

Health Vision UK Limited

# Healthvision - Hounslow

## Inspection report

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## Ratings

Overall rating for this service

Inspected but not rated

Is the service safe?

**Inspected but not rated**

Is the service effective?

**Inspected but not rated**

Is the service well-led?

**Inspected but not rated**

# Summary of findings

## Overall summary

### About the service

Healthvision Hounslow provides a range of services to people in their own home including personal care. Most of the people who used the service were older people, some of whom were living with the experience of dementia. At the time of our inspection, 128 people were receiving personal care, and the majority of people were funded by the local authority.

Not everyone using Health vision Hounslow receives a regulated activity; CQC only inspects the service being received by people provided with 'personal care' 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 were not always administered or managed correctly. Risk management plans were not detailed and did not always give staff clear guidance to mitigate risks. Accidents and incidents were not always investigated in line with the providers policies and procedures.

The provider did not have effective quality assurance systems in place to monitor, manage and improve service delivery and to improve the care and support provided to people.

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

Staff understood the provider's safeguarding policies and were familiar with the reporting procedures. Staff had access to appropriate personal protective equipment (PPE) to help prevent the spread of infection.

People spoke highly of the staff and the management. People felt the staff would go out of their way to help them.

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 and update

The last rating for this service was requires improvement (report published 22 July 2019) and there were multiple breaches of regulations. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection enough improvements had not been made and the provider was still in breach of regulations.

### Why we inspected

We undertook this announced targeted inspection to check if the provider had made improvements to meet regulations 12 (Safe care and treatment), 11 (consent) 17 (Good governance), of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, which they were in breach of at our last inspection in July 2019. The overall rating for the service has not changed following this targeted inspection and remains

requires improvement.

CQC have introduced targeted inspections to follow up on Warning Notices, breaches of regulations or to check specific concerns. They do not look at an entire key question, only the part of the key question we are specifically concerned about. Targeted inspections do not change the rating from the previous inspection. This is because they do not assess all areas of a key question.

The overall rating for the service has remained requires improvement. This is based on the findings at this inspection. We found no evidence during this inspection that people were at risk of harm. Please see the safe, effective and well led sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Healthvision Hounslow on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

### Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to safe care and treatment, consent and good governance. 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 return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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?

**Inspected but not rated**

At our last inspection we rated this key question requires improvement. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

### Is the service effective?

**Inspected but not rated**

At our last inspection we rated this key question requires improvement. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

### Is the service well-led?

**Inspected but not rated**

At our last inspection we rated this key question requires improvement. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

# Healthvision - Hounslow

## 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.

#### 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 to be sure that the provider or registered manager would be in the office to support the inspection.

#### What we did before the inspection

We reviewed the information we already held about this service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. We reviewed information including notifications we had received about the service since the last inspection. Notifications are about incidents and events the provider must tell us about by law, such as abuse. We used all of this information to plan our inspection.

#### During the inspection

We spoke with the registered manager. We reviewed a range of records. This included six people's care

records, six people's medicine records and a variety of records relating to quality assurance at the service.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We spoke with two stakeholders and we sought feedback from six care staff and six people who used the service.

# 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. We have not changed the rating of this key question, as we have only looked at the part of the key question we had specific concerns about.

### Using medicines safely

At the last inspection we found systems were not in place to ensure the safe management of medicines and risks to people. This placed people at risk of harm and was a breach of Regulation 12 (safe care and treatment) of the Health and Social Act 2008 (Regulated Activities) Regulations 2014.

At this inspection not enough improvements had been made in relation to medicines management and the provider was still in breach of regulation 12.

- Medicines were not always managed safely. The provider's medicine's policy set out the three levels explaining how people were supported with their medicines. For example, level one was giving someone a verbal reminder to take their medicines. We reviewed one person's medicine risk assessment who was recorded as level one. We found that this was an incorrect level as, the person needed help to take their medicines. This person had no medicines administration record (MAR) chart, and this important information was not reflected in their medicines risk assessment. The National Institute for Health and Care Excellence (NICE) guidance on the management of medicines for people receiving social care in the community advocates providing detailed and specific directions for what the care worker is required to do to support the person with their medicines.
- Another person's medicine risk assessment stated they were to be given their medication on a specific day, yet they were being given their medication a day later. We judged that the registered manager did not have effective systems in place to help ensure medicines were administered safely.
- In one person's medicine administration record (MAR) chart we read, "Blister pack". There was no other information from staff about the type, dosage and administration details for this person's medicines.
- The registered manager was completing regular reviews of people's (MAR's) but they were not identifying gaps in the MAR chart. For example, one person was meant to be given their medication at the night-time call, but they were being given their medication at the evening call.
- Another person was in receipt of time critical medicine, the information recorded stated medicines should be given in the morning and afternoon, but the MAR chart stated they should be given at night; however, they were being given this medicine at lunchtime. We raised this with the registered manager, and they took action straight away to ensure this person received their medicines as prescribed.

