

Vista Home Care Services Limited

# Vista Home Care Services Ltd

## Inspection report

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Date of inspection visit:  
10 January 2020  
24 January 2020

Date of publication:  
23 April 2020

## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	<b>Requires Improvement</b> 
Is the service effective?	<b>Good</b> 
Is the service caring?	<b>Good</b> 
Is the service responsive?	<b>Good</b> 
Is the service well-led?	<b>Requires Improvement</b> 

# Summary of findings

## Overall summary

### About the service

Vista Home Care Services Ltd is a domiciliary care agency providing personal care to people living in their own homes. At the time of our inspection the service was providing personal care to nine people.

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 and relatives were complimentary about the staff and the service. However, we continue to have some concerns about the systems and processes used to manage the service, which although have improved since the last inspection, remain not sufficiently robust. Our telephone calls made to the office were not always answered and telephone messages were not returned in a timely manner. We found a recording discrepancy between a person's medicine administration record and daily notes which had not been audited.

Staff did not always receive medicine competency checks to check practices were safe prior to administering medicines. Governance and performance management systems were not always effective.

Recruitment processes were of good quality. New staff received an induction. The service received the input of other healthcare professionals where needed.

Staff were caring. People and their relatives told us they very happy with the service, although there were some concerns regarding late and missed calls. People were treated with dignity and respect. Support plans were accurate.

The provider had a complaints procedure in place. People and their relatives were aware of how to make a complaint. People and relatives were consulted and asked for feedback about the quality of the service. People's views were sought and action taken to improve the service from these.

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. The provider was working within the principles of the MCA. Some staff understanding of the MCA was limited.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was requires improvement (published 9 July 2019). The service remains rated

requires improvement. This service has been rated requires improvement for the last three consecutive inspections.

This service has been in Special Measures since 8 July 2019. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Enforcement

We have identified a continuing breach in relation to 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 for 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 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?

**Requires Improvement** ●

The service was not always safe.

Details are in our safe findings below.

### Is the service effective?

**Good** ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

**Good** ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

**Good** ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

**Requires Improvement** ●

The service was not always well-led.

Details are in our well-led findings below.

# Vista Home Care Services Ltd

## **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

The inspection was carried out by two inspectors 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

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

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

We gave the service notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 7 January and ended on 24 January 2020. We visited the office location on 10 and 24 January 2020. We spoke with people who used the service and relatives to gain their views on 7 and 8 January 2020.

#### What we did before the inspection

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.

#### During the inspection

We spoke with two people who used the service and six relatives about their experience of the care provided. We spoke with the registered manager who is also the registered provider, the deputy manager and two members of care staff.

During the inspection we looked at two people's support records in detail. We reviewed a range of documents relating to how the service was managed including; two staff personnel files, staff training records, policies, procedures and quality assurance audits.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found in relation to improvement plans.



# 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 remained the same. 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.

At this inspection we found enough improvement had been made and the provider was no longer in breach of this section of regulation 12. However further improvements are needed. At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people, medicines were not managed safely and service call times needed to be monitored and access to a response to phone calls and texts needed to improve.

### Assessing risk, safety monitoring and management

- People, their relatives and staff told us they did not have concerns contacting the office and gaining a response from the registered manager. One person told us, "You can speak to them [management] any time." A member of staff told us, "When I ring, [registered manager] is available unless in a meeting or visiting a client. They do get back. It's never a serious problem."
- Telephone messages we left on the office answering machine were not returned in a timely manner and telephone calls to mobile numbers were unanswered. At our previous two inspections, we were concerned there was no effective system in place for people or their relatives to gain a response from the service in an emergency situation. At this inspection and throughout the inspection process, we struggled to contact anyone during the office opening hours.
- People had a range of risk assessments in their care records. These identified key risks and action needed to mitigate these risks.
- Environmental assessments were completed in people's homes regarding the safety and suitability of the environment. Assessments were completed on commencement of support.

### Using medicines safely

- Medicines were safely managed. People had individual medication administration records (MARs) to ensure they received their medication as prescribed.
- Staff had received training in medicine management. However, we saw the registered manager's and one staff member's medicine administration training had been one month out of date. We found both had undertaken medicine refresher training one day prior to our announced inspection and the registered manager's medicine competency check had been completed a few days after. The registered manager told us the other member of staff had recently returned to work and was not currently supporting people with medicines.

### Staffing and recruitment

- Staff recruitment was safe. At our previous inspection we found recruitment processes were not robust. At this inspection we found enough improvements had been made and staff recruitment was no longer a

concern.

