

VISION CARE SERVICES(UK) LIMITED

Vision Care Services

Inspection report

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22 October 2018

23 October 2018

25 October 2018

29 October 2018

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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

This inspection took place on 22, 23, 24 and 29 October 2018. We gave the service short notice of our visits to the office base to make sure the registered manager would be available.

Vision Care Services is a domiciliary care agency. It provides personal care to people living in their own homes the community. It provides a service to adults, older adults, people living with dementia, people with physical and/or sensory impairments, people with learning disabilities and people living with mental health conditions. At the time of the inspection, personal care and support was being delivered to 138 people.

Our last inspection took place on 14 June 2017 and at that time we found the service was not meeting two of the regulations we looked at. These related to safe care and treatment (medicines management) and good governance. The service was rated 'Requires improvement.' On this inspection we found improvements had been made.

There was 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.

Staff were recruited safely and there were enough staff to take care of people. Staff received appropriate training and they told us the training was good and relevant to their role. Staff were supported by the registered manager and received formal supervision where they could discuss their ongoing development needs, although these needed to be more regular.

People who used the service and their relatives told us staff were helpful, kind and caring. Staff explained how they respected people's dignity. This was confirmed by people we spoke with.

Care plans were easy to follow and detailed what care and support people wanted and needed. Risk assessments were in place and showed what action had been taken to mitigate any identified risks. People felt safe with staff and appropriate referrals were being made to the safeguarding team when this had been necessary.

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. The service was compliant with the legal requirements of the Mental Capacity Act 2005 (MCA) and people's consent was sought prior to staff delivering care and support.

Staff liaised with a range of health and social care professionals to ensure people's healthcare needs were being met. Medicines were managed safely and people were receiving medicines as prescribed.

Staff knew about people's dietary needs and preferences.

Records showed complaints received had been dealt with appropriately.

Everyone spoke highly of the registered manager and said they were approachable and supportive. The provider had systems in place to monitor the quality of the service. People who used the service and staff were asked for their views and these were acted upon.

We found all the fundamental standards were being met. 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?

Good ●

The service was safe.

Staff were recruited safely. There were enough staff to provide people with the care and support they needed and to ensure call visits were mostly on time.

Staff understood how to keep people safe and where risks had been identified, action had been taken to mitigate those risks.

Medicines were managed safely and kept under review.

Is the service effective?

Good ●

The service was effective.

Staff were trained and supported to ensure they had the skills and knowledge to meet people's needs.

People were supported to access health care services to meet their individual needs.

The legal requirements relating to the Mental Capacity Act 2005 (MCA) were being met.

Is the service caring?

Good ●

The service was caring.

People using the services told us they liked the staff and found them caring and kind.

Staff knew people well, including their likes, dislikes and care and support needs.

Is the service responsive?

Good ●

The service was responsive.

People's care records were up to date and reviewed to ensure people's current care needs were supported.

A complaints procedure was in place and people told us they felt able to raise any concerns.

Is the service well-led?

Good ●

The service was well-led.

A registered manager was in place who provided effective leadership and management of the service.

Quality audits were in place and the registered manager was continually looking at ways to improve the service.

Vision Care Services

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 22, 23, 25 and 29 October 2018 and was carried out by one adult social care inspector, one inspection manager, one assistant adult social care 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. On 23 October 2018 the adult social care inspector and inspection manager visited the office base. The adult social care inspector returned to the office base on 29 October 2018 to complete the inspection. These visits were announced as we needed to make sure the registered manager would be available.

Before the inspection we reviewed the information, we held about the service. This included notifications from the provider and speaking with the local authority contracts and safeguarding teams.

The provider had completed a Provider Information Return (PIR). The PIR is a document which gives the provider the opportunity to tell us about the service. 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.

During our visit to the provider's office we looked at elements of five people's care records, some in details and others to check specific information, four staff recruitment files, medicines records and other records relating to the day to day running of the service, such as quality assurance checks.

On 22 October 2018 the expert by experience spoke with four people who used the service and four relatives. The inspection manager, adult social care inspector and the assistant inspector spoke with 10 care workers, the registered manager, the provider, head of human resources, care co-coordinator and care quality assessor.

Is the service safe?

Our findings

When we inspected the service in September 2017 we found the service was in breach of Regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the provider did not have robust systems in place to ensure medicines were administered safely. On this inspection we found improvements had been made.

