

Vista Care Limited

# Vista Care Supported Living and Domicillary Care

## 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

Vista Care Supported Living and Domiciliary Care is a domiciliary and supported living service providing personal care to five people across two properties 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 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 received safe care and staff understood safeguarding procedures and how to raise concerns. Risk assessments were in place to manage risks associated with people's needs.

Investigations took place into accidents, incidents and any events to identify any lessons to be learnt.

Staff were recruited safely. Appropriate pre-employment checks were carried out.

People's medicines were administered, as prescribed, by trained staff.

People were protected from infections including COVID-19.

People were supported to maintain a healthy and balanced diet. People had access to health professionals when required.

People's consent was gained before any care was provided. Staff treated people with kindness, dignity and respect and spent time supporting them with activities of their choice.

Care plans reflected peoples' likes, dislikes and preferences.

Complaints were received and responded to appropriately. The service gained regular feedback from people who used the service to identify any required improvements.

Staff received an induction and training to carry out their roles effectively.

Information provided to people using the service was in a format they could access and understand

Staff received regular supervision meetings and provided positive feedback on the support they received from the registered manager.

We saw evidence of partnership working with other agencies to develop the service provided to people

including the Community Team for People with Learning Disabilities.

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.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

This service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.

Right support:

- People were supported to have choice, control and independence.

Right care:

- Care was person-centred and promoted people's dignity, privacy and human rights.

Right culture:

- Ethos, values, attitudes and behaviours of leaders and care staff ensured people using services lead confident, inclusive and empowered lives.

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

This service was registered with us on 21/05/2019 and this is the first inspection.

Why we inspected

The inspection was prompted in part due to concerns received about the safety of people using the service. The provider contacted CQC prior to the inspection to raise concerns regarding a safeguarding issue. A decision was made for us to inspect and examine those risks.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe sections of this full report.

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 

# Vista Care Supported Living and Domicillary 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.

#### Inspection team

The inspection was carried out by one inspector and one assistant inspector.

#### Service and service type

This service provides care and support to people living in two 'supported living' settings, so they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

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 unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since registration. We sought feedback from the local authority and professionals who work with the service.

#### During the inspection

Due to COVID-19 restrictions, we were unable to speak to people who used the service. However, we spoke with two relatives/advocates about their experience of the care provided. We spoke with seven members of staff including the provider, registered manager, senior care workers and care workers.

We reviewed a range of records. This included two people's care records and 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, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

# 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

- Systems and processes were in place to protect people from abuse. The registered manager conducted investigations where concerns had been raised by people and their relatives. We saw evidence of referrals being made the local authority safeguarding team where required.
- Staff received training on safeguarding and understood how to recognise and report abuse. One staff member said "I would speak to my manager. If nothing was done, I would report to next person in line or CQC."

Assessing risk, safety monitoring and management

- Risks to people had been assessed with strategies and measures in place to keep people safe. For example, one person with epilepsy had a risk assessment in place for keeping them safe whilst in the shower. The risk assessment detailed this person 'is to be supervised at all times whilst showering due to a risk of drowning.' One staff member told us "[Person] has a choking risk. Everything is soft or cut small."
- Risks to people's health and safety had been documented and risk assessments implemented as required. For example, scalding risks from hot water.
- Hospital grab sheets and health action plans were available on people's care records which ensured up to date essential information could be shared in the event people were admitted to hospital.

Staffing and recruitment

- Staff were recruited safely. The provider completed pre employment checks such as references and Disclosure and Barring Service (DBS) checks. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions.
- Where the service had used agency staff, individual profiles were in place to ensure that they were suitable to work with people who used the service including confirmation of DBS and training.

Using medicines safely

- Staff received training in administering medicines safely and their competency of administering medicines had been assessed to ensure they followed best practice.
- Medicine administration record's (MAR) evidenced medicines were administered as prescribed. However, we identified that staff did not always sign the MAR when medicines had been administered. The registered manager agreed to improve the auditing of MARS charts.
- Protocols were in place for 'as required' medicines and staff documented the rationale for administering these medicines.

### Preventing and controlling infection

- People and staff took part in regular testing for COVID-19 as per government guidelines. Where people received visits from family and friends, negative COVID-19 tests were requested prior to the visit taking place. One relative told us "I visit on a weekly basis after a COVID-19 test."
- Staff had received training in infection control including COVID-19 and the use of PPE.
- People were supported by staff to maintain a clean home environment to prevent the spread of infections. Infection control audits had been completed by the service to ensure that people were protected from infections, including COVID-19, and to identify any improvements required.

### Learning lessons when things go wrong

- Accidents and incidents were recorded and reviewed to identify trends or patterns to ensure lessons were learnt.



# 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 using the service to ensure these could be met. We saw evidence that people and their relatives were involved in the assessments.
- People were supported by a consistent staff team who knew them well.
- Care plans were detailed, person centred and up to date. There was evidence of regular reviews including when people's needs changed.
- Care plans showed all aspects of a person's needs were considered. Including people's diversity characteristics including religious and cultural needs.

Staff support: induction, training, skills and experience

- Staff received an induction when they first started working at the service. This involved training and working alongside experienced staff.
- Staff received the training required to carry out their roles effectively. We saw evidence that staff had completed training relevant to their role including moving and handling, equality and diversity, autism and epilepsy.

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

- People were supported by staff to choose what they would like to eat and drink whilst maintaining a healthy and balanced diet.
- People's care plans detailed their likes and dislikes in relation to eating and drinking and what support they required from staff.

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

- The registered manager is a member of the 'Easy Health' organisation which provides health information for people with learning disabilities. This includes information on health in easy-to-understand words, pictures and films.
- We saw evidence of referrals being made to health professionals where required such as dentists, opticians and GP's. A person's advocate told us "[Person] has the regular checks supported with appointments to monitor bloods."

