & Dartford is a domiciliary care service providing personal care to 30 people at the time of the inspection. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks such as personal hygiene and eating. Where they do we also consider any wider social care provided.

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

The feedback we received from people, relatives and a health and social care professional was positive about the standards of care and the kindness of staff. One person said, "They are nice, and they look after me well."

People told us they felt safe using the service and there were no concerns about safety. Staff knew how to protect people from the risk of abuse and risks to people from health care conditions were assessed and well managed.

Medicine administration was undertaken safely. Medicine records were complete and staff competency to undertake the administration of medicines had been assessed.

Incidents and accidents had been recorded, including those which occurred outside of times when staff were providing support. Action had been taken to reduce the risk of incidents, such as falls, from re-occurring.

Before people started with the service an assessment was completed to plan their care. This included looking at people's health needs and needs relating to equality, and mental wellbeing. People were involved in planning their own care and felt listened to by staff and the provider.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Staff had a good understanding of the Mental Capacity Act 2005 and people's right to make choices for themselves.

There were enough staff to support people. People said staff were reliable and turned up on time. Staff had the skills and knowledge they needed and were well supported in their role.

There was a system in place to receive and respond to complaints if these arose and complaints had been responded to in a timely manner.

People were supported to access healthcare services were appropriate for both urgent and routine healthcare. This included access to doctors, physiotherapists and dental care.

There was a positive approach to partnership working and good links to the local community. The service ran a number of initiatives including exercise classes and informative talks for people, relatives and the wider public. This afforded people the opportunity to improve their mental health and level of physical activity.

There was a positive culture at the service and staff were happy and motivated. The service was well managed and had a clear vision to provide holistic care.

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

Rating at last inspection

This service was registered with us on 16 November 2018 and this was the first inspection.

Why we inspected

This was a planned inspection based on the date of registration.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 ●

Vitality Home Health Gravesham & Dartford

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was carried out by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service had a manager registered with the Care Quality Commission. This means 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

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure the provider or registered manager would be in the office to support the inspection. Inspection activity started on 21 October 2019 and ended on 22 October 2019. We visited the office location on 22 October 2019.

What we did before inspection

We reviewed information we had received about the service since the service registered. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers

to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with five people who used the service and two relatives about their experience of the care provided. We spoke with eight members of staff including the nominated individual who was also a provider, the operations manager, office staff and care workers. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included seven people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service were reviewed.

After the inspection

The registered manager was away from the service at the time of the inspection. However, we spoke to them on the telephone when they returned. We sought feedback from health and social care professionals about their experience of the service.

Is the service safe?

Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse.
- Staff had a good understanding of the signs of abuse and knew how to raise concerns if they had them. The management team knew how to report concerns to the local authority.
- Where staff had reported concerns, these had been dealt with appropriately and immediate action had been taken to keep people safe.

Assessing risk, safety monitoring and management

- Risks to people had been assessed and there was clear guidance in place for staff to enable them to manage risks safely. For example, one person was at risk from diabetes. There was information for staff about how the person's diabetes was managed, including when the specialist nurse visited. There was also information on how to identify if the person was becoming unwell and when to seek medical assistance.
- Staff had a good understanding of the risks to people and how to support people to remain safe. For example, one person was supported with their continence and staff knew how to protect their skin from the risk of becoming sore or broken.
- People and their relatives told us the service was safe. One relative said, "They have taken good care of [my relative]. It has given me a great deal of peace of mind."
- Staff ensured equipment was safe to use. For example, where equipment was being used to move people the registered manager had checked that it had been tested and was as safe to use.

Staffing and recruitment

- There were enough staff to support people.
- People told us the service was reliable, they had regular carers and no calls had been missed. Comments included, "They always turn up and turn up on time", "They are very prompt, they turn up on time. I am very pleased with them. If they are late they let me know. They tell me who is coming to visit" and, "I've had the same carer from the start and she is very good."
- The provider ensured staff were suitable to work with vulnerable people before they started, including carrying out pre-employment checks. For example, appropriate references were sought and Disclosure and Barring service (DBS) checks had been completed which helped prevent unsuitable staff from working with people who could be vulnerable.

Using medicines safely

- People's support needs for medicines had been assessed and people told us they were encouraged to continue managing their own medicines where it was safe for them to do so.

- Medicine Administration Records (MARs) were complete and accurate. One relative said, "They do [my relatives] medicines properly."
- There was information on what people's medicines were and how they liked to take them. For example, one person needed their medicine administered in water and this was clear in their care plan.
- Where people were taking as and when medicines (PRN's), such as pain relief, protocols were in place to inform staff what the medicine was for and how often it could be taken.

Preventing and controlling infection

- People were protected from the risk of infection.
- Staff had access to personal protective equipment such as gloves and aprons. One person said, "[The carer] has gloves for everything and keep's changing them, they are very particular about that."
- Care plans included information on infection control practices such as how to safely dispose of continence pads and handle any soiled clothes or bedding. There was a clinical waste policy to further inform practice which had been shared with staff.

