

Vista Home Care Services Limited

Vista Home Care Services Ltd

Inspection report

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Batley
West Yorkshire
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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

About the service: Vista Home Care Services Ltd is a domiciliary care agency based in Batley, West Yorkshire. On the day of our inspection 11 people were receiving a regulated service from Vista Home Care Services Ltd.

The overall rating for this service is 'Requires improvement'. However, we are placing the service in 'special measures'. We do this when services have been rated as 'Inadequate' in any key question over two consecutive comprehensive inspections. The 'Inadequate' rating does not need to be in the same question at each of these inspections for us to place services in special measures.

People's experience of using this service:

People were positive about the care staff who supported them. The concerns we had were about the systems and processes used to manage the service, which were not sufficiently robust.

Recruitment records didn't evidence the process was consistent and robust. We identified areas where improvements were still needed to ensure the service could evidence recruitment was safe.

There was evidence to show some calls had been missed. The process for checking calls had been carried out was not sufficiently robust.

Medication administration had improved, and the service was using medication administration records. There were some gaps in the records, without explanation so it was not always clear whether they had been administered. Further improvement was required in relation to recording of creams and as and when medication protocols.

Although some risks had been identified and measures put in place to reduce the risk of harm, all risks had not been addressed.

Staff had received training and people and relatives felt staff were sufficiently skilled. Staff were receiving regular supervision, performance checks and annual appraisals. Competency checks on medication management and moving and handling needed to be more detailed and robust.

People and their relatives spoke highly about the care staff who supported them. They told us they were kind, compassionate, respectful and listened to them. Positive and supportive relationships had been developed between people, their relatives, and staff.

People were supported to eat and drink to maintain a balanced diet, where required.

There had been some improvement around the assessment of mental capacity for some people to ensure people were supported to have maximum choice and control of their lives. However, not everyone had been assessed in line with the legislative framework. Some care records did not show people had consented to their care arrangements.

There was no clear audit record to show people had been assessed prior to care being provided or that an up to date plan of care had been put in place. There was limited information to confirm people had been involved in the review of their care, and not everyone told us they had a copy of their care plan. People and their relatives told us they had not been involved in a formal review of their care arrangements.

There had been an improvement in the quality of some of the care plans, but further information needed to be added to ensure an accurate record of care was kept.

Complaints had not been recognised although people told us they had informed the registered manager when things had not gone as expected.

The provider had purchased a comprehensive set of policies and procedure relating to all aspects of service delivery and was in the process of adapting these to their service.

Some of the feedback we received confirmed the service was still not well led. Systems of governance were not robust and there was a lack of audits to identify areas to improve. The registered manager openly acknowledged they had focussed on improving areas we highlighted at our previous inspection and had failed to consider other areas where improvements were needed.

During this inspection, we found continuing and new breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 around safe care and treatment, receiving and acting on complaints and good governance. We found a breach a new breach as the provider was not displaying their latest inspection rating. You can see what action we told the provider to take at the back of the full version of the report.

Rating at last inspection: Requires improvement (Report published 18 December 2018)

Why we inspected: This was a planned inspection based on previous rating.

Enforcement:

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up:

Services in special measures will be kept under review and, if we have not taken immediate action to propose to cancel the provider's registration of the service, will be inspected again within six months. The expectation is that providers found to have been providing inadequate care should have made significant improvements within this timeframe.

If not enough improvement is made within this timeframe so that there is still a rating of inadequate for any key question or overall, we will act in line with our enforcement procedures to begin the process of preventing the provider from operating this service.

This will lead to cancelling their registration or to varying the terms of their registration within six months if

they do not improve. This service will continue to be kept under review and, if needed, could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement so there is still a rating of inadequate for any key question or overall, we will take action to prevent the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

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

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 not always safe

Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective

Details are in our Effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring

Details are in our Caring findings below

Good ●

Is the service responsive?

The service was not always responsive

Details are in our Responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not well-led.

