

Vista Home Care Services Limited

# Vista Home Care Services Ltd

## 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

The inspection of Vista Home Care Services Ltd took place on 15 August 2016 and was announced. We previously inspected the service on 12 May 2014, at that time we found the registered provider was not meeting the regulations relating to the safe management of medicines and supporting workers. The registered person sent us an action plan telling us what they were going to do to make sure they were meeting the regulations. On this visit we checked to see if improvements had been made.

Vista Home Care Services Ltd provides care and support to people living in their own homes in the Dewsbury and Batley area of Kirklees. On the days of our inspection 15 people were receiving support with personal care.

The registered provider is also the registered manager for the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us they felt safe; staff had received safeguarding training and were aware of their responsibility to report any concerns to their manager. Care plans contained risk assessments which were relevant to people's individual needs. The registered person had a robust system in place to vet potential employees. All staff were trained and assessed as competent by the registered person, to administer people's medicines.

New employees were supported in their role and there was a programme of on-going refresher training for existing staff. Staff received regular supervision to ensure they had the skills and competence to meet people's needs.

Staff had received training in the Mental Capacity Act and were understood people's rights to make decisions about their lives.

Staff were caring and kind. People's privacy and dignity was respected and care plans reflected the need to encourage people to retain their level of independence.

People had care plans in place which noted the tasks they required support with. Staff told us these were reflective of people's needs and were updated at least annually.

The registered person had a system in place to monitor the performance of the service. Staff were monitored at regular intervals and audits were completed of people's daily records. The registered provider asked people and staff for feedback, this information had been reviewed and fed back to staff.

## 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.

People told us they felt safe.

Care plans contained risk assessments which were reviewed at least annually.

Systems of staff recruitment were safe.

Staff were trained in medicine administration.

### Is the service effective?

Good 

The service was effective.

New staff were supported and staff received on-going training and support.

Staff supported people's right to make choices and decisions.

Staff knew how to contact other health care professionals if their input was needed.

### Is the service caring?

Good 

The service was caring.

People and their families told us staff were kind.

Staff respected people's privacy and dignity.

People were encouraged to make choices and retain their independence where possible.

### Is the service responsive?

Good 

The service was responsive.

People had care plans which reflected the support they required.

Care plans were reviewed on an annual basis.

People told us they had no complaints about the service they received.

**Is the service well-led?**

**Good** ●

The service was well led.

The registered person was involved in the day to day running of the organisation.

There were systems in place to regularly seek feedback from people who used the service.

Staffs performance was regularly monitored.

# Vista Home Care Services Ltd

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 15 August 2016 and was announced. The registered provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure the manager would be available to meet with us. The service was inspected by an adult social care inspector.

Before the inspection we reviewed all the information we held about the service including notifications, we also spoke with the local clinical commissioning group. At the time of the inspection a Provider Information Return (PIR) was available for this service. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During our visit we reviewed three people's care plans, we also looked at three records relating to staff recruitment and training, and various documents relating to the service's quality assurance systems. We spoke with the registered person and following the inspection we spoke with a senior carer and two care staff on the telephone. We also spoke on the telephone with two people who used the service and five relatives of people who used the service.

# Is the service safe?

## Our findings

People told us they felt safe. We asked one person if they felt safe with the staff from Vista Home Care, they said, "Oh yes, definitely." We spoke with the relative of a person who required staff to transfer them using a hoist, they said, "Yes they (person) are safe when they (staff) use the equipment."

Staff told us they had received training in safeguarding vulnerable people and we saw certificates in the three staff files we reviewed. One staff member said, "If family or staff were mistreating someone, if anything wasn't right, I'd report it. You can't be too careful." The registered person told us they had also completed safeguarding training and they were able to tell us the process for making a safeguarding referral to the local authority. This showed the registered person and staff were aware of their responsibilities in keeping people safe from the risk of harm or abuse.

