Health Vision UK Limited

Healthvision UK Ltd - North Kensington

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?	Requires improvement
Is the service well-led?	Good

Overall summary

This inspection took place on 27 August 2015 and was announced. Healthvision UK Limited North Kensington is a domiciliary care agency providing care to adults within their own homes. At the time of the inspection, 269 people were using the service.

The service had a registered manager in post. 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 service received the majority of its referrals via email or telephone from social workers based in the London

Summary of findings

Boroughs of Westminster, Hammersmith and Fulham and Brent. Care supervisors from the agency visited people in their own homes or in hospital to carry out an initial assessment.

Care plans had been developed by consulting with people and where appropriate, their family members. Where people were unable to contribute to the care planning process, staff worked with people's relatives and representatives and sought the advice of health and social care professionals to assess the care needed.

Risk assessments had been completed and covered a range of issues including environmental factors, falls prevention, moving and positioning and personal care needs.

Staff had guidance about how to support people with known healthcare needs, such as when a person needed support with the application of prescribed topical creams or the administration of eye drops.

Staff we spoke with knew about people's interests, likes and dislikes, as well as their day to day lives at home. People's independence was promoted and staff understood the importance of respecting people's privacy and dignity.

Staff had completed training in food hygiene and preparation. Staff were required to support people to prepare simple meals of their choice and were aware of people's specific dietary needs and preferences.

There were protocols in place to respond to any medical emergencies or significant changes in a person's well-being. Staff understood these procedures and were able to explain how they would respond to emergencies and who they would contact in this instance.

Records showed that staff had attended relevant safeguarding training which was refreshed on a regular basis. Staff were supervised and appraised in line with the provider's policies.

There were policies and procedures in place to protect people from harm or abuse and staff were able to describe the actions they would take to keep people safe.

People and their relatives told us they thought the service was well managed, though some people voiced concerns regarding communication with staff based in the main office and the standard of care delivered when regular care staff were on leave or absent from the service.

We received positive feedback about the managing director, registered manager and regular care staff. People knew how to make a complaint and to whom but not all felt able to do so for fear of repercussions.

There were arrangements in place to assess and monitor the quality and effectiveness of the service and use these findings to make ongoing improvements.

Summary of findings

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 had received training in safeguarding adults and procedures were in place to protect people from abuse.

The risks to people who use the service were identified and managed appropriately.

Staff files contained references and appropriate criminal record checks demonstrating that staff had been recruited safely.

Is the service effective?

Good

The service was effective. Care plans we looked at included care needs assessments, which had been carried out before the person's package of care was commenced.

Staff had a programme of training, supervision and appraisal which helped to ensure people were supported by staff who were trained to deliver care safely and to an appropriate standard.

Staff were aware of the protocols in place to respond to any medical emergencies or significant changes in a person's well-being.

Is the service caring?

Good

The service was caring. People we spoke with and their families told us they were happy with the care provided.

People told us they had contributed to the development of their care and supports plans.

Staff had completed training in dementia care and demonstrated a good understanding of the needs of people living with dementia and other complex health care needs.

Is the service responsive?

Requires improvement

Aspects of the service were not always responsive. Staff told us they would contact the office if they knew they were running late for a visit. However, people using the service were not always updated about any delays to their visits.

Staff knew how to respond to complaints people raised and understood the complaints procedure but people using the service didn't always feel they could make a complaint.

People's care and support needs had been assessed by the service and these were updated and reviewed as and when required.

Summary of findings

Is the service well-led?

Good

The service was well led and had a registered manager in post.

Staff meetings were held on a regular basis which gave opportunities for staff to feedback ideas and make suggestions about the running of the service.

The service conducted regular surveys of people using the service in order to find out their views about the quality of care and support provided.

Healthvision UK Ltd - North Kensington

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 inspection took place on 27 August 2015 and was announced. The provider was given 24 hours' notice because the location provides a domiciliary care service; we needed to be sure that members of the management team or senior staff would be available to speak with us.

The inspection was carried out by a single inspector. Following our visit, we asked an expert-by-experience to contact people who used the service for their feedback. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert-by-experience who supported this inspection had experience and knowledge about caring for older people and people living with dementia.

Before the inspection took place, we looked at the information the Care Quality Commission (CQC) held about the service. This included notifications of significant incidents reported to CQC since the last inspection took place in June 2013.

