Visto Help Hands Care Limited

# Visto Help Hands Care Limited

## Inspection report

Unit 15
Kendray Business Centre, Thornton Road
Barnsley
South Yorkshire
S70 3NA

Tel: 01226296100

Date of inspection visit:
11 July 2018

Date of publication:
15 August 2018

## 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

This comprehensive inspection took place on 11 July 2018 and was announced. The provider was given short notice of our inspection in line with our current methodology for inspecting domiciliary care services. At the time of our inspection there were two people using the service. The provider registered with the Care Quality Commission (CQC) in April 2017. This was their first inspection.

Visto Help Hands Care Limited provides domiciliary care to people living in their own homes. The registered provider has an office which is situated in the Kendra area of Barnsley.

At the time of our inspection 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.

The registered provider had a policy in place to safeguard people from the risk of abuse.

There was an accident and incident process in place but so far, no accidents had occurred.

People were supported to receive their medicines as prescribed, however some records were not always accurately completed.

Risks associated with people's care had not always been identified and plans to minimise risks had not always been put in place.

The registered provider had a safe recruitment system to ensure suitable staff were selected to support vulnerable people.

The registered provider had policies and procedures in place to ensure there were no discrimination and to ensure the protected characteristics of the Equality Act were considered when making support decisions.

It was not clear what training staff had attended to give them the knowledge to carry out their role. Staff support networks such as supervision, appraisals and team meetings needed to be developed.

Where people required support to eat and drink this was offered. People received support from health care professionals as required.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People's likes and dislikes were included as part of their care records and staff we spoke with knew people

well.

Care records we saw needed developing to ensure they encompassed people's assessed needs.

The registered provider had a complaints procedure which was included in the service user guide given to people when they started to use the service. No complaints had been received at the time of our inspection.

The service had only been operating for a short time and it was difficult to assess whether systems in place would be suitable to assess the service and identify concerns. No checks on the quality of the service had been completed to ensure service improvements and best practice. The provider had a questionnaire which was going to be used to capture people's comments about the service. These had not been completed at the time of our inspection.

We found a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (good governance). You can see what action we told the provider to take at the back of the full version of the report.

Further information is in the detailed findings below.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement**

The service was not always safe.

Risks associated with people's care had not always been identified.

People were supported to take their prescribed medicines. However, records were not always completed fully.

The registered provider had a safe recruitment system in place.

People were protected against the risk of abuse.

### Is the service effective?

**Requires Improvement**

The service was not always effective.

It was not clear what training staff had received and support mechanisms needed to be commenced and embedded into practice.

People were supported to eat and drink where needed.

People were supported to have control over their life.

The registered provider ensured that health care professionals were involved in people's care as required.

### Is the service caring?

**Good**

The service was caring.

We spoke with people who used the service and they gave good feedback about the caring nature of the care workers.

People were treated with dignity and respect.

### Is the service responsive?

**Requires Improvement**

The service was not always responsive.

Care records did not always include enough details about how to support people.

The registered provider had a complaints procedure in place and people we spoke with told us they felt able to raise concerns.

## Is the service well-led?

**Requires Improvement**

The service was not always well led.

The registered provider had policies and procedures in place to ensure they were operating within current guidance and legislation. However, we found at our inspection the provider had not implemented these.

There was a process in place to ask people and relatives for their views on the service. However, this system had not commenced yet.

People and staff spoke positively about the management of the service.

# Visto Help Hands Care Limited

**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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 11 July 2018 and was announced. The provider was given short notice of our inspection because the location provides a domiciliary care service.

The inspection was carried out by one adult social care inspector.

Before our inspection we gathered and reviewed information about the provider from notifications sent to the Care Quality Commission. We also spoke with Healthwatch to gain further information and views about the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We also asked the local authority commissioning team for information.

Due to technical problems, the registered provider was not able to complete a Provider Information Return. This is information we require registered providers to send to 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 inspecting the service and made judgements in this report.

During our inspection we spoke with the registered manager, team leader and two care workers. We spoke with people who used the service and their representatives.

We looked at documentation relating to the management of the service and looked at four staff files. We

also looked at two support plans belonging to people who used the service.

Requires Improvement

# Is the service safe?

## Our findings

We spoke with people who used the service and their relatives and they told us they felt safe using the service. One person said, "Oh yes, they [staff] are fine, I feel safe when they visit."