We asked the registered person what action they expected staff to take if they went to a scheduled call and the person did not answer their door. They said staff would ring the office to notify them, the office staff would then try to telephone the person and their family, if needed, while staff asked the person's neighbours if they had seen them. They said if they were unable to establish the whereabouts of the person they would notify the police. We asked one of the care staff about this potential situation and they said, "I would phone the 'on call' straight away."

Each of the care files we looked at contained an environmental risk assessment, this assessed access to people's homes, flooring, electrical items, the kitchen and bathroom facilities. There was also a moving and handling and skin integrity risk assessment. We looked at the risk assessment for one person who required the use of a hoist to enable staff to transfer them. The risk assessment recorded the equipment the person required and included information as to when and how staff were to use this. Risk assessments were reviewed at least annually. This meant care and support was planned and delivered in a way that reduced risks to people's safety and welfare.

One of the staff we spoke with told us they had attended for an interview and the registered person had obtained references and a Disclosure and Barring Service check (DBS) for them. We looked at the recruitment files for three staff members and saw evidence of an application form, references and a DBS. A record was also made of the candidates employment history, including the dates each employment started and ended, this helped to ensure any gaps in employment were detected and explored. This showed candidates had been properly checked to reduce the risk of staff being employed who may be unsuitable to work with vulnerable people.

People we spoke with told us staff had never missed their calls and they saw a regular team of staff. Staff told us occasionally they may be slightly delayed getting to a call but they said this was usually due to traffic problems or them having to spend a longer time on a previous call. One of the staff said they always tried to telephone the person to let them know if they were going to be delayed. The registered person told us they did not accept any new clients if they did not have the staff to meet their needs or they could not accommodate their needs.

Our inspection on 12 May 2014 found the registered person was not meeting the regulations regarding the management of people's medicines. On this visit we checked and found that improvements had been made.

People's care plans recorded if they needed support with their medicines. We looked at one person's medicine administration record (MAR), this was supplied by the person's pharmacist and listed each medicine they were prescribed. On their MAR we saw all the medicines had been signed for and there were no gaps. There was one topical medicine prescribed and the care plan recorded where staff were to apply this. The registered person told us they audited all MAR charts when they were returned to the office to ensure the MAR had been completed correctly and there were no indications an error had occurred.

The registered manager told us all staff completed annual medicines training followed by an assessment of their competency. We saw evidence of this in the three staff files we reviewed and staff we spoke with told us they had received appropriate training. This meant people received their medicines from people who had the appropriate knowledge and skills.

# Is the service effective?

## Our findings

Our inspection on 12 May 2014 found the registered person was not meeting the regulations regarding supporting workers. On this visit we checked and found that improvements had been made.

We asked how new staff were supported in their role. One of the carers we spoke with said they had recently commenced employment with the service, they said, "I shadowed a senior, which was brilliant. They (senior carers) are always there, nothing is too much trouble." A senior carer we spoke with said they supported new staff, they explained new staff did not go out alone until the staff felt confident and the senior carers were satisfied they were competent to perform their role. They said, "I wouldn't do anything to put anyone at risk." The registered person told us a new member of staff had recently commenced the Care Certificate. This is an identified set of standards that health and social care workers adhere to in their daily working life. It aims to ensure that all workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support. This demonstrated new employees were supported in their role.

The registered person told us new staff had twelve weeks from the commencement of their employment in which to complete their online courses; staff also received ongoing refresher training in a variety of topics. This included infection control, health and safety and moving and handling. Staff also received practical training in the use of equipment such as hoists. Attached to the training certificates in staff files was an additional document which recorded the registered manager's assessment of the staff's understanding and competence. This demonstrated the registered person was confident staff had the appropriate knowledge and skills to perform their job roles.

Supervision was provided for staff every three months, along with spot checks on staff's performance. We saw evidence in each of the files we reviewed, of regular supervision. One of the staff we spoke with, who had been employed by the service for over twelve months, told us they had recently had their supervision with the registered person. This showed staff were receiving regular management supervision to monitor their performance and development needs.

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.

