

Vista Care Solutions Limited

Vista Care Solutions - 3 - 9 Balaam Street

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 Solutions is a domiciliary care service registered to provide personal care support to people with a learning disability, autism spectrum disorder, sensory impairment, people with an eating disorder, mental health, people who misuse drugs and alcohol, physical disability, and the whole population. 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. At the time of the inspection 25 people were receiving personal care support.

People's experience of using this service and what we found

People and their relatives told us they felt safe with the staff. People were supported by enough and suitable staff who knew how to keep them safe from the risk of harm and abuse. People were supported safely with medicines. People were protected from the risk of infection. People's accidents and incidents were recorded however the provider did not record lessons learnt. We have made a recommendation in relation to lessons learnt

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.

People's healthcare associated risks were identified and assessed. Risk assessments included mitigating factors to ensure safe care. People's needs were assessed before they received a service. People's needs were met by staff who were well trained and received regular support and supervision. People's dietary needs were met effectively.

People and their relatives told us staff were caring and treated them with respect and dignity. People and their relatives told us they were very happy with the service. People were involved in making decisions regarding their care. People were supported to remain as independent as possible.

Care records were up to date, person centred and comprehensive. People's cultural and religious needs were respected when planning and delivering care. Discussions with the registered manager and staff showed that they respected people's sexual orientation so that lesbian, gay, bisexual, and transgender people could feel accepted and welcomed in the service. The provider had a complaints procedure in place and people knew how to make a complaint.

People, relatives and staff told us the registered manager was approachable and supportive. Staff told us they felt well supported by the service. The service had quality assurance processes in place. The service worked well with other organisations to improve people's experiences.

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

Rating at last inspection

This service was registered with us on 03/12/2018 and this is the first inspection.

Why we inspected

This was a planned inspection based on the date of registration and when the service had begun to provide care to people.

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 ●

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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 team consisted of 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

We gave the service 48 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. Inspection activity started on 3 December 2019 and ended on 4 December 2019.

What we did before the inspection

We reviewed information we had received about the service since its registration. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the

judgements in this report.

During the inspection

We spoke with the registered manager, the branch manager, the human resources assistant, two care coordinators and four care workers. We reviewed three people's care records, four staff personnel files, staff training documents, and other records about the management of the service.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with three people who used the service and three relatives. We also spoke with one health and social care professional.

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

- The provider had systems in place to ensure people were safeguarded from the risk of abuse.
- People and their relatives told us they felt the service was safe. One person said, "Yes [safe]. [Staff] look after me." A relative told us, "Absolutely [safe] because the [staff] are good at what they do."
- Staff had received training in safeguarding people and knew how to report concerns. One member of staff said, "I would contact the coordinator or the manager to tell them. I could go to CQC and talk to them about it." Another staff member told us, "I would speak to my manager. If my manager does nothing about it, I would take it further. You can whistle blow."

Assessing risk, safety monitoring and management

- Risks to people's health and wellbeing were assessed, managed and regularly reviewed. They were for areas such as environment, equipment, health and wellbeing, mobility, pressure sores, falls, medicines, and personal health.
- Information was included in people's records who were at high risk due to specific health conditions, to enable staff to meet their needs safely. For example, one person needed support with stoma care. Stoma surgery creates a small opening on the surface of the abdomen in order to divert the flow of faeces or urine. The waste is then collected in a stoma bag. Information was provided to staff on how to support this person.
- Staff we spoke with knew about people's individual risks in detail. One staff member said, "[Person] got worse so I called the office to let them know his mobility and health went down. I called them to reassess him." Another staff member told us, "I would document and tell the coordinators. They would come and have a look themselves and see what they could do about. Do a risk assessment on [person]."

Using medicines safely

- Medicines were managed safely. Staff had received medicine administration training and were aware of their responsibility to record people's medicines accurately on medicine administration records (MAR).
- Staff recorded medicine administration on an electronic system. If a staff member had not completed a medicine administration the electronic system sent the care coordinators an automatic alert. The care coordinators addressed these with the staff member the same day to keep people safe. One staff member said, "I do medicines for two [people]. You record it on the phone and it goes to [office]. I also write in in the book. If you miss and don't record someone will call you."
- People and their relatives told us they received their medicines as prescribed and the provider regularly audited people's MAR to ensure there were not any errors in administration.