During the inspection we spoke with the registered manager, the managing director and an administration assistant. Following the inspection, we spoke with 28 people using the service and five family members. We also contacted seven care staff members to gain feedback about their roles, the service and the people they supported. The records we looked at included 12 care plans, 12 staff records and records relating to the management of the service.

Good

Is the service safe?

Our findings

People using the service told us they felt safe and trusted the care staff who supported them. One person told us, "[My care worker] goes over and above what is needed, I trust him absolutely" and another person told us, "[My care worker] is a very honest girl."

Where risks to people's health, safety and welfare were identified, appropriate management plans were developed to minimise them. We looked at 12 care plans which showed individualised risk assessments were carried out addressing environmental issues and areas such as personal care, diet and nutrition and falls prevention. A member of care staff told us, "We always put the client's well-being and safety at the heart of the care we give."

There were effective systems in place to protect people from abuse and keep people free from harm. The service had policies and procedures in place for safeguarding adults which were available and accessible to members of staff. Staff completed safeguarding training as part of their induction and this training was refreshed on an annual basis. We saw records that confirmed this and spoke with staff who were able to explain how they would identify abuse and were aware of the correct reporting procedures. Senior staff told us they had positive relationships with all of the local authorities they worked with and were able to make referrals or obtain advice as and when needed.

We had received a number of safeguarding notifications from the provider in the past 12 months, many relating to allegations of theft and/or the loss of personal items. We saw records demonstrating that these matters had been managed appropriately in conjunction with local authority safeguarding teams and the police where appropriate.

We asked people who used the service if they felt care staff were honest and all responded that they trusted their care workers implicitly. People whose care workers were responsible for their shopping told us they were always given receipts and the correct change. One person told us that they repeatedly offered their care workers money so that they could get themselves a coffee when they were out and about. We explained to this person that whilst this was a very kind gesture they could get care staff into trouble. This person responded, "I know, [care workers] keep telling me. They never take [money] from me."

We found robust recruitment and selection procedures were in place and saw appropriate checks had been undertaken before staff began work, to help ensure that staff were suitable to work with people using the service. Staff files contained references, proof of identity and appropriate criminal record checks.

Where care staff were responsible for prompting people to take their medicines, medicines administration records (MAR) were kept in people's care files and signed accordingly. Staff told us they also entered this information into people's daily records which were collected from people's homes on a regular basis and checked by senior staff before being archived safely and securely. Seven people told us that their care workers were responsible for prompting their medicines with most people telling us that this was done professionally, reliably and recorded accurately. However, one relative told us that care workers left tablets out on the table and that these were not always taken by their family member and nor were MAR charts completed consistently.

Where people had complex healthcare needs or staff were unfamiliar with a specific procedure such as catheter care or the care of pressure wounds, care supervisors attended initial visits to ensure care staff were managing the care appropriately. Staff were aware of the protocols in place to respond to any medical emergencies or significant changes in a person's well-being.

Care staff had access to disposable gloves and aprons to help prevent and control the spread of infection. They were also required to wear a uniform and name badge when visiting people they provided support to.

Staff we spoke with were aware of the provider's whistleblowing policy and most of the staff we spoke with were able to explain how they would raise any concerns about the service to the management team and to external authorities, if necessary. One staff member told us they would like to receive feedback as to the outcome of any concerns they reported so that they could be assured that action, where needed, had been taken.

Good

Is the service effective?

Our findings

People told us their needs were assessed and met by the service and they were happy with their regular care workers. This opinion changed markedly when people discussed with us the care provided when regular care workers were absent over the weekend period or during periods of annual leave. One person told us, "I cancel if I know [the regular care worker] is going to be off, I can manage, I don't trust anybody else." Another person told us that their care worker treats them "so wonderfully well that nobody else comes even close, if it's not [named care worker], I don't have care at all." The registered manager told us that they were currently recruiting for permanent weekend and evening care staff in order to provide a more consistent service.

Care plans included care needs assessments, which had been carried out before the person's package of care was commenced. Therefore, staff had a good level of information about people's health and social care needs and some understanding of the support they required, from their very first point of contact. One relative told us their family member had dementia and sometimes resisted care. They said, "[My family member] loves both of [their] regular care workers, they understand [them] absolutely, and I believe they have been picked especially, they send appropriate people who are the right ones for [my family member]."