- People told us they received care from the same staff. This helped to build positive relationships and provide consistency of support. One person said, "I have the same carers."
- At this inspection we found some improvements had been made for service call times through monitoring although we received a mixed response when we asked people and their relatives whether staff arrived on time. Comments included, "The timekeeping is poor," "Their [staff] timekeeping is not ideal but acceptable," and "Timekeeping is generally good."
- Some people and relatives indicated there had been occasions when a service call had been missed. One person said, "They have missed appointments two or three times." However, a relative told us, "They've never missed an appointment."

#### Learning lessons when things go wrong

- Staff reported any incidents or accidents to the office. The registered manager told us incidents or accidents were routinely recorded in people's support plans they kept at home and recorded on the electronic office management system. These were reviewed for themes and trends.

#### Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. One person said, "I definitely feel safe with them." A relative told us, "We feel absolutely sure they are looking after [Person] in a safe way."
- Staff were aware of the different types of abuse and understood their responsibilities in reporting any concerns they may have.
- Staff received training in safeguarding vulnerable adults.

#### Preventing and controlling infection

- People were protected from the risk of infection. The provider had infection control procedures in place.
- Personal protective equipment (PPE) was always available for staff. Staff told us there were plentiful supplies of PPE. This protected people from the risk of acquiring an infection.



# 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.

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'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

- Care records documented the involvement of people, their relatives and where appropriate any health and social care professionals. This ensured all the person's needs were considered and addressed.
- People received planned care in line with their individual needs.

Staff support: induction, training, skills and experience

- New staff were supported and completed a comprehensive induction.
- Staff new to care were required to complete the Care Certificate. The Care Certificate is the benchmark that has been set for the induction standard for new social care workers.
- Training records confirmed staff had completed training relevant to people's needs. Records showed staff were observed and had been assessed as competent when providing support in people's homes.
- Staff received supervisions and annual appraisals in line with organisational policy.

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

- People were supported with their nutritional needs where required. We saw people's dietary requirements were recorded in their care records.
- People told us staff met their personal preferences. One person said, "My evening meal is cooked from scratch."

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

- People were supported to access health and social care professionals where required and key contacts were included in their care records.
- People were supported to attend health and other appointments if family members were unable to do so.

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

- The service was working within the principles of the MCA. People's capacity to make decisions was assumed unless there was evidence to suggest otherwise. Mental capacity assessments were in line with current guidance.
- At our last inspection we found there were some missing signatures in people's care records to show they had given consent to receive care and treatment. At this inspection, we found enough improvements had been made. However, we found a family member had signed on behalf of one person and their full name had not been appropriately recorded.
- Staff we asked were aware of the importance of obtaining consent when providing care and support. One person told us, "They [staff] ask my consent to care for me."
- Staff had been trained in the MCA and DoLS, but our discussions with staff highlighted some of their knowledge was limited and they were unaware of the principles of the Act. There were no specific concerns identified in relation to the support they were providing.

# 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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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 we spoke with told us the staff were kind and caring. One person told us, "Staff are caring and compassionate." A relative said, "I think they [staff] are quite good." A member of staff told us, "The best thing is being able to look after somebody and make their day."
- People and their relatives spoke mainly positively about the care they received. Comments included, "I am happy with the care provided", "The care plan is followed" and "The care is so so. It depends on who [staff] is on."
- Through talking with staff and reviewing people's care records, we were satisfied care and support was delivered in a non-discriminatory way and the rights of people with a protected characteristic were respected. Protected characteristics are a set of nine characteristics that are protected by law to prevent discrimination. For example, discrimination based on age, disability, race, religion or belief and sexuality.

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

- People told us they were involved in making decisions about their care and support and were confident their views were listened to, valued and acted upon. A relative told us, "We have satisfactory contact with the registered manager."
- Care records included what people liked and what was important to them. For example, one person's care recorded in detail how they liked to be cared for and how staff needed to assist them.

Respecting and promoting people's privacy, dignity and independence

- People told us staff treated them with dignity and respected their privacy when providing personal care. A relative told us, "[Person] is very settled with these carers."
- Staff we spoke with understood the importance of maintaining people's privacy and dignity and gave examples of how they would implement this. A member of staff said, "I ensure all the curtains are closed and nobody can see in." A second member of staff told us, "If people can dress themselves, I leave the room to give privacy."
- Sensitive personal information was stored securely in the office.

# Is the service responsive?

## Our findings

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

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's needs were met through good organisation and delivery.

At our previous inspection we found the provider was in breach of Regulation 16, receiving and acting on complaints. At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 16.

