

New Vision Care Services Limited

New Vision Care Services

Inspection report

Regus House
Doxford International Business Centre
Sunderland
SR3 3XW

Tel: 01613272358

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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?

Requires Improvement 

Summary of findings

Overall summary

About the service

New Vision Care is a domiciliary care agency providing personal care to people in their own homes. At the time of our inspection there were 25 people using the service.

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

Medicines were not always managed safely; medicines documents were not always completed correctly. Some risks to people such as skin integrity risks were not fully assessed and mitigations were not always put in place.

Some staff had not received training or induction in line with the care certificate. However there were enough staff available to support people's needs.

Robust quality assurance processes were not always in place. Some audits were in place but had not identified some of the issues we found during inspection. Opportunities to learn lessons and improve the service were not always taken.

We found no evidence to suggest people had been harmed by these issues.

People and their relatives spoke positively about the care they received. Systems were in place to safeguard people from abuse. People told us they felt safe with their carers. Staff were recruited safely.

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.

Staff said the provider was supportive. People and relatives were involved in their care decisions. People said staff worked well with visiting healthcare professionals to care for them appropriately.

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 12 April 2019 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Enforcement and Recommendations

We have identified breaches in relation to staff training and induction, quality assurance systems, medicines documentation and risk assessments. We have made a recommendation about ensuring care documents are person-centred.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 always well-led.

Details are in our well-led findings below.

Requires Improvement ●

New Vision Care Services

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 Health and Social Care Act 2008.

Inspection team

The inspection team consisted of 1 inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We announced the inspection. This was because the majority of the inspection took place remotely.

Inspection activity started on 6 September 2022 and ended 2 December 2022. We visited the location's office on 6 October 2022

What we did before the inspection

We reviewed the information we had received about the provider since it registered with CQC. We sought feedback from the local authority. The provider was not asked to complete a Provider Information Return

(PIR) prior to this inspection. A PIR is information providers send us to give some key information about the 6 Care4u Office Inspection report 28 June 2022 service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We requested and reviewed care records remotely. We visited the office and spoke to the registered manager and office staff. We spoke to 5 people who use the service and 6 relatives of people who use the service. We contacted 5 members of care staff by email or telephone. We asked the registered manager to provide an action plan on how they will deal with the issues identified during the inspection.

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 of this newly registered service. This key question has been rated requires improvement. This meant 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.

Using medicines safely

- Medicines were not always managed safely. Medicine administration records were not maintained in line with best practice guidance. 'As and when required' medicines were not clearly recorded in medicine records. Specific instructions for medicines were not included on medicine administration records. There was no documentation to show where on people's bodies creams should be applied. This meant people were at risk of receiving incorrect medicines.
- Medicines audits had been carried out but had not identified the issues we found during inspection. A comprehensive medicine policy was in place however the provider was not following this policy in relation to record keeping.
- Staff had completed medicines administration records correctly when administering medicine to people.

We found no evidence to suggest people had been harmed however, the failure to manage medicines safely and properly is a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Assessing risk, safety monitoring and management

- Risks to people were not always assessed. In some cases, risks were assessed but adequate mitigating actions were not put in place. Risk assessments were generic so did not include person-centred information.
- Medicine risk assessments had been carried out. However, in some cases the level of support required was inconsistent with the information in the person's care documents. People at risk of skin breakdowns did not have specific assessments with clear actions in place to mitigate the risk.
- Risk assessments relating to staff safety were robust.

We found no evidence that people had been harmed by the lack of person-centred risk assessments however, the failure to assess monitor and mitigate risks is a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment

- There were enough staff available to support people safely. The registered manager and office staff routinely provided care to people if there were not enough staff available.
- Staff were recruited safely, in line with best practice guidance.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. Staff told us they were aware of what to do if they thought someone was at risk of abuse and were able to describe the appropriate actions that would need to be taken. However, records suggested not all staff had completed safeguarding training.
- There had been no safeguarding incidents since the service started operating. Documentation was in place to be able to record and show what action was taken should an incident occur.

Preventing and controlling infection

- People were not always protected from the risk of infection. Staff had received training in infection control practices. Feedback from people and relatives included, "They wear masks and aprons." While other people and relatives said, "They have not worn masks for some time," "Not so much masks now but gloves and aprons."
- The provider confirmed that staff were spot checked for PPE and records supported this.

Learning lessons when things go wrong

- Opportunities had been missed to learn lessons from incidents. There were no specific lessons learnt recorded however there had been occasions when lessons could have been learnt. For example, from errors identified during care note audits.
- The provider has been asked to submit an action plan which includes actions based on what was learnt from the inspection.

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 requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- Not all staff were suitably trained. There were a number of staff missing training in safeguarding, topical medicines, mental capacity and person-centred care.
- Some staff had not received a comprehensive induction in line with the Care Certificate. One staff member said, "I only had half a days shadowing then I was working on my own."
- Some staff had received training in specific areas such as catheter care. Some staff said they felt they had received enough training to be able to carry out their role effectively. One staff member said, "All training is online and I would have liked some physical training."