We saw certificates to confirm staff had received training in the MCA. We asked a staff member about their understanding of people's capacity, they said, "It's about whether they are able to make decisions." Another staff member said, "We can't take matters into our own hands, we have to let people make their own decisions." The registered manager told us the people they supported had capacity to make their own decisions; however, they said they had raised some concerns regarding one person's capacity with their social worker.



The registered manager told us they had recently implemented a new document in peoples care plans. This was for people to sign to consent to the Vista Home Care sharing relevant information with other health care professionals and their care records being read by care staff. We saw evidence of one consent document which had recently been completed and returned to the office. This showed the service was taking action to ensure people's agreement to sharing of information was recorded.

We spoke with one person who required support with preparing their meals, they said, "I tell them what I want and they make it." The task planner in peoples care plans recorded where they needed support with eating and drinking. One care plan recorded, "Offer a drink of choice."

Each of the care plans we looked at recorded the contact details for the persons GP. One of the care plans also had an emergency plan; this gave staff guidance as the action to take if the person became unwell. We asked one carer what they would do if they found a person was unwell. They said, "I would phone the senior for advice, but sometimes you have to make a judgement call. You have to know they (person) are safe. We have the number for the district nurses and the GP in the files." This showed people were supported to access other healthcare professionals if they were unwell.

# Is the service caring?

## Our findings

People told us staff were kind and caring. One person said, "Very happy, they (staff) are very good." Another person said, "They are a good crew. They always ask if there is anything else I need before they go." A relative we spoke with said, "I know they look after my mum well and she will be clean and cared for." Another relative said, "They have been lovely with my mum."

The registered person and staff spoke about the people they supported in a professional manner. They expressed knowledge of people's needs and demonstrated an understanding of the need to treat people as individuals. One staff member said, "It's about getting to know the client, everyone is different."

The registered person told us when they accepted a new client they always introduced the staff member who would be their main carer and the senior carer we spoke with said, "I try to do the rota so we match staff to service users where possible". Staff told us they supported a regular group of people, one carer said, "If there is a new person, we are always introduced to them." This demonstrated people were supported by staff who knew them well.

In each of the care plans we looked at we saw a care plan acknowledgement form. This recorded the date the document was sent to either the person or their family. None of the forms we saw were signed but the registered person told us they sent this out to everyone who used the service but people often did not return them. This showed the registered person had consulted with people who used the service about the care and support provided for them.

We asked one person if staff respected their privacy and dignity, they said, "Yes they do." One staff told us, "We knock on doors and introduce ourselves." Another staff member said, "We close doors and curtains." Staff were also able to tell us how they enabled people to make choices. The registered person said, "We ask them what they want, what they want to wear." One staff member told us about a person they supported who had limited verbal communication. They said, "We show them (a choice of clothes), you can tell if they like it or not, (person) lets you know." Offering people choice and control over their daily lives is a key aspect of maintaining a person's dignity and life skills.

One of the care plans we reviewed informed staff of the need to encourage the person to continue to carry out the tasks they were able to do. The care plan detailed, 'encouragement and prompting is required to support (person) to maintain their independence'. This showed staff encouraged people to be independent, wherever possible.

We asked the registered person if anyone they supported required the input of an advocate. They told us about a referral they had made to the advocacy service to support a person with a particular aspect of their support needs. An advocate is a person who is able to speak on people's behalf, when they may not be able to do so for themselves.

## Is the service responsive?

### Our findings

People told us they had a care plan in their homes and staff told us they were an accurate reflection of people's needs, one staff member said, "If it wasn't right, I'd tell the supervisor and they would change it."

The registered person told us when they took on a new client, they arranged to go and meet the person. They explained this enabled them to gather the information, along with the documentation they received from other health care professionals, to develop people's care plan and risk assessments. When we spoke with a senior carer they told us one or both of the senior carers went to the person first call, they explained this not only enabled them to get to know the person but they could also ensure the care plan was accurate. They said if any amendments were needed to the care plan they fed this back to the registered person who made the necessary changes. This helped to ensure care plans were fully reflective of people's needs.