Learning lessons when things go wrong

- Where incidents had occurred, they had been acted on appropriately. For example, staff identified one person was missing a medicine from their pharmacy pre-prepared dosset box. This was reported to the service and the person was assisted to access their medicine.
- Staff had identified one person had fallen on more than one occasion whilst the carers were not present. The person had appropriate equipment in place to support their mobility. Staff contacted the person's GP to inform them of the concern and seek advice on how to prevent the person from falling again. The person's care plan was reviewed, and they were offered advice and support to access physiotherapy but chose not to do so.
- When incidents occurred, these were logged and analysed for trends, including considering how the person's environment at the time of the incident may have contributed to the event.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed before they started to use the service to plan their care. The assessment included looking at risks to people, personal care, medicine, nutrition and hydration, preferences and social inclusion. Assessments also looked at needs relating to people's protected characteristics under the Equality Act 2010, which includes disability, sexual orientation, or religion.
- People were positive about the assessment process and told us it was comprehensive, and they were included in the process. Comments included, "The assessment was good, and they listened to me" and, "They came over a number of days at different times just to make sure that everything was what he wanted it."
- There was a system in place to receive and review updated advice, guidance and changes to the law. For example, the registered manager was aware of current guidance on medicine administration in the community from NICE. NICE is the National Institute for health and Care Excellence and publishes good practice information and guidance.

Staff support: induction, training, skills and experience

- Staff had the training, skills and knowledge they needed to support people safely and effectively.
- New staff completed a five-day face to face induction. The induction included moving and handling, medication, dementia awareness, skin pressure care and continence support. One of the providers was also a GP and spent time talking to staff about health issues and how they could support people to remain well.
- New staff completed the care certificate. The care certificate is an identified set of standards which social care workers must adhere to in their daily working life. New staff also undertook a period of shadowing prior to working alone.
- Staff had regular supervision and spot checks were completed to review staff practice including manual handling and medicine administration. Staff comments included, "The training is excellent" and, "Supervisions are open, and we can make suggestions. They ask if you feel like you need any specific training."

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

- Most people who used the service were able to eat and drink independently without staff support.
- Where people needed support to eat safely this was in place. For example, there was information for staff on how to support one person who had swallowing difficulties. Where people were diabetic there was information on how to support the person to eat healthily.
- Care plans included people's food preferences, to enable staff to encourage people to eat when this support was needed. Where people were at risk of malnutrition, their food intake was monitored to enable

staff to identify concerns.

- Where people were at risk of dehydration there was information for staff on how to support them to remain safe. For example, there were instructions to leave one person fluid in glasses which were half full so the glass was not too heavy, and the person was able to drink independently between visits. The service provided people with bottled water to encourage them to remain hydrated where appropriate.

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

- Staff provided people with information on healthy lifestyles such as diet, exercise and the benefits of spending time outside where this was appropriate. Information was also provided in partnership with other services. For example, the service arranged an event where a female GP gave a talk to people and the wider public about midlife and the menopause to promote physical and mental health.
- People were encouraged to be active where possible. For example, some people were encouraged to attend a walking group run by the service.
- The service had a mobility vehicle which they used to support people to access medical appointments. For example, staff supported one person to attend the dentist and stayed with them to provide support.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA and found that they were.

- Where relatives had a Power of Attorney (POA). Staff had checked this was correctly in place and included decisions relevant to the provision of care. A POA is a legal document which gives a named person authority to make decisions on a person's behalf.
- Most people were able to make all decisions for themselves. Staff had a good understanding of the Mental Capacity Act and were confident in their knowledge.
- Best interest meetings were held where appropriate and staff understood people with capacity had the right to make unwise decisions.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us staff were kind and caring. Comments included, "They are very thoughtful", "They are gentle, and they speak nicely", "The [staff] are very nice and pleasant" and, "They are friendly with me and to each other." One relative said, "They move in [my relatives] time. They wait till [my relative] is ready and speak to them."
- Where people needed support for equality needs which were protected under the Equality Act 2010, this was provided. The Act makes it against the law to discriminate against a person because of a protected characteristic, which includes their age, disability, sexual orientation, or religion. Where people had age related disabilities there was provision in place to provide them with support. For example, there were a number of dementia friendly initiatives such as a memory café where people could go and socialise with other people to improve their mental wellbeing.

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

- People were involved in their care and staff provided opportunities for people to express their views. People told us staff had time to listen to them. Comments included, "They spend time talking to us", "They ask me what I want done and listen to what I say" and, "The carers are lovely, they are kind and caring and spend the time to listen to me."
- Care notes were recorded electronically and could be accessed by people and their relatives where people had given their consent for this. People were also offered the opportunity to update their own care notes if they wanted to do so. For example, people could electronically confirm staff had completed tasks.
- Family members had been provided with information about their relative's healthcare condition where appropriate to enable them to support their loved one make wider decision about their care. For example, where people lived with dementia.

