

Faseha Healthcare Recruitment Ltd

Vibrant Homecare Thanet

Inspection report

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06 September 2023

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Vibrant Homecare Thanet is a domiciliary care agency providing personal care to people in their own homes. The service provides support to older people, people who have a physical disability and people who have dementia. At the time of our inspection there were 18 people using the service but only 17 who received the regulated activity of personal care. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

People's medicines had not always been managed safely. There had been a number of medicines errors including giving too much or too little of the medicines people were prescribed. We found gaps in people's risk assessments, for example, care plans lacked detail for people who were diabetic and what to do if their blood sugars were too high or too low. However, this was addressed by the registered manager during inspection.

People told us they were not always happy with their call times, the registered manager was aware of this and had taken action to address this prior to the inspection.

People's needs had not always been fully assessed, for example, a falls risk assessment was not in place for someone who had previously fallen. People's care and support plans were not consistently person centred. We found some sections of people's care plans were copied and pasted from other care plans and were not reflective of people's individual needs.

People were not always supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice.

It was not always clear if the provider was working within the principles of the Mental Capacity Act (MCA). The registered manager told us that everyone had capacity to consent to their care, however documentation was not always in place to support this.

Governance processes were not always effective. Audits and checks were in place for areas such as medicines, and shortfalls had been identified, however, errors of underdosing and overdosing were still happening.

People and relatives told us the staff were caring and supportive.

Staff understood how to safeguard people from abuse. People and their relatives told us they felt safe. Staff had completed training in areas such as manual handling, safeguarding and first aid to ensure they could support people safely.

The service worked well with other agencies such as people's GP and district nurses to ensure people received the right care and support.

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 23 January 2023 and this is the first inspection.

Why we inspected

The inspection was prompted due to it being an unrated service

You can see what action we have asked the provider to take at the end of this full report.

Enforcement and Recommendations

We have identified breaches in relation to managing people's medicine and good governance at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Vibrant Homecare Thanet

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 Health and Social Care Act 2008.

Inspection team

The inspection consisted of 3 inspectors. Two inspectors visited the office location and 1 inspector called people and relatives.

Service and service type

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

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

Inspection activity started on 24 August 2023 and ended on 06 September 2023. We visited the location's office on 24 August 2023.

What we did before the inspection

We reviewed information we had received about the service since their registration. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers

send us to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection

We visited the service's main office. We spoke with 6 people and relatives who used the service about their experience of the care provided. We spoke with 7 members of staff including the registered manager, office staff and support staff. We reviewed a range of records including 6 peoples care and support plans and medication records. We also reviewed a range of documents relating to the running of the service, this included audits and 5 staff files.

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 of this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- Staff had completed medicines training, however, this was not consistently effective as there had been a number of medicines errors. Since 29th April 2023 there had been 8 medicine errors. This included overdosing and under dosing of medicines. One person told us there was an incident where they were given the wrong medicine, but they had realised before they took the medicine.
- Guidance for staff around 'as required' medicines was inconsistent and did not always contain enough detail. Where people were taking 'as required' medicines such as pain relief, guidance was not always in place to inform staff when, how often and why they might need this medicine. This was inconsistent as some medicines for other people had this information.
- Some people had body maps in place to guide staff where to apply creams to people's skin to keep it healthy, however other people did not have body maps. There was a risk that creams would not be applied to the skin where it was needed

The provider had not consistently ensured the proper and safe management of medicines. This is a breach of Regulation 12 of The Health and Social Care Act 2008. (Regulated Activities) Regulations 2014.

Staffing and recruitment

- People were not always happy with call times. One relative told us, "Timings off the staff is the only issue I have with them." Call logs showed that over a period of 6 days in June, 109 call entries were recorded by staff. Out of the 109, 79 occasions recorded that the staff did not stay for the correct amount of allocated time for the call. Where this happened, reasons were recorded, however, on 18 occasions no reasons were given.
- The provider had recognised there was issues with some of the call times and had introduced further measures to support staff to be able to attend their calls on time and spend the full allocated amount of time in the person's home. This had only been introduced just before the inspection, but the office staff said they had already seen improvements.
- The services recruitment process promoted safety for people. The recruitment staff undertook checks of newly recruited staff including a DBS. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Assessing risk, safety monitoring and management

- People's individual health risks were monitored and managed well to keep people safe. There were some areas where guidance for health conditions could be improved, such as what to do if a diabetic person's

blood sugar was too high. This was addressed during the inspection.

- Environmental risks had been identified and mitigated. We identified an area where more information was needed. For example, where people used creams which could increase the risk of fire, more information was needed. This was addressed during the inspection.
- Other health risks had enough guidance for staff to support people safely. For example, people who had been diagnosed with hypertension, information was available for staff to understand how this affects the person and how to help them mitigate risks.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of harm and abuse. People and their relatives told us they felt safe, feedback included, "I feel very safe with the carers."
- Staff had completed safeguarding training and they were able to demonstrate their understanding of how and where to raise any concerns.
- The provider had processes in place to report potential safeguarding incidents to the local authority. We identified 3 incidents that had been reported to the local authority, however they had not all been reported to CQC.