Failure to safely manage medicines placed people at risk of harm and was a continued breach of Regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following the inspection, the registered manager took prompt action to address the issues we found

during the inspection.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

At our last inspection of the service the provider had failed to robustly assess and manage the risks relating to the health safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12

- People's risks were not always appropriately identified and assessed correctly. In some support plans we read people had a number of medical conditions but there was no other information recorded to guide staff on how to support people. For example, one person had a history of heart attacks, but there was no other information recorded. This meant staff were not always provided with clear guidance to manage people's health issues.
- In one person's falls risk assessment, we read they had a history of falls. The risk management information recorded was "Use my mobility equipment", but there was no information recorded on what equipment the person used or how best to support the person to use it.
- We read in one person's risk assessment they had some falls in the last 12 months and as a result they had low confidence in their mobility, and they were concerned about falling. The only information recorded to guide staff was to "Use their mobility aids." We raised this with the registered manager, and they recognised further information was needed to support this person appropriately.
- There were incidents recorded regarding behaviours that challenge, but we could not always see evidence of senior staff referring and following up on these matters with specialist health care providers.
- One person was at risk of pressure sores and if they sat for more than four hours, they needed a pressure relief cushion. There was no skin integrity risk assessment completed for this person and there was no information recorded in their care plan. This meant we could not be assured staff were working in line with the person's risk assessment to mitigate potential risks.
- The provider had completed COVID 19 risk assessments in July 2020, However the information recorded was not relevant to people's individual health conditions and vulnerabilities. We raised this with the registered manager, and they recognised the need to review this paperwork.
- The safety of staff was not always assessed as sometimes people did not have detailed care or environmental risk assessments completed prior to care being agreed. For example, one person was being provided with care four times a day, but senior staff had not completed any assessments to guide staff on how to care for this person. This could potentially put care staff at risk when supporting people.
- We saw staff had completed accident and incident paperwork for incidents. The registered manager told us it was the policy to investigate all of the incidents, however we could not always see evidence of these investigations or any records of actions being taken, or lessons learnt when things went wrong.

The above demonstrates an ongoing breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014

#### Staffing and recruitment

- Overall people told us staff turned up on time and stayed the required time. Some people felt that in the past there had been some concerns, but this was down to staff travelling by public transport. We received feedback from one stakeholder who told us, there had been some concerns regarding time keeping but this was starting to improve.



- We reviewed the call monitoring system and compliance records and we saw over the course of three months over 200 people were receiving their calls times more than 30 minutes later than planned. The provider had also received some concerns from people as they were not getting their calls on time and they were not always notified when staff were running late. We raised this with the registered manager, and they told us, they had recently recruited a worker specifically to monitor call times. This worker was only in post for a month, so they were still working on improving call times.
- People told us they were very happy with the support they received, and they felt safe. Comments included,  
"I feel safe, they worry about me they care." And " Yes, of course, We are safe. They are a like a family member, and they are so kind. "
- We did not look at recruitment as part of this inspection as the provider had appropriate recruitment checks in place when we last inspected. We will look at recruitment when we next inspect.

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

- As part of our inspection we reviewed all safeguarding notifications since the last inspection, and we found the provider was working within their policy. The registered manager had submitted safeguarding notifications to the CQC and had informed the local authority where there were concerns for people's safety.
- The provider had appropriate systems in place for recording when staff handled people's money which meant people were protected from the risk of financial harm.

#### Preventing and controlling infection

- Staff had been provided with updated training on infection control practices for minimising the risk of cross infection. Information from the local authority was been cascaded down to staff. The registered manager told us infection control practices were checked when senior staff did spot checks and it was also discussed as part of people's supervision.
- Staff had access to a good stock of appropriate Personal Protective Equipment (PPE) for providing care to people. One staff member told us, " Good Infection control practice is key in stopping the spread of infections."