Respecting and promoting people's privacy, dignity and independence

- The provider told us supporting people to regain independence was important to them. For example, one person had been supported to access physiotherapy, health and lifestyle advice, complimentary healthcare and support to understand their medication. As a result they no longer needed support with their personal care. One person said, "They encourage me to do things for myself, I try to be independent."
- People told us staff respected them and promoted their dignity. Comments included, "[Staff] help me to shower and to get dressed. [Staff] absolutely help me maintain dignity while I am in the shower and anything I can do for myself [staff] let me do that", "[Staff] call out when they arrive so that I know they are coming in" and, "They treat [my relative] with a lot of respect and this is really important to them."
- Records were stored electronically and securely. The registered manager was aware of the need to protect

people's personal information.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People were able to specify the gender of the staff who provided them with personal care support. For example, where people only wanted support from male care workers the service had respected this preference.
- Staff worked with people on a regular basis and knew people well. Care plans were detailed and there was a good level of information on people's preferences. Staff provided care which was person centred. For example, staff knew one person liked to wear certain clothes to go out and other clothes when at home.
- People were at the centre of their care and changes to their care was discussed with them. One relative told us when their relative wanted to make a change to their bed time routine staff talked to them and agreed the change with them.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs had been assessed and were documented in their care plans.
- Care plans were electronic; however, people were provided with paper copies which could be printed in a range of font sizes where needed.
- Staff spent time with people listening to their needs and explaining information to them where this was appropriate.

Supporting people to develop and maintain relationships to avoid social isolation

- Whilst the service provided personal care and was not responsible for supporting people with social isolation the provider had a holistic approach and had set up a number of initiatives to support people's mental wellbeing. For example, the service ran a walking group and Tai Chi classes for people, relatives and the wider community. The events were focused on being dementia friendly which meant some people and their carers were able to attend where they may not have been able to do so otherwise.
- The service worked in partnership with another organisation to provide a memory café where people who lived with dementia and their relatives could come and participate in crafts, talks and socialise. At the time of the inspection these cafés were being expanded to cover more areas.

Improving care quality in response to complaints or concerns

- People and their relatives knew how to complain if they chose to do so.

- All complaints, including low level concerns were recorded and had been responded to appropriately.
- Action had been taken to address the concerns. For example, one person was unhappy about a topic of conversation they had with one member of staff. The registered manager had discussed this with the care worker and there had been no further concerns. They had apologised to the person and their family.

End of life care and support

- The service was not supporting people at the end of their life.
- Everyone who used the service had been offered an end of life care plan, however most people had family support and had chosen not to complete this plan.
- Where people had been supported at the end of their life in the past the service had made sure their wishes had been respected. This included enabling people to remain at home when this was their choice, and undertake offices of their religion as was important to them. Feedback to the service from families included, 'You were all amazing and there are no words to thank you all enough for what you did for [my relative].'

Is the service well-led?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There was a clear vision in place which was understood by the registered manager and other staff. This was based on a holistic approach to support people to regain independence and improve their health and wellbeing. This included encouraging people to make healthy choices and be active where possible and involved in the community socially.
- There was a positive culture at the service. The registered manager and provider were passionate about providing holistic care. Staff were happy at the service and well-motivated. One member of staff had written to the service and said, 'I am privileged to work with such a lovely, thoughtful, caring bunch of people who are committed to providing all aspects of care.'
- We received feedback from one health and social care professional which was positive about the service and said, "They are very good in picking up the changed needs and inform us to ensure that we are providing appropriate support for our service users."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There had been no incidents at the service which qualified as duty of candour incidents. A duty of candour incident is where an unintended or unexpected incident occurs which result in the death of a service user, severe or moderate physical harm or prolonged psychological harm. When there is a duty of candour event the provider must act in an open and transparent way and apologise for the incident. The provider and registered manager understood their responsibilities under duty of candour.
- The registered manager and the provider were aware of their responsibilities and the legal requirements upon them. Where notifications were required by law to be submitted to CQC they had been sent in a timely manner.

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

- At the time of the inspection surveys had just been sent to people, relatives and professionals to seek views on the service and the care provided. However, no one had yet responded.
- A survey for staff was also planned but had not yet been completed as the service was new. Staff told us they were listened to at service meetings and communication was "Excellent".
- People and their relatives told us they had met the provider and were able to feed back about the service

when they wanted to do so. One relative said, "They are 100% for the people." A person said, "I had a meeting with them recently. They came to ask me about my care, if I was getting everything I needed and how I was getting on."

- The service had received a good number of compliments from people and their relatives including, 'We are very impressed with the punctuality, professionalism and easy-going friendliness of everyone', ' [My relative] is no longer anxious and appears happier on the whole' and, '[name] is the best carer we ever had and I want to keep them forever.'

Continuous learning and improving care; Working in partnership with others

- Staff had a positive approach to partnership working and community access and combined this with improving the service and outcomes for people. For example, staff worked with a local sheltered living unit where a number of people who used the service lived, to plan activities such as bingo and a dementia walk.
- A memory café had been set up in partnership with an existing service and other cafés were being planned.
- Talks for people, relatives and the wider community were undertaken. For example, staff had given talks on dementia which were open to members of the wider public.
- Checks of the service and the quality of care provided were undertaken. For example, people's care plans and medicine administration records were audited. Where concerns had been identified these were highlighted and had been addressed. Competency assessments of staff practice had been undertaken to make sure staff practice was safe and effective.