

Vine Social Care Agency Limited

Vine Social Care

Inspection report

57 Lynchford Road
Farnborough
Hampshire
GU14 6EJ

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28 May 2021

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Ratings

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

Summary of findings

Overall summary

About the service

Vine Social Care is a home care agency supporting people with personal care in their own homes. 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. At the time of the inspection the service was supporting 50 people with personal care.

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

People and relatives told us they were happy with the quality of care, telling us they received consistent care, at agreed times with staff they were familiar with.

People told us the registered manager was approachable and professional. Staff told us that they were motivated in their role and enjoyed working for the company.

The provider had systems in place to investigate and reflect upon incidents. Outcomes from investigations were shared with staff to help ensure the learning was applied in their everyday working practice.

Risks to people in relation to their health and medical conditions were assessed and measures were put in place to reduce the risk of harm to people.

The provider had effective systems in place to monitor the quality and safety of care. They had utilised computer-based systems to develop a pro-active approach by monitoring care in 'real time'.

There were safe systems in place to ensure the continuity of care outside of office hours and in the event of an emergency.

The registered manager had a good understanding of the day to day culture of the service and of people's needs.

There were enough staff in place to meet people's needs. The provider had made improvements to their recruitment processes to ensure staff had appropriate checks into their background and character.

People's care plans detailed the support they required around their medicines and personal care. Care plans were easy to follow, accessible for staff and identified people's specific preferences around their care.

There were policies and procedures in place to protect people from the risk of suffering abuse or coming to avoidable harm.

Staff had received training in infection control, including additional measures required in light of the COVID-

19 pandemic.

The provider engaged with people so they could have a meaningful input into their care plans.

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

Rating at last inspection

The last rating for this service was requires improvement (published 25 September 2019).

Why we inspected

We undertook this focused inspection to check they had made improvements in the areas identified as requires improvement at our last inspection. This report only covers our findings in relation to the key questions Safe and Well-Led.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Vine Social Care on our website at www.cqc.org.uk.

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Vine Social Care

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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was carried out by 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.

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 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

This inspection was announced. We gave the service 24 hours' notice of the inspection. This was because we needed the provider to send us some information prior to the inspection.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. 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 six people and seven relatives via telephone about their experience of the care provided. We spoke with nine members of staff including the registered manager, office staff and care workers. We reviewed a range of records. This included four people's care records and multiple medication records. We looked at staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including audits, action plans, risk assessments, policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Learning lessons when things go wrong

At our last inspection we recommended the provider developed a system to ensure actions from incidents were logged and reviewed in a more robust way. The provider had made improvements.

- The registered manager investigated and reviewed reports from accidents, incidents, safeguarding concerns and complaints. These were analysed for any patterns or trends and followed up to help reduce the risk of reoccurrence.
- The registered manager held reflective practice meetings with staff to help ensure learning from incidents could be applied to future working practice. One staff member told us, "It is very helpful and gives us a chance to talk about what's happened." In one example, staff were given support and guidance about procedures to follow if people made allegations against them. This helped ensure they were following correct procedures to keep themselves and people safe.
- The registered manager held monthly meetings with senior staff where the outcome of investigations of incidents were discussed. This helped to ensure there was a shared understanding of how and why changes were made in response.

Assessing risk, safety monitoring and management

- There was a business continuity plan in place. This detailed how the service would run safely in the event of emergencies such as staff shortages or extreme weather. This helped to ensure there were clear plans in place to reduce risk associated with these circumstances.
- There were effective systems to monitor the punctuality of care calls. There was an electronic care planning system that alerted the provider's office when staff did not log into the start and end of their planned care calls. This helped office staff quickly identify any potential late or missed calls.
- There was an out of hours telephone service in place which people or staff could call in an emergency. Office staff rotated on call duties, which meant that there were always senior staff available to provide guidance and support. People's comments included, "Calls [to out of hours] are answered 24/7" and "[Out of hours telephone line] is easy to ring and always someone there to help."
- Risks related to people's health and medical conditions were identified in their care plans. Where risks or specific requirements were identified, the provider ensure staff received training and support to meet these needs. For example, some people had a percutaneous endoscopic gastrostomy (PEG) to allow nutrition, fluids and/or medications to be put directly into the stomach, bypassing the mouth and oesophagus. Staff had received training and competency assessments in supporting people who have had this procedure. This helped to ensure they could meet people's needs.

Using medicines safely

- People told us they were happy with the support they received around their medicines. Comments

included, "Yes, I do get my tablets on time. Staff are on top of it with the blister packs" and "I get them [my medicines] on time and that's important with (my medical condition)."