Where people had capacity to make their own decisions, care plans had been signed by the person who used the service to show their agreement with the information recorded. In cases where people lacked the capacity to make decisions about their own care, plans were developed in people's best interests and signed by family members (if appropriate) and/or health and social care professionals.

People were given copies of their care plans and a service user guide which provided people with useful contact numbers for the service and other leaflets and brochures from independent agencies providing information about issues such as managing finances, befriending and making a complaint.

People we spoke with felt care staff were well-trained and able to deliver a good standard of care although we heard from one person who felt that staff required more training.

The registered manager told us that all staff were required to complete a five day classroom induction which covered areas such as medicines administration, moving and positioning and dementia care. Care staff were required to shadow more experienced staff before they began to work with people on their own. One care worker we spoke with told us they shadowed another member of staff for one day only and felt that this wasn't sufficient time to gain competence and confidence in a role that they were completely new to. Other care staff we spoke with told us they had shadowed more experienced staff for up to four days and felt this was an adequate length of time to observe procedures and gain confidence in their role.

Staff supported people with food shopping and meal preparation. Staff were required to prepare or heat up simple meals or serve food prepared by family members. People we spoke with told us their meals were well prepared and they were offered choices wherever possible. One person told us, "Whatever I fancy, they'll do. They offer me food whenever they visit. If I fancied a cheese sandwich at 8.00pm they'd do it for me." However, a relative told us they were concerned that care workers did not always prompt and encourage their family member to eat their meals. Another person who used the service told us that a care worker had refused to prepare them a ham sandwich because it was against the care worker's religion to handle pork products.

Staff we spoke with understood consent and capacity issues and were aware of what to do and who to report to if people they were caring for became unable to make decisions for themselves.

Care plans contained information and guidance for staff on how best to monitor people's health and promote their independence. We noted records included contact details for people's GPs and other relevant health and social care professionals involved in people's care.

Staff were required to successfully complete a three month probation period during which they received supervision on a regular basis in line with the provider's policies and procedures. Staff were also visited by care supervisors who carried out spot checks which involved observing staff during the course of their duties and providing constructive feedback.

Staff had a programme of training, supervision and appraisal, so people were supported by staff who were

Good

Is the service effective?

trained to deliver care safely and to an appropriate standard. A training matrix showed the training all staff were required to undertake to meet the needs of people they supported such as safeguarding, mental health legislation, equality, diversity and human rights.

Staff told us they had access to further training and a high number of staff had completed vocational training courses in health and social care. Any gaps in staff member's training and development needs were addressed during staff supervision sessions.

Good

Is the service caring?

Our findings

People using the service told us, "[My care worker] respects me absolutely, and encourages me to be as independent as I can be" and, "[My care worker] can empathise with me and understands me wonderfully." One relative told us, "[Our member of care staff] is a most beautiful man, absolutely wonderful to my [family member]" and another relative said, "[The care staff] are happy, friendly and understand my [family member]".

People and their relatives told us they had been involved in the care planning process and had been visited in their homes prior to receiving care. Care plans we looked at included people's medical history, family information and emergency contact details. People told us they had received copies of their care plans and that staff were required to complete daily logs. People confirmed that this task was completed each time they were visited.

People we spoke with told us they could make decisions about their own care and how they were supported. People were able to specify whether they preferred a male or female member of staff. Where possible, care staff were matched with people who were able to speak their first language if this was not English.

Staff were able to explain and give examples of how they would maintain people's dignity, privacy and independence. One member of staff told us, "It's good to ask the client what you can do for them. I make sure I give people choices; I ask if they would like a bath or a shower. I shut the doors and close curtains and make sure people are comfortable."

One person told us that care staff needed to use a hoist to assist them with personal care and that they were grateful for the kindness and competence of care staff. This person added, "They don't rush me, and they explain what they're doing. They'll say 'we're going up now, ok?' so that I can prepare myself. It's nice of them to do that, I think." A relative told us that care staff also assisted their family member using a hoist and that this was always done professionally and in a caring manner.

Staff had completed training in dementia care and demonstrated a good understanding of the needs of people living with dementia and other complex health care needs. Relatives told us that staff were "absolutely wonderful" and "very caring."

Requires improvement

Is the service responsive?