Improving care quality in response to complaints or concerns

- The service had a complaints procedure in place. One complaint had been received since the last inspection. We saw this had been investigated and responded to appropriately.
- People and their relatives told us they knew how to complain should the need arise. Comments included, "Details of who to report concerns to is in the file", "We don't have any concerns about the care [Person] received" and "They will react promptly and appropriately if we raise any concerns."

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

- Support plans were appropriate and contained guidance about people's personal preferences and how they liked to be supported. For example, a support plan instructed staff to speak clearly and direct to the person to ensure effective communication. They also provided staff with a clear overview of the level of support and tasks required at each visit.
- People's support plans were reviewed annually or when the person's needs changed and involved family members when appropriate.

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 were recorded and highlighted appropriately in their support plans. One person's support plan informed staff the person could hear and communicate effectively if spoken to directly and clearly.
- The registered manager told us if people required information in larger print or different formats or languages they would ensure this was provided.

End of life care and support

- At the time of inspection no one required end of life care. The registered manager told us end of life support plans would be put in place if appropriate, which would include people's wishes. We saw support

plans include information whether 'Do not attempt cardiopulmonary resuscitation' orders (DNACPR) were in place, to ensure people's wishes would be carried out.

# 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 inadequate. At this inspection this key question has now improved to requires improvement. This meant the service management was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

At our previous two inspections we rated this domain as inadequate. The leadership and governance systems were ineffective at monitoring the delivery of the service and identifying where improvements were required. At this inspection, we found some areas had improved but there were still areas requiring further improvement. The registered manager was still regularly out of the office providing care and had not had the support of a deputy manager, which restricted the time available to improve the service.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- At our previous inspection we found the system to monitor the service people received was not effective. As a result, the registered manager was required to submit a fortnightly improvement plan. Although improvement plans were submitted, these were often received late. Improvements were not always clearly evidenced within the plan and did not document the completion date against actions taken, as we had previously requested.
- We had previously been assured through the improvement plan staff training had been updated. As identified earlier in our report, the registered manager's and one staff member medicine refresher training was one month out of date and was completed one day prior to our announced inspection. Their medicine competency checks were also out of date.
- We were not assured telephone messages left on the office telephone number or mobile telephone numbers were actioned or returned in a timely manner.
- Daily records were completed by staff detailing the care and support they had provided during each visit. The registered manager told us these were regularly returned to the office for audit purposes. However, we found one person's daily records had not been returned to the office for over six months and therefore the registered manager had not audited these. We noted there were recording discrepancies between the daily notes and the medicine administration records. Our review of the person's medicine administration records highlighted some medicines had not been recorded as administered, however the daily notes recorded as being given. We raised this with the registered manager so they could review further.

We found no evidence that people had been harmed however systems to assess, monitor and improve the service were not sufficiently robust. This was a continuing breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Good governance.

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 provider was not familiar with the duty of candour terminology. However, understood their responsibilities regarding being open and transparent.

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

- There were systems in place to ensure communication between staff members including staff memo's, phone calls and text messages. Team meetings were not regularly held. The registered manager told us of their plans to implement monthly team meetings.
- Staff were not formally asked for their feedback. There was no system in place to ensure staff were offered the opportunity to provide confidential feedback. We provided feedback to the registered manager regarding this.
- Surveys were given to people who used the service and their family members. The results of these surveys were reviewed by the registered manager. They told us people and relatives were verbally updated on the actions taken as a result of feedback. Therefore, there were no records to evidence this.
- The service had an electronic system in place to record positive comments and compliments. We saw one positive comment recorded since our last inspection.

At our previous inspection we found the provider was in breach of Regulation 20A Requirement to display performance assessments. At this inspection we found the provider was no longer in breach of this regulation.

- The ratings from the last inspection were clearly displayed in the office.

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

- People told us they were satisfied with the service they received. Comments included, "I do think it's a well-managed service", "We are happy with the management" and "This service is good."
- The registered manager had a thorough understanding of the people they were supporting, their needs and requirements.
- Staff were positive about the registered manager and the service. They said, "Working with [registered manager] is great. If I have any problems or am unsure, I can tell them about it" and "She's a good manager. If you ever need her she is always there. You can always get hold of her." A member of staff told us, "I enjoy my job. I love it. I thought I would be nervous but you create a bond with all clients."

Continuous learning and improving care

- The registered manager acknowledged that systems to demonstrate compliance with the regulations was still required.

Working in partnership with others

- The evidence we looked at demonstrated the service worked in partnership with the wider professional team. Records noted the involvement of GP, occupational therapists and district nurses.

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 17 HSCA RA Regulations 2014 Good governance  Ineffective quality assurance and auditing systems and processes to assess, monitor and improve the quality and safety of the service.