Staff told us people's care plans were reviewed on an annual basis unless a person's needs changed and then the relevant documents would be updated at that time. In the front of each care plan file we saw a document which recorded the date the care plan had been reviewed and we saw evidence of archived care plans in one of the files we reviewed. Reviewing care plans helps to ensure care records are up to date so that any necessary actions can be identified at an early stage.

We reviewed three care plans. Each care plan recorded the individual's name, address, family, GP contact details and a simple summary of any medical issues. A document recorded the schedule for the person, for example, Monday to Sunday, one care assistant for one hour. The care plans also included a task planner which recorded the tasks to be completed at each visit. For example, hoist from bed, assist with breakfast preparation. However, the task planner contained limited information of individual preferences or routines. Having this level of information can be particularly important where people may have memory or communication impairments and therefore may not always be able to communicate their preferences. A daily log was completed by staff following each visit. This recorded the date and times of the visit and a record of the care and support provided.

The registered person told us support was provided for one person who needed to drink a large volume of fluid each day. They said staff had to record the person's drinks to ensure they drank enough. We reviewed a sample of the fluid charts and saw staff recorded the drinks the person had consumed, the daily total was added up and the person had consumed above the minimum amount they required to maintain their health.

No one we spoke with raised any concerns or complaints regarding the service they received from Vista Home Care. A relative said, "If there is any issue I ring (registered person) or go to the office and they sort it out." The registered person told us they had not received any complaints. We saw a copy of the complaints policy and procedure, this included information about how to complain, time frames for responding to the complaint and information about how to contact the local government ombudsman, in the event the complainant was dissatisfied with the outcome.

## Is the service well-led?

### Our findings

The registered person was also the registered manager and was involved with the organisation on a daily basis. They told us about the actions they had taken since the last inspection to address the issues we raised regarding supporting workers and managing people's medicines. They were knowledgeable about people's individual needs and spoke with professionalism throughout the inspection. Staff told us they felt supported and were complimentary about the organisation and how it was managed. A staff member said, "It is a good company, they are supportive. Any queries, you can ask." A staff member who was new to the service said, "I love it."

The service had an online management system which enabled the registered person to run a monthly performance report. This detailed any accident, incidents, complaints or safeguarding's which had been logged. The registered person said a staff meeting was held monthly, minutes were typed up and included a copy of the monthly performance report, the minutes were then emailed to all staff. We saw the meeting minutes and performance report dated March and July 2016, topics discussed included, staff supervision, feedback regarding the quality of entries in people's daily logs and feedback from individual people regarding the service they receive.

Staff told us the registered person or the senior care staff carried out spot checks on their performance. One said, "We are not always aware they are doing them but they are done regularly to make sure everything is done properly." The registered person said spot checks were completed for all staff approximately three times a year. They said this helped to ensure people received a quality service and the tasks they expected staff to complete were being done.

The registered person said during 2016 they had asked people for feedback about the service every three months. The feedback surveys had been themed around the subjects of safe, effective and caring and they had recently sent out another survey asking if people felt the service was well led. We reviewed twelve completed surveys, there were no negative comments and people had scored all relevant responses as either 'strongly agree' or 'agree'. Comments included; 'excellent service, all carers deliver great care', 'all staff are brilliant' and 'we are very pleased with Vista Home Care Services'. The surveys had also been sent to staff; we looked at the eight returned surveys and saw no areas of concern had been raised. The registered person had compiled a summary sheet for each of the themed topics which summarised the feedback from both staff and people who used the service. The registered person said this information had been fed back to staff but they had not yet informed people who used the service about the findings.

Audits were completed on daily log sheets when they were returned to the office. The registered person told us they checked the logs for times of calls and the content of the entries, they said if any issues were identified, they were discussed through supervision with staff.

These systems demonstrated the service had effective quality assurance and governance processes in place to drive continuous improvement.

Under the Care Quality Commission (Registration) Regulations 2009 registered providers have a duty to submit a statutory notification to the Care Quality Commission (CQC) regarding a range of incidents. Prior to the inspection we saw evidence the registered provider submitted these notifications in a timely manner. During our inspection we did not identify any issues which the registered provider had failed to notify us about.