Details are in our Well-Led findings below.

Inadequate ●

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The first day of the inspection was carried out with two adult social care inspectors. The second day was carried out by one inspector.

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 24 hours' notice of the inspection visit because it is small, and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

We visited the office location on 14 and 16 May 2019 to see the manager; and to review care records and policies and procedures. Telephone calls to staff, people who used the service and their relatives were made up until 23 May 2019.

What we did:

Prior to the inspection we reviewed information we had received about the service. This included reviewing any notifications we had received from the service and information we had received from external agencies including the local authority.

During the inspection we spoke with the registered manager. We reviewed five care plans, associated risk assessment, daily records and administration records. We reviewed some policy and procedures and records in relation to the management of the service.

Following the site visit we spoke with all five care staff currently working at the service and one who had recently left. We spoke with three people using the service and four relatives.

Is the service safe?

Our findings

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

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. Regulations may or may not have been met.

At our previous inspection we found the provider was in breach of Regulation 12 Safe care and treatment. We had received assurances that improvements had been made and we found some had. However, there were still areas which had not been sufficiently addressed and this breach had not been fully rectified.

Assessing risk, safety monitoring and management

- At our previous inspection we were concerned there was no effective system in place for staff or people to gain a response in an emergency situation when the office was unmanned. At this inspection the registered manager was increasingly out providing care most days, which meant the office was even less staffed than at our previous inspection.
- We asked staff, people and their relatives how easy they found obtaining a response from the registered manager. We received mixed feedback, some raising it as an issue whilst others not. One person said it was a problem for them, "The only thing about the company is getting hold of them. I have been trying to get hold of them." Some people, relatives and staff told us they had the registered manager's mobile number, so it wasn't a problem and others said they communicated by text for a response.
- At our previous inspection we had concerns about how calls were scheduled. Rotas provided at this inspection showed people were still on the rota at the same time. When we discussed this with the registered manager they assured us this was an issue with the electronic system and people were provided with care required.
- At our previous inspection we found risks were not being assessed properly. This remained an issue at this inspection, as not all risks had been identified and risk assessment records and reduction measures were not in place for everyone.
- Environmental risk assessments were in place to ensure staff were protected from an unsafe environment.

Staffing and recruitment

- At our previous inspection we found recruitment processes were not robust. This continued to be an issue as some essential records were missing to evidence a safe and robust process had been followed.
- At our previous inspection we found the system to monitor calls was not effective. We received assurances from the registered manager no calls had been missed. However, our discussions with relatives, staff and a review of records indicated there had been occasions when a call had been missed.
- People and their relatives told us care workers stayed the full amount of time allocated to each call.

Using medicines safely

- At our last inspection we found medicines were not always administered in line with best practice and not all staff had been trained or had their competencies checked. At this inspection, we found there had been some improvement, but shortfalls remained. There were no protocols in place for "as and when required"

medicines and some people with creams did not have any charts in place.

- All staff had been trained to administer medicines. They had been observed once in administering medicines.
 - Medication administration records had been introduced which was an improvement. However, we found gaps in records we checked with no recorded explanation.
- This showed they were in continuous breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us they felt safe and confident with the staff who supported them.
- Staff had received training in safeguarding and were confident in recognising the signs of abuse.

Learning lessons when things go wrong

- The registered manager has introduced a new accident and incident policy which covered actual incidents and investigating near misses to prevent future incidents. No accidents or incidents had been recorded. The registered manager told us there had not been any since our last inspection.
- Missed calls had been reported to us at this inspection, but as there was no reporting on these by the registered manager, there was a lost opportunity to identify the issue and ensure it was not repeated.

Preventing and controlling infection

- Staff told us they were provided with personal protective equipment and this was either dropped off at the person's home or they would collect this from the office. Relatives confirmed this was the case.