Staffing and recruitment

- People were supported by staff who were appropriately recruited. The service had a robust recruitment process and checks were in place. This ensured staff were suitable and had the required skills and knowledge needed to care for people.
- Staff files contained appropriate checks, such as references, health screening and a Disclosure and Barring Service (DBS) check. The DBS checks people's criminal record history and their suitability to work with people in a care setting. Full employment histories were required and recorded on application forms.
- People and their relatives told us staff were mostly punctual. One person commented, "Normally turn up 5 minutes before [shift]. If [staff member] is going to be late [they] will normally phone up to say five minutes late." A relative commented, "[Staff member] absolutely on time every time. If the bus is late [staff member] will call me and say she is late. That is very important to me."
- There were sufficient staff in place to meet people's needs safely. People, relatives and staff confirmed this. One staff member said, "We have so many staff." Another staff member told us, "They do have enough staff. If someone is off they will cover it."

Preventing and controlling infection

- The service followed safe infection control practices to ensure people and staff were protected against the risk of the spread of infection. One relative said, "[Staff] always wear gloves and put apron on."
- The service had infection control policies in place. Staff had received training in infection control.
- Staff were clear on their responsibilities with regards to infection prevention and control, and this contributed to keeping people safe. One staff member said, "We have got aprons, sanitizer and gloves. We get from Vista and always in stock."

Learning lessons when things go wrong

- There were clear accidents and incidents records in place that showed appropriate and timely actions were taken when things went wrong.
- The provider did not record lessons learnt. We discussed this with the registered manager who told us they would review, and record lessons learnt moving forward.

We recommend the provider seeks advice from a reputable source in relation to recording lessons 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 and choices were assessed before they started using the service which enabled the service to plan their care effectively.
- The service carried out an initial assessment before the service began. This included the person who used the service and relatives being involved. Records confirmed this.
- People and their relatives told us staff knew their needs and provided individualised care. One relative said, "I helped to describe what [relatives] needs."

Staff support: induction, training, skills and experience

- People were supported by staff who were suitably trained. When new staff joined the service, they completed an induction programme which included shadowing more experienced staff. Records showed staff were working on completing the Care Certificate. The Care Certificate is a set of standards that social care and health workers use in their daily working life.
- Training was provided in subjects such as moving and handling, fire safety, health and safety, safeguarding adults, safe food handling, first aid, care of the dying, and The Mental Capacity Act 2005. Records showed additional training was provided to staff who were supporting people with specific health conditions. These included dementia, challenging behaviour, and continence promotion.
- Staff told us, and records showed staff could access training videos on their phone and the provider's website. The training videos included how to wash people's hair, pressure area care, oral health care, nail care and moving and handling.
- Staff told us training was offered on a regular basis. A staff member said, "The training is good especially with [registered manager] because he makes you feel welcome and powerful. He does the training. We have got online as well. [Training] videos you can watch on your phone." Another staff member told us, "The training is good. They make you want to learn. [Registered manager] encourages you to go further [with your learning]."
- Staff were provided with regular supervision. Records confirmed this. One staff member said, "[Care coordinator] talks about how I am coping and how I feel about the [people]. Talk about next step in developing myself. Talk about safety with [people]. Talk about a wide range of stuff." Another staff member told us, "I had supervision about three weeks ago. [We discuss] if I am not happy about anything, how my [people] are getting on and if any concerns about them."

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

- People and their relatives told us staff supported them with their meals when needed. People who had support told us that staff offered them choice and gave them the food and drink they wanted. One person

said. "[Staff] ask if I have water."

- A relative told us, "[Staff] prepare [person's] meals." Another relative said, "I always prepare [food] and leave in the fridge. [Staff] get it and help [person] with it."
- Care plan's recorded people's dietary needs and food likes and dislikes. For example, one care plan stated, "I like cornmeal porridge, rice porridge, oats porridge or cereal and toast. I am having problems chewing and swallowing so a swallow care plan has been provided by my speech and language therapist which is kept on the wall next to my recliner."

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

- The service worked with other agencies and health professionals to ensure people received effective care.
- Staff were able to recognise when people's health had deteriorated and ensured appropriate medical advice was sought. A relative said, "[Staff] work really well with the district nurse."
- Records showed the service worked with other agencies to promote people's health such as district nurses, occupational therapists and speech and language therapists. A health and social care professional told us, "[The service] is very proactive."