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 whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- We checked whether the service was working within the principles of the MCA and found that they were.
- Where people lacked capacity, decision specific mental capacity assessments had been completed and best interest decisions had been made with all the relevant people involved. However, the provider had not always ensured that relatives who gave consent had the power of attorney to do so. The registered manager agreed to rectify this issue and remove any consent forms that relatives had signed without authorisation.

# 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 were treated with respect. Care plans included all relevant information and people were supported to follow their beliefs and culture.
- We saw evidence that the service considered people's equality, diversity and cultural needs. One person had been supported to attend a Chinese New Year celebration. People were supported to celebrate festivities in their chosen faith.
- A relative told us "The staff are very good." A person's advocate told us "[Person's] main staff know [person] well."

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

- People took part in regular meetings with staff to gain their feedback on the care and support they received.
- People had access to an advocacy service. Advocates support people who may find it difficult to understand their care and support or find it difficult to communicate. They can act as a spokesperson for people who use services.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect. For example, staff supported people to maintain their dignity and self-respect by ensuring their bodies were adequately covered up when supporting them with personal care. One staff member told us "I knock on door and ask if it is ok to come in. When I take [person] for their shower, [person] is covered up and changes in the bathroom." Another staff member said, "I ask [Person] 'can I come in (the bathroom) with you?' If [person] says no, it's their choice."
- People's independence was promoted. A relative told us "They (staff) got [person] to make their own cup of tea. They (staff) prompt [person] to stop pouring the hot water. They (staff) talk [person] through making a juice. [Person] puts own washing in and out of the washing machine and cleans the kitchen."
- One person had a listening device so staff could monitor their safety without needing to be the room with them. This had been risk assessed to promote the person's independence. However, the risk assessment did not cover the need for privacy. The registered manager agreed to update the risk assessment to include times staff should not have the device on.

# 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; 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 plans were detailed and contained person centred information on how they would like staff to support them. One staff member told us "Everybody has a very detailed care plan. I had to go through the care plans when I started, they are really good."
- People were supported to stay in contact with their loved ones during the COVID-19 pandemic.
- People had daily routines and activities recorded. People were supported by staff to choose how they would like to spend their day. One staff member said "[People] go out quite a lot now or have sensory activities in the home. [Person] has pictures of what they like or they (people) tell you what they like. We have lots of time to spend with people." Another staff member told us "[Person] loves listening to music, colouring and sticker books. [Person] helps to make a schedule in the morning. [Person] chooses what to do next."
- The provider has recently been allocated an allotment by the local council. We were told this will be managed by a small team of staff and can provide further opportunities in the community and therapy for people who use the service.

### 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 documented within their care plans detailing how best to support them with this need. One staff member told us "[Person] communicates through pictures or choosing food by pointing to what [person] wants."
- People used pictures to communicate with staff on how they were feeling and what activities they would like to do.
- Information provided to people using the service was in a format they could access and understand. This included care plans in an easy read format and social stories. Social stories are short descriptions of a particular situation, event or activity, which include specific information about what to expect in that situation and why. Social Stories were devised as a tool to help individuals with autism better understand and cope with specific occurrences.

### Improving care quality in response to complaints or concerns

- Complaints were appropriately responded to in a timely manner. An easy read format complaints form

was available for people who used the service to understand how to make a complaint.

- Staff told us how they support people to make complaints. One staff member said, "We sit them (people) down in a private place, listen to them and give them the support they need and write it down and report." Another staff member said "[Person] doesn't understand complaints, so I ask if there anything [person] does not like. I would talk to the manager or change an activity if they (people) are not happy with it."

#### End of life care and support

- At the time of our inspection, no one using the service required end of life support.
- Care plans were in place for end of life care and the provider was in the process of gaining further information from people and their families regarding people's preferences and choice of care at the end of their life.

# 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.

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

- The provider had quality monitoring systems in place however, medicine audits had not identified missing signatures on MAR charts.
- Systems and processes were in place to ensure the registered manager had a good overview of each service and could identify when any improvements were required.
- Policies were in place which were reviewed regularly. New policies or changes to existing policies were effectively communicated to staff.
- The registered manager was aware of their regulatory responsibilities and submitted notifications to the Care Quality Commission as required.

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

- Staff were encouraged to raise concerns about the care provided, including whistleblowing. Staff told us they would feel confident raising any concerns or issues with the management team and that action would be taken to address these.
- Staff received regular supervision meetings and provided positive feedback on the support they received from the registered manager. One staff member said "[Registered Manager] asks if we are ok and if we have any problems. [Registered Manager] is lovely, best manager I have ever had." Another staff member said, "Any problems, [Registered Manager] will support me and help."

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

- Staff met with people on a regular basis to gain feedback on the care and support provided. This included asking people how they felt about their home and how they felt about staff.
- People's relatives and advocates told us they received regular contact and updates from the service. A relative told us "[Registered Manager] emails me on regular basis and keeps me up to date."
- Feedback from people, relatives and staff on the service and care provided was gained via survey forms, which were collated and reviewed to identify any required improvements.

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 under the duty of candour. The duty of candour

requires providers to be open and honest with people when things go wrong with their care, giving people support and truthful information.

Continuous learning and improving care; Working in partnership with others

- The provider was in the process of working with an independent training provider to give staff bespoke face-to-face Autism and communication training. This included support with the development of the provider's Autism Champion roles as well as carrying out observations, mentoring and further workshops as and when they needed.
- We saw evidence of partnership working with other agencies to develop the service provided to people including the Community Team for People with Learning Disabilities.