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

The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

Ensuring consent to care and treatment in line with law and guidance; Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- 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.
- There were some missing signatures in people's care records to show they had given consent to receive care and treatment. We spoke with the registered manager at the time of the inspection about ensuring a record of consent was retained at the office. They told us consent would be addressed at the next review, "I am going to do consent forms on review now."
- In other records, relatives had signed to consent on their family member's behalf when there was no evidence on file that the relative had the legal authority to do this. The registered manager confirmed this would be addressed at the person's review.
- There had been some improvement in completing mental capacity assessments when the person was unable to consent to their care. The registered manager had completed some capacity assessments for people whose records we reviewed at our last inspection. These were not all decision specific and the registered manager told us going forwards, this was an improvement they were aware they needed to make.
- People who had started to receive a service since our last inspection, did not have a capacity assessment in place even though there was clear evidence to show this was needed. This showed, they were still not following the legal requirements in terms of seeking lawful consent.
- One person had an Enduring Power of Attorney (EPA) which related to certain financial decisions. The registered manager was uncertain as to what this power gave the attorney over the person supported and that it did not include decisions around care. We directed them to the government website for the information about EPA.
- There were issues with another person's power of attorney which we raised with the registered manager at the inspection.
- Staff had been trained in the MCA and DoLS, but our discussions with them, showed their knowledge was limited and they were unaware of the principles of the Act. There were no specific concerns in relation to the support they were providing.

This was a continuous breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Staff support: induction, training, skills and experience

- At our previous inspection the service was in breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as staff training, supervision and competency checks had not been completed. We found an improvement at this inspection.
- Staff had received the required training. The registered manager showed us evidence they checked staff knowledge after training.
- A new staff member had received a thorough induction into the service. They had shadowed an experienced member of staff for two weeks and said they were confident to work independently after this.
- Records showed staff had been observed when providing support in people's homes.
- Competency checks around the administration of medicines and moving and handling required further improvement. The person undertaking these checks needed to have the additional skills required to assess staff competencies. We referred the registered manager to guidance on the assessment of competency around the management of medicines.
- At our previous inspection staff had not always received supervisions or appraisals. Records showed this had improved, and staff were regularly supervised. Records included information such as feedback from people using the service and their relatives and staff training requirements.
- People and relatives told us the staff had the skills to care. One said, "The carers are really good. You can't fault the girls." Another told us how they had trained up their care worker and said, "I do tell them. [Name] has improved."

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

- Staff had a good knowledge of people's preferences and requirements. Some records detailed people's preferred food choices.
- One relative said, "They are good with [relative's food] They make sure they drink and eat enough. They encourage fluids."

Staff working with other agencies to provide consistent, effective, timely care

- Care records showed people were supported to access health and social care professionals, where required. Key contact details were not included in people's care records.
- Some care records had not been updated to reflect a change in a person's care requirement due to, for example, a change to skin condition requiring pressure relief.
- Some people told us communication was good, but this view was not shared by everyone. One relative said, "I don't think [registered manager] has informed them (staff) of things. They said, staff communicate with each other. The girls have been very good."

Supporting people to live healthier lives, access healthcare services and support

- Care workers told us they would report any concerns about people's well-being to the registered manager.
- Care records contained some but not all the contact details for other healthcare professionals involved in people's care.

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

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 gave us positive feedback about the care staff who supported them. One said, "Caring and kind. They certainly do go above and beyond." A relative said, "They are lovely. Really caring. They get on really well with [relative]."
- As the service were supporting very few people with personal care and there were very few staff, the registered manager was able to provide people with the same care worker. People and their relatives were very positive about this and told us this had enabled their relative to build up a relationship with the care worker. One said, "I like the continuity of the same person."
- Staff told us they had time to spend with people with several saying they have "More than enough."
- One care worker told us they got to know the person and said, "I know them really well. You just talk about them nicely, about their family and weather. You look at picture and ask them who they are. Asking them, it gets them to know you a bit better and that they can rely on you."