# 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. We have not changed the rating of this key question, as we have only looked at the part of the key question we have specific concerns about.

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

At our last inspection of the service the provider systems were either not in place or robust enough to ensure people's care was provided in line with the principles of the MCA. This was a breach of regulation 11 (Need to consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 11

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.

- The provider's processes for identifying and supporting people who lacked mental capacity were not robust. Where it was indicated a person did not have capacity to consent to their care, a mental capacity assessment or a best interest decision had not been carried out. In one person's assessment we read they did not have capacity to make decisions yet there was no other information recorded. In another person's file we read they had "Medium Capacity" and no other information recorded, we raised this with the registered manager, and they recognised further training for staff was required.

This meant systems were either not in place or robust enough to ensure people's care was provided in line

with the principles of the MCA. This was a breach of regulation 11 (Need to consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- At the last inspection the provider was not requesting evidence if people had a Lasting Power of Attorney [LPA]. At this inspection, the provider had the required information in people's support plans. A lasting power of attorney (LPA) is a legal document that lets a person (the 'donor') appoint one or more people (known as 'attorneys') to help them make decisions or to make decisions on their behalf.
- People told us staff respected their decisions and gained consent before they provided personal care.

# 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. We have not changed the rating of this key question, as we have only looked at the part of the key question, we have specific concerns about.

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

At our last inspection the provider did not have robust arrangements to assess, monitor and improve the quality of service provided to people. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of Regulation 17.

- At the inspection in July 2019, we identified the quality assurance processes the provider had in place were not always effective. At this inspection we saw audits were being undertaken by the registered manager, but they did not always identify the issues we found during our inspection. The registered manager was reviewing people's medicine administration records (MARs) yet we found there were discrepancies. We reviewed four audits of MAR charts. There were gaps in these MAR charts, but these gaps had not been identified as part of the auditing process.
- We did not always see evidence of the registered manager responding directly to people's concerns. Senior staff were completing quality assurance checks with people receiving support from the service, but the registered manager could not demonstrate how they acted upon negative feedback from people in order to improve the quality of service.
- The registered manager told us they conducted audits of support plans as part of their monitoring process, yet they were unable to demonstrate to us how these audits happened. We were not always assured support plans were being updated as people's needs changed.
- Whilst staff were receiving their supervisions, some staff had not had an annual appraisal which meant the provider was not following their policies and procedures.

Failure to effectively operate systems and processes to monitor and improve the quality of the service places people at risk of receiving inappropriate care and treatment. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager was aware of their roles and responsibilities including what events they needed to notify CQC about.

- We saw the registered manager had been open and honest when people had concerns. They had liaised with people's families and representatives and recorded the actions they had taken when investigating and responding to these concerns. We received feedback from one stakeholder who said, "The registered manager was very transparent and is always open to suggestions and recommendations".
- There was a clear vision and set of values at the service which were shared by the provider and the registered manager which focused on people receiving personalised care.
- There were regular staff meetings and staff told us, senior staff were always available if they needed support. We spoke to one staff member who had recently joined the service and they told us they felt very supported and they would have no problems seeking support if they felt they needed it.
- Staff told us that they received the minutes of all team meetings via email which helped keep them informed of relevant changes and updates within the service.

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

- There were clear management structures in place. Staff were clear on their roles and where to seek support from. Staff told us they felt supported in their roles and felt listened to by the registered manager. Staff told us that they felt supported by the manager, " I felt the registered manager is helpful ".
- Staff said they felt able to report any concerns or poor practice. One staff member told us if they had concerns, they could contact the local authority.

Working in partnership with others

- The registered manager worked in partnership with healthcare professionals and they regularly attended the local authority providers forum. The registered manager told us, they signed up for regular updates through social care websites.

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	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>The provider did not ensure that care was always provided with the consent of the relevant person and that procedures for obtaining consent to care and treatment reflected current legislation and guidance. Regulation 11</p>
Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider had not always done all that was reasonably practicable to mitigate the risks to the safety of service users.</p> <p>The provider did not always ensure the proper and safe management of medicines. Regulation 12(1)(2)</p>

This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The provider was not always operating effective systems and processes to assess, monitor and improve the quality and safety of the service. Regulation 17 (1) (2)

### **The enforcement action we took:**

We issued a warning notice telling the provider they had to make the necessary improvements by 8 January 2021.