Medicines were managed safely. All of the staff we spoke with told us they had completed medicines training. Their competency to administer medicines was also checked during observations of their practice. Staff we spoke with were knowledgeable about medicines and creams they were administering. One person who used the service told us, "They're [the staff] very good, on time and top notch with things like medication." There was information in people's care plans about how they liked to take their medicines, for example, one person liked to take theirs with trifle. Generally, we saw medication administration records (MARs) had been consistently completed to show medicines had been given. We did find one MAR chart which had not been consistently completed. We discussed this with the registered manager and found the family were also dealing with medicine administration. They agreed to update the care plan to make it clear what staff were responsible for administering.

People were kept safe from abuse and improper treatment. There was a safeguarding policy in place and safeguarding training was undertaken by staff during induction and then every year, to make sure they were kept up to date. People who used the service told us, "The girls who come are friendly and a safe pair of hands. I trust them." "Staff are very kind and gentle and that makes me feel safe." "I feel very safe. I know if something bothers me I can ask a support worker for help." "I feel safer with this team than with anyone else I've been with."

Staff had completed safeguarding training and said they would not hesitate to report concerns to a senior member of staff, the registered manager or the safeguarding team. One care worker told us, "Firstly I would phone the office [staff], when you tell them, they get onto it straight away." The registered manager had made appropriate referrals to the safeguarding team when this had been needed. This meant staff understood and followed the correct processes to keep people safe.

Staff were recruited safely. We looked at three staff files and saw checks had been completed which included two references and a criminal record check through the Disclosure and Barring Service (DBS). This demonstrated staff were suitably checked before starting work in the home. We did note there was no provision on the interview record to demonstrate any 'gaps' in employment had been explored. We discussed this with the registered manager who agreed they would create an additional section on the document.

There were enough staff to provide care and support to people who used the service. The registered manager explained they had worked hard to arrange staff rota's so travel time was limited and provided people who used the service with continuity of staff. Care workers we spoke with told us their rota's were well organised and they had enough time to deliver the care and support people required. Care workers

comments included, "One thing I like about Vision Care Services is if I think people need more time, [Name of staff member] will come out and reassess them and then talk to the Council, [if they are paying for the care package]. The same happens if we have too much time." "There are enough staff and enough time to do the calls. Most of the calls are close to each other, so no concerns." A relative told us, "The office [staff] have been good at arguing for more time as [Name] has become more frail."

Staff assessed people's homes before a service was offered to make sure they were safe for the person who used the service and staff. Where issues had been identified action had been taken to resolve any issues. On occasions this had also meant working with other agencies.

The registered manager had acted to make sure people who used the service would be safe in emergency situations. For example, when it snowed staff knew which people must have a call and who could be supported by relatives or friends.

Care workers were provided with personal alarms, torches and advised where to park when it was dark. If additional risks had been identified care workers worked in pairs to ensure their safety.

People who used the service were protected from the risk and spread of infection. The service had an infection prevention policy and staff confirmed they had received relevant training. Disposable gloves and aprons were available at the office base for staff to collect.

The registered manager looked at accidents and incidents and acted to try and prevent any re-occurrence. For example, following a recent incident the registered manager reviewed and changed the policy regarding changing access key codes to people's property.

Is the service effective?

Our findings

Staff assessed people's care and support needs before a service was offered. The assessment considered people's needs and choices and the support they required from staff, as well as any equipment which might be needed.

Staff had the right skills and knowledge to provide effective care. Staff told us the training was good and had equipped them with the required skills to provide safe and effective care and support. New staff had a comprehensive induction to the service. Staff new to care or those that did not have a qualification in health and social care were enrolled on the care certificate. This is a government-recognised training scheme, designed to equip staff new to care with the required skills for the role.

New staff completed relevant training and then worked with a senior care worker for five or six 'shadow' shifts so they could get to know the people they would be supporting. We were told this time could be extended until the care worker felt confident in their role.

We looked at the training matrix, which showed us staff training was up to date. In addition to the services mandatory training care workers undertook specific training to make sure they had the skills to support people they were caring for. For example, continence care and stoma management.

Staff were provided with supervision sessions which gave them the opportunity to discuss their work role, any issues and their professional development. Staff we spoke with told us they felt supported and said they could go to one of the manager's or registered manager at any time for advice or support.

People's nutrition and hydration needs were met. If people who used the service needed support with meal preparation there was information in their care plan about their requirements. For example, [Name] requires a soft diet. They can tell you what they want to eat or drink. Does like soup and yogurts.