- People's medicines care plans detailed their prescribed medicines, arrangements for managing their medicines and level of support they required.
- People's medicines records were audited daily. Staff recorded medicines administration using the provider's electronic care planning system. The registered manager was able to view completed electronic records from the office. This helped to quickly identify any errors in medicines administration.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe receiving care from staff. Comments included, "They are a reliable company. They come on time and staff are trustworthy", "Yes, I feel safe. They [staff] have taught me how to get in and out of the shower safely" and "Absolutely safe, definitely. They are wonderful."
- The provider had a safeguarding policy in place. This outlined the actions needed to help prevent people suffering abuse or avoidable harm. Staff received training in safeguarding, which helped them to recognise the signs of abuse and actions to take in response.
- The registered manager took appropriate action in contacting safeguarding authorities when concerns were raised about people's safety or wellbeing.

Staffing and recruitment

- There were sufficient numbers of staff in place to meet people's needs. Comments included, "I mainly see the same people three times a day", "There are four staff that visit and I've built a good rapport with them" and "The best thing is that they are reliable and turn up every day."
- People received care from staff with the right skills. The registered manager oversaw rota management. They showed us how specific call times and staff were allocated to care calls depending on people's needs. Comments included, "They normally turn up on time" and "They do a good job supporting me with my [medical condition]."
- There were safe recruitment processes in place. Since our last inspection, the provider had improved their recruitment processes to make them more robust. They had employed a member of staff to oversee staff recruitment and had developed processes to ensure new candidates' recruitment checks were complete before starting work.
- The appropriate recruitment checks were carried out to help determine candidates' character, experience and conduct in previous employment.

Preventing and controlling infection

- We were assured that the provider was using Personal Protective Equipment (PPE) effectively and safely. Comments included, "[Staff] always come in with the gloves and masks" and "Yes, absolutely spot on, they are religious about doing this [wearing PPE]." A member of staff told us, "There is always PPE available."
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider's infection prevention and control policy was up to date.

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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant 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

- There was a clear management structure in place. Office based, senior staff were delegated key roles such, as recruitment of staff and assessment of people's needs. This helped to ensure the provider's office was well organised and efficiently run.
- The registered manager had a good oversight of quality and safety. They completed regular audits of people's care and medicine's records and oversaw the rota management of people's care calls. This helped to promote quality and consistency.
- Staff were regularly observed in their working practice by management. This helped to assure the provider that staff were competent and displaying the right attitudes and behaviours.
- The registered manager had submitted statutory notifications about significant incidents that happened at the service as required.

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

- People and relatives told us they were happy with the quality of care provided. Comments included, "Vine Social Care is a professional organisation. [My relative] has an uninterrupted service and issues are resolved" and "The quality of care is excellent. I cannot thank them enough because without them [my relative] couldn't continue to live at home. I have recommended them to other people."
- People and relatives told us that management staff were friendly and approachable. Comments included, "The registered manager is very nice. I have great confidence in Vine Social Care" and "All the office staff are helpful and friendly."
- Staff told us they felt supported by the management in their role. Comments included, "It's a very good company to work for", "[I am] very happy to work for Vine Social Care. It is a caring company who looks after clients and staffs needs well" and "Management are always available. The registered manager is very professional and communicates well."
- The registered manager and senior staff were very familiar with people's needs. They regularly went out to complete care visits, so they understood what was required of staff.

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 had a clear understanding of their responsibilities and acted in line with the duty of candour. The duty of candour sets out actions that the provider should follow when things go wrong,

including making an apology and being open and transparent. The registered manager had taken the appropriate steps to ensure these requirements were met.

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

- The provider enabled accessible open communication with all people who used the service. For example, some people's care plans had been translated into their first language, so they were able to view and engage in its development. The care plan was written in a dual language format, so it was clear for both people and staff.
- The registered manager held regular staff meetings where updates were shared, and ideas were sought. During the pandemic, it had not always been possible for these meetings to be face to face, but the registered manager had utilised technology to help ensure they kept in contact regularly with staff.

Continuous learning and improving care

- The registered manager had overseen improvements to the quality of care since our last inspection. These improvements included, enabling people and relatives to view allocated staff for planned care calls via a mobile telephone app. One relative told us, "I have the app so I can tell [my relative] who is coming, it's brilliant and reassuring for both [my relative] and us as a family."
- The registered manager had developed an action plan to track and monitor how improvements were made. They used actions from audits, supervisions, feedback and input from external stakeholders to identify where changes were needed.

Working in partnership with others

- The provider worked in partnership with other stakeholders to promote good outcomes for people. The provider kept professionals informed about people's and health where required. This helped to ensure their ongoing input could help adapt care to people's changing needs.