The registered provider had a procedure in place to ensure people were protected from the risk of abuse. Staff received training in safeguarding and were knowledgeable about it. They told us they would report anything of concern to their managers.

Risks associated with people's care and support had been not always been identified and processes were not always in place to help minimise the risks from occurring. We looked at people's support records and found they contained a risk assessment form which did not detail the type of risk and actions to prevent them. One person was at risk of choking, but had no risk assessment in place to ensure this risk was minimised. We spoke with the registered manager who told us they would address this by adding more information to the care records.

Another person's risk document recorded that the person was at risk of falling because they were prone to losing their balance. However, no details were documented regarding how to minimise the occurrence. We spoke with staff who could explain the support they offered, therefore the documentation required reviewing to include this.

The registered provider had systems in place to ensure people received their medicines as prescribed. At the time of our inspection the service was supporting one person with their medicines. However, the person's medication administration record (MAR) was not always clear and showed some gaps in the administration of the medicines. We spoke with the registered manager about this and were informed that the person was in hospital during this period. However, no code had been used on the MAR to indicate this. This meant there was an error in the documentation.

The registered provider ensured that there were enough staff available to meet people's needs. The registered manager was in the process of recruiting more care workers to ensure any new packages of care could be facilitated. We spoke with staff who confirmed that if a person they were supporting required two staff to assist them, then this was always the case. People we spoke with told us that staff arrived on time, stayed for their allotted time and never rushed them. One person said, "They [staff] always stay the length of time they should, sometimes longer, it depends."

People were protected by the prevention and control of infection. We were shown a cupboard in the office which was used to store personal protective equipment (PPE) such as gloves and aprons. Staff were able to access this as required. The team leader told us that when managers work alongside care workers they would check to make sure PPE was being used effectively.

The registered provider had a system in place to record accidents and incidents but so far none had occurred. Therefore, this system needed to be embedded into practice to ensure it was suitable to enable

the registered provider to learn from accidents and incidents.

The registered provider had a recruitment policy which assisted them in the safe recruitment of staff. This included obtaining pre-employment checks prior to people commencing employment. These included references from previous employers, and a satisfactory Disclosure and Baring Check (DBS). The DBS checks help employers make safer recruitment decisions in preventing unsuitable people from working with vulnerable people. We looked at staff recruitment files and found they contained relevant checks. This showed that the registered provider recruited staff in line with their policy and in a safe way.

Requires Improvement

# Is the service effective?

## Our findings

We spoke with people who used the service and their relatives and they felt the staff had appropriate skills to carry out their role. One relative said, I can't fault the care and support. They [staff] know what to do."

The registered provider had a training record in place but this was not specific. For example, the record stated that staff had completed mandatory/induction training but it did not include what subjects were delivered. We spoke with the registered manager and they told us that staff completed training in subjects such as medication, moving and handling, dignity and respect and safeguarding.

We spoke with the registered manager who told us that they delivered most of the training and were qualified to do so. The registered manager had completed a degree in health and community studies and a level three award in education and training. However, this did not stipulate what specialist, practical training had been completed around moving and handling. Some additional training was completed by other training agencies.

We looked at staff records and found that no staff competencies had been completed around areas such as moving and handling and medicine management. We also found that there was no schedule of supervision for staff. A supervision was a one to one meeting with a manager to discuss work related issues. Although staff were relatively new in post, there was no indication that they had received appropriate support or that any was planned.

Staff we spoke with told us they had received an induction which included some training. One care worker said, "We have just completed some refresher training and I completed my care certificate with my previous employer."

People's needs had been assessed and care and treatment was delivered in line with legislation. The registered provider ensured they worked with other healthcare professionals such as GP's and district nurses when required to support people in an appropriate way. One person required support with a health need which required the oversight of other healthcare professionals. The registered manager told us that staff had been trained to support the person by district nurses and could contact the specialist nurse at any time for additional support and guidance.

Staff supported people to maintain a balanced diet if required. One person was receiving support to assist them with food preparation. Staff we spoke with told us that they prepared and served meals when required.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. Where someone is living in their own home, applications must be made to the Court of Protection.