Preventing and controlling infection

- People were supported to maintain a clean and hygienic living environment.
- People were supported to access vaccinations to help reduce the risk and spread of infection.
- The provider ensured there was enough personal protective equipment available for people and staff.
- People and relatives told us staff used their PPE (personal protective equipment). One person told us, "They all wear PPE and they wash their hands before they put the gloves on and when they change their gloves."

Learning lessons when things go wrong

- Staff raised and recorded incidents and near misses. Staff told us they knew how to record and report incidents and felt assured that the registered manager would act where appropriate.
- The registered manager had a central system where incidents and accidents were logged to ensure actions were taken in a timely manner and any trends or patterns could be identified. For example, one person was refusing their medicines so their GP was contacted to discuss what options were available to support that person.

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 requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- People's needs were not always fully assessed in line with best practice. For example, one person had had two falls however there was no assessment of their falls risk. Some people had risks to their skin integrity, however these risks were not recorded as assessed to monitor if they had changed over time. This was raised with the provider during the inspection as an area for improvement.
- Where people had needs relating to protected characteristics under the Equality Act 2010, which includes disability, gender and religion these needs had been identified and included in their care plan as appropriate.
- People's support plans detailed their life history, where it was known. This also included any future goals and aspirations they wanted to achieve.
- The service used technology to enhance the delivery of effective care and support. Staff used mobile phones to access the care plan system where they recorded people's daily notes and could view the care plan and risk assessments.

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 MCA 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.

- It was not always clear if the provider was working within the principles of MCA. The registered manager told us that everyone had capacity to consent to their care, however documentation was not always in place to support this.
- Most people who had given consent for their care had signed their care assessments. However, one person's care assessment was signed for by someone else and it was not documented why someone else had signed on their behalf.
- We discussed this with the registered manager, and they told us they would review the documentation around this. This is an area for improvement.

Staff support: induction, training, skills and experience

- People were supported by staff who had completed training to enable them to safely support people. Training records detailed staff had completed a number of different training sessions, including manual handling, safeguarding and first aid.
- New staff completed an induction programme which consisted of mandatory training and also shadow shifts, this is where the new staff member would shadow an experienced member of staff. One staff member told us, "We had induction for 5 days and then shadow shifts for 3 days."
- The registered manager carried out competency checks on staff to ensure they were competent in their role. However, when we spoke to people, some did not always feel confident staff knew what they were doing. For example, some people felt the staff were not carrying out personal care in a way that met their preferences or needs. We raised this with the registered manager after the inspection and they told us they would investigate this. This is an area for improvement

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

- People were supported to eat and drink enough to maintain a balanced diet. People with specific nutrition needs received support to eat and drink in a way that met their personal preferences as far as possible. People's care plans detailed if they had been prescribed nutritional shakes to support with their weight.
- People gave positive feedback about being supported by staff with eating and drinking. One person told us, "When the carers do the cooking, they cook for both of us."

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

- There was information for staff when healthcare professionals were involved in people's care. For example, where people were regularly visited by the district nurse.
- Not everyone who used the service needed staff support to access healthcare, some people were supported by their family. Where people did need this support referrals were made to health care services as required. For example, one person was referred to the GP when their health deteriorated.

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 respectful. One person told us, "The [staff] are very respectful and caring." Another person told us, "They say hello as they arrive and they are jolly and do brighten up [person's] day."
- A relative told us, "The girls that come are 'A' star and can't fault them at all, they are so caring with my [person] who likes them a lot."
- Staff spoke respectfully about people when describing how they supported them. For example, one staff member told us how they would make sure they always have time to chat with the person to make sure they are okay, even if it's talking about the weather.

Respecting and promoting people's privacy, dignity and independence

- People told us staff promoted their privacy and dignity. For example, one person told us, "They always knock on the door before they come in and say who they are."
- People and relatives told us staff support them to be as independent as possible. One relative told us, "They [staff] let [person] walk on their own but they walk behind [person] to make sure they are safe, they don't just do it for him."

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

- Staff supported people to express their views. One staff member told us, "We [staff] respect people's views, we don't just do it. If people refuse we give advice and encouragement but it's their choice."
- Another staff member told us, "We do according to what the client wants, we don't impose on them, it's their house, we do what the client asks."
- People told us staff supported them to be involved with their care and make decisions. One person told us, "The [staff] always give me the time I need during person care and longer if needed because of my health."