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

- People we spoke with told us staff consulted them and listened to them. One said the good thing about the agency was, "Staff listen to me." Another said, "The girls that come are so flexible."
- A relative said, "They listened to my needs."

Respecting and promoting people's privacy, dignity and independence

- People told us staff respected their privacy. They were kind and respectful. One said, "They take me to the toilet. It's the same people." They said this promoted dignified care.
- When we spoke with staff they were able to provide examples of how they maintained people's privacy and dignity. This included shutting curtains and windows and ensuring people were covered during care tasks. How people wanted to be addressed was referenced in their care plans.
- The registered manager told us they promoted people's abilities. They said, "Not taking over from people. Encouraging them." They said they ensured staff were promoting people's privacy, dignity and independence by, "Reading the care notes. I can read in where they have written. Discussion, with staff."
- A new policy on protecting confidential information had been purchased and we found improvements in how the provider kept information confidential.

Is the service responsive?

Our findings

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

People's needs were not always met. Regulations may or may not have been met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- At our previous inspection we found the provider was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. There was a lack of complete and up to date care records and these records were not held securely. At this inspection we found there had been some improvement and we were assured records were held securely. The registered manager told us they no longer stored people's personal information on USB memory sticks.

- There was not always a record of the assessment which had taken place before care was provided to ensure an up to date and contemporaneous record of care.

- There was no evidence in any of the care records we reviewed, of people or their family's involvement in the development or review of their care plan. People told us they had not had a face to face review of their care needs. Not everyone or their relatives could recall seeing their care plan. However, most people reported the care provided was personalised. One relative said, "We are very happy with the care."

- Some information in care plans had improved but in others, essential information was often missing to guide staff.

- Staff recorded legibly in the daily records, which provided an account of the care that had been delivered. There were occasional gaps in some of the records which had been identified by the registered manager at review, but this did not detail the reason for the gap.

This evidence demonstrates a continuing breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as records were not accurate or up to date.

Improving care quality in response to complaints or concerns

- No complaints had been recorded at this inspection. As at the last inspection, concerns had not been recognised as a tool to improve the quality of care delivered.

- The registered manager had a new complaint policy in place, although this had not yet fully been updated. The service user handbook still contained out of date information on other agencies to contact if they were unhappy with the service. This was pointed out to the registered manager.

- The registered manager said, "If someone makes a complaint, staff can ring me and let me know or come in. We put it onto the system onto events and I can follow it up, speaking with the person and going out to see the person. We have had nothing."

This demonstrated they were still in breach of Regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- Not everyone we spoke with had information on how to complain. However, they all told us they were confident to report any concerns to the registered manager. Several people told us they had raised some

concerns with the registered manager, things had improved following this, but in a couple of situations, the improvements had not been sustained.

End of life care and support

- The service was not supporting anyone at the end of their life. The registered manager was aware of how to access additional support to enable them to support a person required end of life 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

There were widespread and significant shortfalls in service leadership. Some regulations were not met.

At our last inspection we rated this domain as inadequate. We found the leadership and governance systems were ineffective at monitoring the delivery of the service and identifying where improvements were required. Some areas had improved at this inspection but there were still areas requiring further improvement. The registered manager was regularly out of the office providing care, which restricted the time available to drive improvements. The evidence in this domain demonstrates a continuing breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 due to a failure to ensure systems and processes of governance are operated effectively to ensure regulatory compliance.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The registered manager acknowledged that although they had made improvements, there were other improvements required. They were open with this and said, "What I focussed on was what I had done wrong at the last inspection. Following from yesterday, I have reflected I need to focus on other areas."
- The provider's latest ratings were not on display at the location. At their last inspection they were meeting the requirement to display their CQC rating 'conspicuously' and 'legibly' at their main office. This is a breach Regulation 20A Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider had not updated their statement of purpose in line with their registration requirements. They were guided to the CQC website which provides guidance on completing a statement of purpose and this was changed shortly after the end of the inspection.
- People were very happy with the care staff providing their care. However, the service employed very few care workers. This meant the registered manager was filling in for staff when they were on leave, so they were not available to perform their management duties. Relatives had raised a concern about this. One said, "I don't think I have a safety net with this company." One member of staff had raised concern during a period of care worker absence and said of their calls, "Too packed. No missed calls but quite a few late."
- At our previous inspection, we found the registered manager had not ensured all complaints were recorded to drive improvements. This remained an issue at this inspection and the registered manager told us there had been no complaints.