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.

- People told us staff asked for their permission before providing support. One person said, "[Staff] ask me if I want them to do anything. If I want to go to my chair."
- Staff understood they should seek consent before giving care and encouraged people to make choices for themselves. Staff told us they asked people for their consent before giving personal care or support. One staff member said, "I will ask if [person] ready to change to their pads. With my [people] if they don't want you to do anything they will tell you." Another staff member commented, "If I am going to give a wash I always ask. If I need to move some things I ask permission."
- The registered manager and staff had a good understanding of MCA.
- Capacity and consent forms were completed when there was any question of a person's capacity to independently make important decisions.
- Records confirmed the service had information on Lasting Power of Attorney documents when people had appointed legal representatives to act on their behalf should they be unable to make their own decisions.

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's outcomes were consistently good, and people's feedback confirmed this.

Ensuring people are well treated and supported; respecting equality and diversity

- People and their relatives told us staff were caring and treated them well. One person said, "We have a little talk about life. [Staff] do care." Another person told us, "[Staff] always helpful. They care. They can't do enough sometimes."
- A relative commented, "[Staff] ask [person] how her night has been. I can hear them laughing with her. I know there is a nice bond with them. My [relative] says [staff] are all nice." A health and social professional told us, "[Person] is very enthusiastic about [staff] who come in to see her."
- Staff showed a good awareness of people's individual needs and preferences. Staff talked about people in a caring and respectful way. One staff member said, "[Person] is very nice. We get on very well. We have a good friendship. He treats me like family." Another staff member told us, "You have to look after [people] and make them feel valued. You have to respect what they say. Whatever you are doing you have to show you are caring. It is all about caring. I like to give them the best I can."
- Discussions with the registered manager and staff members showed that they respected people's sexual orientation so that lesbian, gay, bisexual, and transgender people (LGBT) could feel accepted and welcomed in the service. A staff member said, "I would support [LGBT people] as its their choice. I would give them respect as anyone else." Another staff member told us, "I would support [LGBT people] how I would like to be treated. I don't see any difference. You have to treat people with respect."
- People's care records reflected their needs in relation to their protected characteristics including religion, culture, language, and gender. This enabled staff to provide person-centred care.
- The Equality Act 2010 introduced the term "protected characteristics" to refer to groups that are protected under the Act. It is unlawful to treat people with discrimination because of who they are.

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

- People were supported to express their views and to be involved, as far as possible, in making decisions about the care and support they received.
- Records showed people who used the service and relatives were involved in care planning and reviews. One person said, "They gave me a care plan. This week [care coordinator] came. [Registered manager] has come twice." A relative told us, "[Care coordinator] looked at how [person] moves and talks [and] what his needs are. They looked to see if he needed any [occupational therapy] people."

Respecting and promoting people's privacy, dignity and independence

- People and their relatives told us their privacy and dignity were respected. One relative said, "Yes on the whole [treat with respect]. [Staff] will shut [person's] door [when giving personal care]. They treat [person] with respect."

- Staff we spoke with gave examples about how they respected people's privacy. One staff member told us, "For [person] I always make sure when giving him a wash the doors are closed. When taking his clothes off we cover his bottom bit. I have been with [person] so long he is comfortable with me." Another staff member said, "If I give a wash I close the door and cover [person] with towels. I always knock before entering."
- Care plans instructed staff how to encourage people's independence. For example, one care plan stated, "I like the remote control on my bed, so I can change the channels."
- Staff told us they maintained people's independence and people were asked about what they were able to do.

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 outcomes were consistently good, and people's feedback confirmed this.

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

- People were supported with their personal needs and as per their wishes. One person told us, "[The care] is very good. The [staff member] is very good. Anything I ask, they do. They look after me."
- A relative said, "The service is very good because if we need something to be done quickly they are [here]. Particularly in an emergency type situation." Another relative commented, "On the whole I have been thrilled with the [staff] that come in."
- People's care records were very person centred, detailed and specific to the individual and their needs. They had been written and reviewed with full involvement of people and those important to them.
- For example, one care plan stated, "Once you've made my cup of tea, I need a straw to help me drink my tea. Then I want to have my personal care, starting with a wash. Get two flannels, my towel, a basin with warm not too hot water add a spray of shower/bath gel from the bathroom. Collect my clean vest and pyjama top clothes from the first room opposite the bathroom. Please wash me starting with my face, ears, neck and then dry me."
- The provider reviewed people's care plans regularly to ensure people's changing needs were identified and reviewed, and care plans updated accordingly. Records confirmed this.