Our findings

Some people voiced concerns relating to poor communication amongst staff members. One person said, "Communication is bad between the [care staff] and the office, I ask them for certain times, they agree but then don't tell the [care staff]." Another person told us that they had contacted the office to cancel a visit but "The message wasn't passed on, the [care worker] came, couldn't get the door to my flat open, and set the alarms off. In the end they had to ring my [family member] who was abroad. I don't know why they didn't ring me; I had my mobile with me." Care staff told us there were occasions when they were running late and informed the office but these messages were not always passed on to people waiting for a visit.

When people were referred to the service, they were visited in their own homes or in hospital by a care supervisor in order to complete an initial needs assessment. Where possible, people were involved in making decisions about their care and support needs. Where people were not able to make these decisions for themselves, family members (if appropriate) and/or health and social care professionals contributed to the development of care and support plans. The initial assessment process ensured that people's individual care and support needs could be met by the service before a package of care was organised and care staff allocated.

People were supported to engage in a range of activities that reflected their interests if these formed part of their agreed care plan. These included shopping trips, going for walks and visits to coffee shops. People told us that care staff usually arrived on time but there were occasions when care staff arriving late had meant that they had been unable to attend church services or engage in planned activities.

People told us they knew how to make a complaint and believed they would be listened to. However, a small number of people we spoke with told us they would not make a complaint even if they needed to because they were "not very brave", or because they feared repercussions.

People's care and support needs had been assessed by the service and these were updated and reviewed as and when required. Reviews took place either through meetings in people's homes or via telephone discussions with people and their relatives and where appropriate, health and social care professionals.

People we spoke with told us they thought staff knew them well and knew how to support them if their needs changed. Staff told us care plans were easy to use and they contained relevant and sufficient information to know what the care needs were for each person and how to meet them.

In the event of a medical emergency staff had been trained to call 999 and stay with people until an ambulance arrived, offer reassurance and keep the person warm and safe. Staff told us they would always contact senior staff members in the office to inform them of any emergency situation.

We looked at archived daily records of support and found that these had been completed with a summary of tasks undertaken including information regarding people's wellbeing and where appropriate, details relating to meal preparation and medicines prompting.

Good

Is the service well-led?

Our findings

The service had a registered manager who was supported in her role by care co-ordinators based in the office and care supervisors who worked out in the community. There were always administrative staff members on duty who were available for people and staff to contact on a daily basis. Leadership was visible and staff had clear lines of accountability for their role and responsibilities.

People felt that the service was generally well managed. The complaints policy was available in the service user guide given to people when they began using the service. The registered manager told us they were always available to speak with people and listen to their concerns. Staff we spoke with knew how to respond to complaints people raised and understood the complaints procedure.

Staff told us the registered manager and the managing director were approachable and supportive. Staff comments about the registered manager included, "She's good, she listens and tries her best to deal with the matter by getting to the bottom of it" and "She's very welcoming and I admire her." One member of staff told us, "The managing director is nice, friendly and supportive. He likes to know who his staff are and I've spoken to him a couple of times. He respects us."

Staff meetings were held on a regular basis which gave opportunities for staff to raise any concerns about people using the service, feedback ideas and make suggestions about the running of the service. The registered manager told us meeting minutes were sent to all staff members. This meant that staff who were unable to attend always had access to information and updates.

The registered manager told us care supervisors who worked out in the community were responsible for monitoring care staff and the care and support they provided to people using the service. The care supervisors undertook a combination of announced and unannounced spot checks where staff were observed delivering care and provided with feedback. The service used an electronic tracking system which allowed office staff to monitor visits and ensure care staff arrived at the correct time and remained for the scheduled duration.

The service had quality assurance systems in place. The registered manager told us they completed regular and ongoing checks on care delivery, daily logs and medicines records. Staff files were audited and we saw clear evidence that files were well managed and that training and supervision requirements were kept updated.

The service conducted regular surveys of people using the service in order to find out their views about the quality of care and support provided. We looked at the last survey results dated November 2014 and noted that over 75% of respondents would recommend the service to others.

Staff were aware of the reporting process for any accidents or incidents that occurred. They told us they would record any incidents in people's daily log record and report the matter to senior staff. We saw documents that demonstrated robust systems were in place to log, monitor and respond appropriately to any accidents and/or incidents.