The failure to provide enough suitably trained staff is a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- People's needs had been assessed when starting to use the service. Some information in people's care documents was person-centred, other areas lacked person-centred information. For example, information around drink thickeners and skin integrity was not always consistent; this meant staff may have been confused about the correct care to provide to people.
- People and their relatives had been involved in planning the care they were receiving. People's social, religious and cultural preferences were considered.

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

- People were supported to eat and drink enough for those who needed help with meal and drink preparation. People's care records included their likes and dislikes and what food should be provided for them.
- One person said, "[Staff] always ask if I want a cup of tea." Another person said, "[Staff] make my breakfast exactly as I like it, banana and milk."

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

- Staff worked with district nurses and occupational therapists to ensure people received the support they required. It was not always clear from care records whether visiting professionals had been contacted in a timely manner. The provider confirmed staff had been reminded to record this information in care documents.

- Staff members described the correct process for reporting information about people's care to other healthcare professionals.

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- There were no people who were deprived of their liberty using the service at this time.
- The provider followed the requirements of the MCA. Staff asked people for consent before providing care.
- People and their relatives confirmed care staff supported them to make choices in the care they receive. One relative said, "[Person] is able to make their own decisions, the staff try to motivate her and have a laugh."

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 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

- Care staff treated people well and supported them with kindness and compassion.
- One person named two staff members and said, "[These staff] are absolutely excellent and brighten my day." A relative said, "[Staff are] friendly, no complaints at all, a couple in particular will stop and have a talk with him."

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

- People and their relatives were supported to make decisions about their care. This included phone calls from the provider to people and their families.
- Relatives were actively involved in some people's care and advocated on their behalf, depending on their needs. One relative said, "[Staff] completed a care plan, and took information to get to know [my relative] and understand how we wanted things done."

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect. When asked whether a person was treated with respect, one relative said, "[Staff] are very helpful and treat my wife with respect." Another relative said, "The carers are always pleasant, cheerful and positive, they treat him with dignity and respect."
- Care staff said they tried to support people to maintain their independence whenever possible.
- One relative said, "[Staff are] very helpful, nice ladies, they definitely treat him with respect."

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 requires improvement. This meant people's needs were not always met.

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

- Care was not always responsive to people's needs. People's care documents were not always person-centred. Sections of some care plans were blank including a section about a person's mobility and how they liked to be supported when washing.
- Relatives felt lots of information had been gathered about people's likes and dislikes. This information had not been used effectively in people's care documents. One relative said, "All [Person's] needs were discussed, their likes and dislikes, it was very thorough."
- One person's care record was not consistent with their Speech and Language Therapy assessment. We raised this with the provider who updated their care records immediately.
- Care documents had been audited but the provider had not identified the issues we found during inspection with risk assessments and inconsistencies.

The failure to ensure care documentation was up-to-date and person-centred is a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The provider made information available in different formats when needed.
- People's communication needs were discussed and recorded in their care plan. This was available for staff in people's homes.

Improving care quality in response to complaints or concerns

- The provider had a comprehensive complaints policy in place. They had not recorded any formal complaints to date.
- The registered manager was able to appropriately explain the action they would take should a complaint be made.

End of life care and support

- There was no one receiving end of life care at the time of the inspection or in the recent months. The service had documentation ready to put in place if needed.

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 requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The registered manager was not always clear about their role. Their ability to manage the service effectively was impacted by also providing care to people, reducing the time available for carrying out management tasks.
- Adequate quality assurance processes were not in place. Quality assurance processes had not identified issues with care planning, risk assessments, staff training, medicines processes, or the business continuity policy.
- The provider could not evidence continuous learning and improvement of the service.
- People and their relatives were not clear on who the manager was. One relative said, "I've never met managers, don't know who they are, they don't give a name when you telephone." However, 3 of 6 relatives said they had not needed to contact the office as there had been no issues to raise.

The failure to ensure there were adequate systems to assess, monitor and improve the quality and safety of services provided is a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Working in partnership with others; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider did promote a positive and inclusive culture which involved people. The provider engaged with people gather their views. People's equality characteristics were taken into account when care was planned.
- Most staff gave positive feedback about how supportive the registered manager was. One staff member said, "[The registered manager] is really nice and supportive."
- The provider and staff worked with other organisations when needed. Staff described how they contacted healthcare professionals when needed to support with people's care.
- One relative said, "[Staff] work as a team with district nurses, and are quite happy to take on suggestions they make, any changes in [person's] skin they let me know."

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 provider understood the duty of candour and the need to be open and honest. There had been no

incidents which were reportable under the duty of candour.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Regulation 12(1)(2)(g) The provider failed to ensure medicine records were accurate and managed in line with best practice guidance
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Regulation 17(1)(2)(a)(b)(c) The provider failed to have appropriate and effective quality assurance systems in place to ensure the safe and effective running of the service.
Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Regulation 18(2)(a) The provider failed to ensure staff had an adequate induction, had received appropriate training, and were assessed as competent to carry out their role.