Consent to care was sought in line with legislation. We spoke with the team leader about mental capacity and they understood the principles of the MCA. However, there was currently no-one using the service who lacked capacity to consent.

Good

# Is the service caring?

## Our findings

We spoke with people who used the service and their relatives and they told us staff were caring and supportive. One person said, "They [the staff] are the best I have had. They are respectful and polite. They talk to me while they are caring for me and I feel comfortable." One relative said, "They [the staff] provide good care and probably do over and above what they should."

We spoke with staff who were able to explain how they respected people and maintained their dignity. One care worker said, "I always knock on the door and shout 'hello' and my name to make sure people know I have arrived." Another care worker said, "When delivering personal care, I make sure curtains are closed and cover the person with a dressing gown to preserve their dignity."

The registered provider had policies and procedures in place to ensure there were no discrimination and to ensure the protected characteristics of the Equality Act were considered when making support decisions. We looked at care records and found they included people's likes and dislikes and staff were knowledgeable about how people liked to be supported.

We spoke with staff who explained how the ensured people's choices were respected. For example, one care worker explained how one person liked to feel safe and secure and wanted staff to reassure them that their home was save prior to leaving the person.

Another care worker explained how another person liked to engage in conversation. The care worker told us they allowed time on each call to have a little chat with the person during the visit and whilst assisting them with their care needs.

Requires Improvement

# Is the service responsive?

## Our findings

We spoke with people who used the service and their relatives and they spoke positively about the service and felt staff met their needs. One person said, "I like the service because I get the same carers and I can build up a rapport with them."

We looked at people's care records and found they needed developing to ensure that they encompassed people's assessed needs. For example, one person required specific support to ensure their needs were fulfilled. This included working with other healthcare professionals and communicating about the persons care to ensure consistency. This person's care plan lacked detail about how care workers should meet the person's needs and when they should inform a healthcare professional.

Another person was at risk of falls but did not have a care plan in place to ensure the person was supported to minimise the risk of these occurring. This person also had a moving and handling care plan in place which documented they had limited mobility and required staff to support them. However, the person's care record did not explain what support was required. We spoke with staff who knew what support people required and explained how they met the person's needs. We concluded care documentation needed reviewing to ensure it included all the care and support the care workers were delivering.

The registered provider had a complaints procedure which was part of the information package that people received when their support package commenced. People and relatives, we spoke with told us they found the staff easy to talk to and would have no concerns in raising complaints if they needed to.

One relative said, "I can raise issues with them if I need to and I am confident that they would take them seriously and resolve them."

The registered manager told us they had not received any complaints but would use lessons learned from complaints or concerns to help develop and improve the service.

Requires Improvement

# Is the service well-led?

## Our findings

We spoke with people who used the service and their relatives and they felt the service was managed well. One person said, "I have the supervisors number to hand and I can call at any time." A relative said, "They [the company] seem well organised."

The registered provider had a management team in place which consisted of the registered manager and a team leader. Staff we spoke with commented positively about how the management team supported them. One care worker said, "I am so happy working for them [the provider]"

There was no evidence to show how the registered provider continuously improved the service. We looked at records in place to assist the management team in ensuring the service was running effectively. We found that systems were available but the registered manager had not started to use them and they needed developing to ensure they were suitable. We spoke with the registered manager and team leader regarding audit systems and we were told they had started to look at how the service could be monitored.

During our inspection we found some areas of concern that could have been identified by the registered providers audit system. As this was not in use, these concerns had not been identified prior to our inspection. These included the lack of support for care workers, no competency checks to ensure staff were able to carry out their role effectively and gaps within documentation such as care planning and medication administration records.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (good governance). Audit systems in place had not identified the concerns we found on inspection.

We spoke with the team leader who informed us that the service was looking at developing spot checks. Spot checks were visits to people whilst the care worker was on their call. This was to check that the care worker was delivering a good service. However, these had not commenced and required embedding into practice.

The registered provider had a system in place to gain feedback from people and their relatives. This was a questionnaire which asked if people were happy with the service and was intended to be sent to people after receiving the service for one month. At the time of our inspection the service had been supporting a small number of people for less than a month. Therefore, this process had not commenced and required embedding into practice .

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 17 HSCA RA Regulations 2014 Good governance<br><br>Audit systems in place had not identified the concerns we found on inspection. |