Continuous learning and improving care

- At our previous inspection we found audits were not undertaken and this remained an issue at this inspection. Checks were undertaken on daily records when these were returned to the office, but these were not returned to the office until the following month. By which time any issues had not been picked up. Where these "spot checks" on records had highlighted issues, there was no record of the actions taken.
- There had been an improvement in the management of medicines, as medication administration records

(MAR) were now kept. Detailed audits of these had not been undertaken as gaps were found without explanation. We directed the registered manager to a tool to audit medication administration records.

- The monitoring of care calls had not been effective in identifying missed calls. The electronic record system had the capability to record these, but at the time of the inspection, this part of the system had not been commissioned.
- There had been no audit against the CQC key lines of enquiry which would have highlighted where the registered manager should focus on in an improvement plan.
- There were gaps in recruitment checks and although the registered manager told us these had been done, they could not provide the evidence to confirm this. This was an issue at our last inspection.

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

- The registered manager had ensured staff training had been updated and staff were supported to develop into their roles. This was an issue at the last inspection.
- Team meetings were not held at the service. Staff and the registered manager said team meetings were impractical with the low number of staff working at the service. The registered manager utilised memos as a way of keeping staff informed and we saw two recent memos which were detailed and informative.
- Handover of information to and from staff and between some relatives was generally by text message and although the registered manager assured us this information was transferred onto the electronic record system, there were weeks when very little was recorded.

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

- At our previous inspection we found the registered manager had not obtained the views of people using the service to drive improvements. At this inspection we were told by the registered manager they had sent out questionnaires to 50 % of people in February and none had been returned. They had taken out the questionnaires at the end of April 2019 and had received three back. There was evidence to show the registered manager had reviewed the responses.
- We had a mixed response when we questioned staff about how involved they felt in the running of the service. Some reported communication was good, but others were very negative citing difficulty getting hold of the registered manager.

Working in partnership with others

- Relatives told us staff working at the service had liaised with professionals to support their relations health and wellbeing. From our discussions with the registered manager we were confident they know who to contact to seek further advice from professionals and they kept a book of useful telephone numbers for this purpose.

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Not all risks had been assessed to ensure measures were in place to reduce the likelihood of harm.</p> <p>Medicine management required improvement to ensure record keeping was accurate. Protocols and cream charts need to be in place to guide staff. Competency checks and audits need to improve.</p> <p>Call times needs to be monitored and access to a response to phone calls and texts needs to be improved.</p>

The enforcement action we took:

Impose conditions

Regulated activity	Regulation
Personal care	<p>Regulation 16 HSCA RA Regulations 2014 Receiving and acting on complaints</p> <p>Complaints were not recognised, which meant a record of actions and outcomes were not kept.</p>

The enforcement action we took:

Impose conditions

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Quality assurance processes were not in place to measure the performance of the service against best practice.</p> <p>Records in relation to service users were not always in place, including updates by phone calls, record of initial assessment, care plan and review.</p> <p>MCA assessments were not in place for everyone who lacked capacity to consent. Records of consent for people who had capacity were not</p>

held on each record. Relatives had consented on behalf of people when there was a lack of legal authority to do so.

The enforcement action we took:

Impose conditions

Regulated activity	Regulation
Personal care	Regulation 20A HSCA RA Regulations 2014 Requirement as to display of performance assessments The previous rating was not on display at the location.

The enforcement action we took:

Impose conditions