People's healthcare needs were being met. The service liaised with health professionals including GPs, dieticians, social workers, occupational therapists and district nurses to ensure people's health and social care needs were met. Care workers told us they would contact the office if they had concerns about someone's general health or would dial 999 in an emergency.

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. For people living in their own home, this would be authorised via an application to the Court of Protection.

People who used the service had signed consent to care documentation. When people had been able to

consent, but had been unable to sign, relatives had done this on their behalf. One person who used the service told us, "The carers always ask before helping you."

The registered manager understood the MCA and told us if people lacked capacity, decisions about the care would be made in their best interests if no Lasting Power of Attorney (LPA) for health and welfare was in place. A LPA is a legal document that allows someone to make decisions for you, if you're no longer able to.

Is the service caring?

Our findings

People who used the service told us they were happy with the care and support they received from Vision Care Services and said staff were kind, gentle and compassionate. Comments included, "Staff are very gentle and kind. When I came out of hospital they sat with me every session before they helped me." "[The carers] are full of smiles. They bring happiness in with them each morning." "You could not get a more caring set of people than the girls who come out." A relative told us, "The girls are really gentle and calm."

Staff treated people with dignity and respect. One person who used the service told us, "Staff are very kind and gentle and that makes me feel safe. When I hurt the carers speak calmly and get me to calm down until the pain calms down." Care workers we spoke with understood how to maintain people's privacy and dignity. Comments included, "I always make sure curtains and blinds are closed and only open them when [personal care] has finished. One client doesn't like the blinds closed, so I make sure they are covered with a towel."

Care files contained basic information about people's life histories, interests and hobbies. People who used the service told us they felt comfortable around staff. Staff we spoke with knew and could give examples about the care and support they provided to people. People told us staff knew their individual needs, likes and dislikes. One relative told us, "The staff have been excellent and my mother has really come on."

Staff enabled people who used the service to maintain their independence. Care workers explained how they encouraged people to stay as independent as possible. For example, "I prompt one person to shuffle to the end of the bed and then to walk to the bathroom. "I get another person to walk to the dining table and then back to their comfy chair." The registered manager told us some people had regained their independence which had resulted in a reduction in their care package or in them no longer requiring support at home.

People told us they were usually supported by regular staff. This ensured continuity of care and meant good relationships could be developed between staff and people they were supporting. A relative said, "The girls have really built a relationship with [Name] they smile when they [staff] come through the door." Relatives had sent a card to the service with the following comments, "Thank you all for the extra effort you made to get [Name] ready for the wedding. Such love and patience! You helped make a very special day for our family."

People who used the service and relatives told us they had been involved in developing their care plans. We saw review meetings had been held with people to discuss if the level of care still met their needs.

We looked at whether the service complied with the Equality Act 2010 and in particular how the service ensured people were not treated unfairly because of any characteristics that are protected under the legislation. Our review of records and discussion with the registered manager, staff, people and relatives showed us the service was pro-active in promoting people's rights. For example, supporting people to prepare for prayers.

Is the service responsive?

Our findings

Staff involved people and their relatives in the care planning process. One person who used the service said, "I was involved in writing my care plan."

Staff assessed people's needs before a service was offered and from this their care plan was developed. Care records reflected people's individual care and support needs as well as personal preferences, history, likes and dislikes. People's needs and preferences were taken into consideration when staff were allocated to the call, for example, preferred language and male or female carers.

Care records contained risk assessments relating to activities of daily living such as mobility, eating and drinking, continence and personal care. We asked staff what happened when people's needs changed. These were some of their comments, "It would either change in the care plan. Or we'd speak to the office about it. Yes we get told (about changes). We've got a group messenger. They send all the messages regarding everyone." "They'll send me a text for example if their medication has changed, they'll inform me." "Care plans will have been updated. They'll fill me in on what's going on." "I would find out if the care plan has been updated. I would check the care plan."

People's end of life care needs were being met. The service had been sent a number of compliments about the end of life care they had provided. These were some examples; "Thank you to everyone at Vision Care Services for the love and care you have shown all our family over the years you looked after [Name]. Nothing was ever too much trouble and you all went over and above what was expected of you. [Name] was always treated with lots of love and respect by all their friends at Vision Care, who cared for her. We had many laughs (and tears too) and every one of you brightened up her day when you visited. She loved you all. You are amazing people are always welcome to our home." "We are truly thankful and grateful for the care shown and given to our relative." "I just wanted to say a very big thank you for all the care you gave to my very dear friend [Name]. I was so grateful they got their wish and was able to stay in their own home until the final hour." "I just wanted to let you know how much I have appreciated all the love and care you showed to [Name] over the last six months. They could not have been looked after better and I am sure [Name] thought the world of you all." We saw in people's care plans it was their expressed wish to stay at home for as long as possible. The registered manager told us they worked closely with district nurses and palliative care team to deliver end of life care which met people's wishes and needs.

