

Visionshealthcare Limited

# Visionshealthcare Ltd

## Inspection report

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Date of inspection visit:  
14 November 2018

Date of publication:  
17 December 2018

## 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

Visionhealthcare Limited is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to older adults.

On the day of our comprehensive announced inspection on 14 November 2018, there was one person using the service. We gave 24 hours' notice of this inspection to make sure that the person who used the service and staff would be available to speak to us. This was the first inspection of the service.

The service had a registered manager. 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.

Care plans and risk assessments had been written from an assessment of the person's needs. The staff were aware of the contents of the care plans so that they understood the person's needs and how to support them to meet their desired goal.

There were systems in place designed to reduce the risks of abuse and avoidable harm. The staff had received training in the safeguarding of people. The staff did not support people with their medicines but would receive training to do so once the service developed and medicine administration was necessary. The service had sufficient members of staff to cover the rota and the systems to recruit staff safely were robust. The staff had received training in infection control.

Staff were trained and supported to meet the person's needs. Although staff had not received training in the Mental Capacity Act 2005, they did have knowledge of this subject and the registered manager was arranging staff training in this subject. The person's nutritional needs were assessed and met. The person was supported to have maximum choice and control of their life and staff supported them in the least restrictive way possible.

The person who used the service shared positive relationships with the staff. Their privacy, independence and dignity was respected. People were listened to in relation to their choices, and they and their relatives, where appropriate, were involved in their care planning and the review of the care provided.

The person received a responsive service. There were systems in place to assess, plan and meet their individual needs and preferences. There was a complaints procedure in place.

The director told us the aim of the service was to deliver quality care. This required the care plans of the individuals using the service to be person-centred and for the staff to understand those principles. The service provided was assessed and monitored by the senior staff to provide people with a service of which they were satisfied.

## 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.

Staff were aware of the service's safeguarding process and how to make referrals to the local authority as required.

The person using the service had an individual risk assessment in place to reduce the risk of harm to people.

There were sufficient staff to provide for the person's needs.

Robust recruitment procedures were in place.

### Is the service effective?

Good ●

The service was effective.

Staff were trained and supported by way of supervisions and training.

The staff worked with other health professionals as required to support the person who used the service.

Training regarding the Mental Capacity Act 2005 was being arranged.

### Is the service caring?

Good ●

The service was caring.

Staff were understanding and empathic.

Staff promoted the person's dignity and treated them with respect.

Staff encouraged the person to express their views in order to plan their care with them.

### Is the service responsive?

Good ●

The service was responsive.

The person was assessed before using the service to identify their needs and to confirm if the service could meet those needs.

The service had a complaints system in operation.

**Is the service well-led?**

**Good** ●

The service was well-led.

The service was led by a registered manager who was an experienced qualified nurse.

The statement of purpose set out the visions and values that staff worked to.

There were on-call arrangements to cover for staff at short-notice in the event that they were not able to provide the planned support.

# Visionshealthcare 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 announced comprehensive inspection took place on 14 November 2018 and was undertaken by one inspector. We gave 24 hours' notice of this inspection to make sure that the person who used the service and staff would be available to speak to us.

The service had not sent us the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. The service is now aware of this requirement and will be making returns in the future.

We spoke with the person who was using the service at the time of our inspection and the staff member on duty. The registered manager was not working on the day of our inspection; we spoke with them on the telephone. We met the director of the service who explained how the service had been established and how it was working at the present time.

We looked at records in relation to the person's care. We looked at records relating to the management of the service and staff training.

# Is the service safe?

## Our findings

There were policies and procedures in place explaining how to keep people safe and how staff could make a safeguarding referral. The staff we spoke with told us that they had been trained in safeguarding and how to make a referral should the need arise. One member of staff told us, "The training covered the different types of abuse."

Risk assessments had been written down and were designed to minimise the risk to the person receiving care and support. Staff had discussed with the person and with their family members the risks to the person's health and how the staff would care and support them with their needs.

There were sufficient staff employed to meet the person's needs. The staff we spoke with told us that there were enough staff to attend the scheduled care visits. The registered manager explained to us how the schedules were planned and both the service user and staff were made aware of this information in an advance. There was a small team of staff supporting the person and as a result people had got to know each other well.

The service had a robust recruitment and selection processes in place and any gaps in an applicant's employment history had been explored during the interview process. The director informed us about the short-listing process used to identify applicants the service wished to interview. They also explained the purpose of the interview questions to determine the knowledge, skills and potential of the applicant to work with the people using the service. We saw that appropriate checks had been carried out, which included Disclosure and Barring Service Checks (DBS). The DBS carries out checks on potential staff to help prevent people not suitable to work with people receiving care. There were written references, and evidence of the person's identity. There was also a copy of the job description and contract of employment.

The staff were not administering any prescribed medicines at the time of the inspection. The director explained that, should the need be identified as the service developed, then arrangements would be made for staff to be trained in the administration of medicines.

There was a policy and procedure in place for infection control and staff had received training about the importance of this subject. Staff had access to protective equipment, such as disposable gloves and aprons when required. Staff told us that part of their role was to maintain a safe environment and report any concerns about infection control to the registered manager.

The director informed us the senior staff would meet to review any learnt lessons and how to improve and develop the service as the need arose.

# Is the service effective?

## Our findings

People's needs were assessed and their support was planned having discussed with them their choices of how the support was to be provided. The registered manager informed us they carried out visits to people so they could continue to understand their needs, likes and dislikes and respond accordingly. People told us that staff had the skills that were required to care for them. The person we spoke to said, "The staff are lovely and I have no problem with them at all."