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.

- Each person had their communication needs identified in their care plan which detailed how they wished or needed to communicate.
- Records showed people's communication needs had been assessed and were known to staff. For example, one care plan stated, "When you arrive, and you talk to me, please get close, as I am hard of hearing. I usually have the [television] volume up to 70 due to my hearing."

Improving care quality in response to complaints or concerns

- People and their relatives knew how to make a complaint and the service had a policy and procedure in place. Everyone we spoke with felt comfortable to speak to the office staff and the registered manager about any concerns. One person said, "If I had something to complain about I would phone the office." Another person told us, "I would contact them first. Then I would contact CQC if it was bad. I would go to the management first."

- The provider had a complaints policy and processes in place to record and investigate complaints.
- The registered manager told us there had been no formal complaints since the service was registered. Records showed informal complaints were documented in people's notes and how it was resolved.

End of life care and support

- The provider had an end of life care policy and systems in place to support people with their end of life wishes and palliative care needs.
- The registered manager told us the service was not supporting anybody who was reaching the end of their life at the time of our inspection.

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 people's outcomes were consistently good, and people's feedback confirmed this.

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

- The service was providing person-centred care to people and this was evident from care records and from speaking with people who used the service and their relatives.
- People and their relatives were positive about the registered manager. One person said, "[Registered manager] is very good and polite. Came twice to see me." Another person told us, "[Registered manager] comes here. He is very good." A relative commented, "I think [registered manager] is a caring person that goes the extra mile. I think he does do his job very well. I have no complaints about [registered manager]."
- People, relatives and a health and social care professional were complimentary about the running of the service. One person said, "I am quite happy the way [the service] is going." A relative told us, "Whenever I have rung [the office] they have always treated me politely. If they say they are going to ring me back, then they [do]."
- A health and social care professional commented, "The year I have known [person] she has made remarkable strides and I put that down to the input from Vista Care."
- Staff told us they enjoyed working for the service. One staff member said, "So far it is alright. They help you in many ways. They have different courses you can do. I can talk to the office staff." Another staff member told us, "I think they are doing great. They give you training. I have a future with Vista."
- Staff spoke positively of the registered manager. One staff member said, "[Registered manager] is very nice. Very polite and kind. Very understanding." Another staff member told us, "I think [registered manager] is good to be honest. He will always encourage. I never have a bad day with him."

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 responsibilities in relation to duty of candour. Duty of candour is intended to ensure that providers are open and transparent with people who use services and other 'relevant persons' (people acting lawfully on their behalf) in relation to care and treatment. They said, "I will apologise when we have got something wrong. It's about me trying to create this culture of openness."

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

- The registered manager and staff were clear about their roles in providing care that met the Health and Social Care Act 2008 (Regulated Activity) Regulations 2014.
- The registered manager was aware of the statutory notifications they needed to submit to us by law.
- The provider had policies and procedures in place relevant to the service, and to ensure the safety and quality of the service. There were records of internal audits of medicines, care plans and risk assessments

and daily records.

- The registered manager had completed a self-assessment tool on the service which included an improvement plan. The self-assessment tool was based on the CQC's five key questions of safe, effective, caring, responsive and well-led. The tool had highlighted areas of improvements and actions to address.
- There were also records of unannounced spot checks and staff observation visits. One staff member told us, "[Care Coordinator] has done spot checks. They look at your dress, [and] your badge on. They check on how you are keeping the house. They check health and safety." Another staff member said, "[Office staff] check how we are handling people. They observe how we prepare food and communicate to people."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care; Working in partnership with others

- The provider had systems in place to continuously learn and improve care by involving people, relatives, healthcare professionals and staff whilst considering their diversity needs. This included a monthly newsletter. The newsletter had topics such as office hours, introducing physical health checks for people, winter fuel payment information, wellbeing, and information on food banks.
- The service was registered 3 December 2018 and started to provide care for people from August 2019. The service was planning to do an annual survey for the views of people and their relatives. The registered manager told us, and records confirmed they recently visited each person in their home to complete an audit. The audit looked at care records and feedback from people.
- The registered manager worked in partnership with the local authority, health and social care professionals and other local care agencies.