Complaints were taken seriously and investigated. A complaints procedure was in place and was detailed in the service used guide. A relative told us, "I'd just speak to the manager. They have been really helpful getting the occupational therapy referral sorted. They managed to sort it all out in two weeks." People's care plans had details of the office and out of hours contact telephone numbers and contained the following statement, "Please do not hesitate to contact our office if you have any problems or questions. Vision Care Services constantly aims to improve the quality of service being provided."

A record of complaints was available, together with the action which had been taken to resolve them. The registered manager explained when any concerns or complaints were raised they would go out to meet the

person 'face to face' as they found this a more effective way of discussing issues and finding a resolution.

We looked at what the service was doing to meet the Accessible Information Standard (2016). The Accessible Information Standard requires staff to identify record, flag and share information about people's communication needs and take steps to ensure that people receive information which they can access and understand, and receive communication support if they need it. We saw people's communication needs were assessed and support plans put in place to help staff meet their needs.

Is the service well-led?

Our findings

When we inspected the service in September 2017 we found the service was in breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the provider did not have robust systems in place to assess, monitor and improve the service. On this inspection we found improvements had been made.

There was a registered manager in post who provided leadership and support. People who used the service and relatives told us the management team were responsive and helpful. Staff we spoke with were positive about their role and the management team. Staff comments included, "Yes, 100%. They're my managers but they have a friendly approach towards everyone. They don't make you feel that you can't speak to them just because they're managers. They reassure you if there's any problems. They'll help me out with the problem. I know I can approach them." "Yes, I do [feel supported]. If we've got any concerns or anything we can always ring the office and talk to them. They'll explain to us about what's happening. We get a lot of support from the office staff as well."

We found the management team open and committed to make a genuine difference to the lives of people using the service. We saw there was a clear vision about delivering good care, and achieving good outcomes for people living at the service.

Staff morale was good and staff said they felt confident in their roles. Staff we spoke with told us they would and had recommend the service. One person said, "I've recommended them to a few people already. It's the nature of the people and company. They're understanding and considerate. The company is good."

Audits were being completed, which were effective in identifying issues and ensured they were resolved. The registered manager and provider were in the process of 'rolling out' a new electronic system. This system contained the persons care plan, medicine record and the system raised an alert, for example, if calls were missed or staff were late. This system will allow closer monitoring around call times and staff will be unable to log out of a call if they have forgotten any of the required tasks.

The head of human resources had worked hard to develop rota's for staff so travelling time for staff was limited. This exercise had also improved the continuity of staff making the visits. Staff told us, "It's well organised. If the rota needs changing, they'll let you know." "No complaints. I'm happy with the rota and round." "I feel like everything is going good. My rotas good, they always come on time and I don't need to ask for it." "Yes. I normally do morning and lunches on [Name of area]. No concerns with travel time. "

Staff meetings were held monthly to exchange important information. Informal staff meetings took place twice weekly. Staff told us, "They just go over things like if there are any issues. Like a refresher of safeguarding. If anyone has any concerns, if anyone feels they need more training in different things. Just make sure everyone is alright. They ask if you want them to come out shadowing or if you would like a review over the phone." "We've had one since I started. Like how working is going, if we need anything changing, if there are concerns, client complaints, we'll discuss all that. They'll ask everybody how we're

doing. It was all about clients and staff, medication, time sheets, the diary and records."

People's views about the service were sought and acted upon. People who used the service were contacted two weeks after the service stated to get their views and to check their needs were being met. Additional checks were made after six weeks, six months and then annually.

The registered manager attended provider forums and meetings held at the local authority to discuss and share issues and best practice. The service also worked in partnership with other services to offer optimum support to people including Skills for Care. Skills for Care is the strategic body for workforce development in adult social care in England.

Providers are required by law to notify The Care Quality Commission (CQC) of significant events that occur in care settings. This allows CQC to monitor occurrences and prioritise our regulatory activities. We checked through records and found the service had met the requirements of this regulation.