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 requires improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support

- The service was supporting one person who received end of life care but there was a lack of information about their wishes and preferences. The registered manager could not be assured that staff would understand and meet the persons need at the end of their life.
- There was a lack of information regarding other people's end of life wishes or if there had been a conversation with family members. The registered manager informed us some people did not wish to discuss their end of life wishes, however this was not always recorded.
- People's care and support plans were not consistently person centred. There were some areas which were person centred such as how people wanted to be supported to wash. However, other sections of people's care plans were generic. The outcomes people wanted from their care and support had been copied and pasted from one person's care plan to another. For example, there was generic information regarding people's ability to participate in specific aspects of their personal care, such as if they were able to dress themselves or needed support or how much support was needed to complete these tasks.
- Some always care plans did not always contain sufficient information to inform staff how best to support people and ensure their care was person centred. For example, one person's care plan highlighted they had a history of mental ill health, however there was no other information to inform staff on how the person would like to be supported regarding this.
- People fed back they wanted more continuity of staff. One person told us, "They are all different carers, I would like regular carers to save me repeating everything and showing them everything each time they visit." Another person told us, "I have to repeat myself over and over as its never the same staff." This was discussed with the registered manager and they were recruiting staff to try and address this feedback.

The provider failed to ensure people consistently received person centred care. This is a breach of Regulation 9 of The Health and Social Care Act 2008. (Regulated Activities) Regulations 2014.

- Staff had received training on how to support people who needed end of life care. One staff member told us, "We make sure they are comfortable."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People's care and support plans detailed the people closest to them and how they wanted to maintain their relationship with family and friends and what staff could do to support them.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the

Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Staff ensured people had access to information in formats they could understand.
- People had communication care plans in place to detail their preferred method of communication and any guidance for staff to aid with communication. For example, care plans detailed if people wore glasses or used hearing aids.

Improving care quality in response to complaints or concerns

- People, and those important to them, could raise concerns and complaints. Some people felt their complaints were handled well but others did not. One person told us, "Yes I have had to make a complaint, but it falls on deaf ears. However, another person told us, "I did complain about getting a number of new staff but I understand they are a new company and they [staff] need to learn."
- The service treated all concerns and complaints seriously, investigated them and learned lessons from the results. However, more work was needed to ensure people were happy with the outcomes of their complaints and address any other actions that could be taken. This is an area for improvement.

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 requirement improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of 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

- Governance processes were not always effective to ensure people were supported safely with their health concerns. For example, we identified gaps in some risk assessments relating to a person's diabetes. The registered manager addressed this during the inspection.
- The registered manager had an auditing system in place for medicines. The audit highlighted a number of medicines errors and what action was taken. The action taken detailed that staff were reminded of their training, however this had not been effective as there were still a number of medicines errors, specifically overdosing and under dosing.
- The registered manager had not consistently ensured MCA was always considered and recorded. The registered manager told us that everyone had capacity to consent to their care, however documentation was not always in place to support this.
- The registered manager had a system in place to address and respond to complaints, however people told us they were not always happy with the outcome of their complaint or concern.
- The registered manager had not consistently notified the Care Quality Commission of notifiable incidents. For example, some safeguarding concerns were reported to the local authority but not always to CQC.

The provider had failed to ensure effective and robust governance systems were in place to ensure the health and wellbeing of people who use the service. This is a breach of regulation 17 (governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Although auditing was not effective in some areas, auditing for incidents and accidents was effective. The registered manager had oversight of incidents, accidents and trends and patterns could be identified and actioned where needed.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The registered manager sought feedback from people and those important to them and used the feedback to develop the service. Some people fed back that they were not happy about some of their call times so the registered manager addressed this and added another route for staff to take, which would ensure staff could meet the call times.
- Although staff asked people if they were happy, staff had not consistently reviewed and updated care plans with people and their relatives. People were not always given the opportunity to be involved in reviewing and creating their support plans.

- Staff gave positive feedback about the service and the registered manager, one staff member told us, "The managers and office staff are good."
- The registered manager worked well in partnership with other health and social care organisations, which helped to give people using the service a voice and improve their wellbeing.
- The registered manager supported referrals to health care professionals such as occupational therapists and community nursing teams.

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

- The registered manager ensured staff felt supported in their role. One staff member told us, "The office staff are always there for a chat if we need anything, I feel supported."
- The registered manager carried out regular supervisions for staff and competency checks.
- Staff felt able to raise concerns with managers without fear of what might happen as a result.
- People were supported to feedback to the registered manager about the service. The registered manager and office staff carried out regular calls to people to ensure they were happy and if there was anything they needed to address.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their responsibility around duty of candour. The duty of candour requires providers are open and transparent with people who use services and other 'relevant persons' (people acting lawfully on their behalf) in general in relation to care and treatment.
- Relatives told us they were informed about incidents and accidents.

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 9 HSCA RA Regulations 2014 Person-centred care The provider failed to ensure people consistently received person centred care.
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had not consistently ensured the proper and safe management of medicines. This
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had failed to ensure effective and robust governance systems were in place to ensure the health and wellbeing of people who use the service.