Staff told us that they had completed training in a number of subjects including risk assessments, first aid, food hygiene and care planning. Staff also told us that they had regular supervision sessions with either the registered manager or director. Staff informed us that the supervision sessions were effective and that they did not have to wait for supervision, as they could approach the registered manager for support at any time. The registered manager was preparing annual appraisal meetings for the staff at the time of our inspection. All new staff had an induction and worked with an experienced colleague prior to working on their own.

The training schedule and records we looked at showed staff were up to date with their training. Further training for the year ahead had been identified and booked in advance.

The staff were knowledgeable about food hygiene and when there was a need to record and monitor people's weight. The care plans recorded the person's health support needs and any specific support they needed to stay safe and healthy. Although the staff were not supporting the person with their dietary needs we noted the care plan had recorded allergies.

The assessment identified how the person was supported to maintain good health. This included recording information about the GP and other healthcare professionals visits and appointments. Information was recorded about how the person accessed those services and if staff would be required to support them to attend appointments.

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 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 under the court of protection were being met. Staff had not received training in MCA but were able to demonstrate a good understanding of the principles to us.

The staff we spoke with, although not having had training from the service in MCA, did have some knowledge of the MCA. The director explained that they would source training in this subject and intended to have all staff trained in the next three months in this subject. The staff had some knowledge of MCA from their experience of working at other services.

The person's care records showed that consent had been sought by the service to take photographs and to support the person they worked with. The person had signed their care plan to evidence that they had seen the care plans and were content with its content.



## Is the service caring?

### Our findings

The registered manager explained to us that they tried to match the interests of the staff with the person's personality to help ensure that they were compatible and would build a therapeutic relationship.

The person told us that the staff were understanding, caring and very supportive. Care plans included information for staff about how to communicate with the person including what they wished to be called. Staff described to us how it had taken time to build up a rapport and that they now shared jokes together.

The staff knew the person well and there were positive interactions between the person using the service and the staff who supported them. Staff were aware of the person's life history and were knowledgeable about their likes, dislikes, hobbies and interests. They had been able to gain information on these through talking with the person and their relatives. The person using the service informed us they felt listened to and had confidence in the regular staff that came to support them. They told us, "I was fully involved in the writing of my care plan."

The person's care plans guided staff to ensure their privacy, independence and dignity was respected. Before the person received the service, a comprehensive assessment of their needs was completed to gather information from the person and where appropriate their family members. An emphasis was placed upon not only the needs but also the preferences and how the person wished to receive their care.

The registered manager recognised the importance of people being able to observe and practice their religious, personal and cultural beliefs. This information was discussed at the assessment and at reviews. Emphasis had been placed and recorded in the care plan upon the fact that the person's needs could change from visit to visit. Hence the staff needed to be flexible and understanding to respond as necessary.

## Is the service responsive?

### Our findings

There was a recorded assessment of the person's needs which had been completed to determine if the service could provide the care to the person. The assessment had led to a care plan which was then reviewed regularly and as necessary. The person's hopes and aspirations were listed and ways to meet them were recorded as well as how the staff were to support the person with their primary needs.

Care plans had been reviewed with the person and their family members if they wanted them to attend the meeting. During the initial assessment information from a variety of sources was sought, such as health professionals and family members. This led to as full a 'picture' as possible being pulled together of the person being supported, meaning that their needs would be properly identified and met. It was explained to us that shortly after the commencement of the care a number of things need to be sorted out.

There was a policy and procedure in place for the recording of complaints and compliments records were kept.

## Is the service well-led?

### Our findings

The service had a statement of purpose which had been reviewed regularly to capture the thoughts of the people using the service, the staff and set out the principles of how the service would operate to meet the needs of the people that used the service. A member of staff told us, "I am very happy working here because everyone is easy to get along with." They further explained that the service was well organised and they knew their shifts well in advance.

The registered manager was aware from their experience of registering the service the need to send notifications to the Care Quality Commission. As yet they had not sent a Provider Information Return but were aware of the need to do so in the future. They assured us that they would work upon this record and use as a management tool in the running of the service.

It had been identified that a welcome pack clearly explaining the organisation policies and how to seek additional support was required. The registered manager has worked upon this as a result.

The person's care plans and risk assessments were reviewed and updated as necessary. The staff were aware of the contents of the care plans so that they understood the person's needs and how to support them to meet their desired goal.

The staff told us that the registered manager and director were approachable and supportive. Staff also liked the rota being compiled well in advance and the registered manager effectively dealing with staff requests, particularly annual leave. There was an on-call system so that the staff could summon assistance should this be required.

The registered manager explained to us the system in operation so that they knew when the staff had commenced the visit. The staff we spoke with were complimentary of the system in operation so that they could easily access additional support from colleagues should the need arise.

There was an effective quality assurance system in place. Quality audits were completed by the senior staff on a monthly basis. We saw that audits of these subjects plus supervision and training were in operation and further was planned for the future.

The director told us the aim of the service was to deliver quality care. This required the care plans of the individuals using the service to be person-centred and for the staff to understand those principles. Staff training in person-centred care and care plan writing was provided at the staff induction and refresher training provided. People using the service were invited to attend the review of their care as were their relatives.

The service demonstrated a clear commitment to work in a joined up way with other organisations for the benefit of the people using the service. Time had been taken to ensure if ever people were admitted to hospital or had an appointment with a professional appropriate written information was available for that

professional.