

Visto Help Hands Care Limited

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Inspection report

Unit 15
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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

About the service:

Visto Help Hands Care Limited is a service providing care and support to people in their own home. The registered provider has an office which is situated in the Kendray area of Barnsley. At the time of the inspection the service was providing support to two people. Not everyone who used the service received personal care. Care Quality Commission (CQC) only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

People said they felt safe using the service. Risks to people's health and safety were assessed and mitigated. When people were supported with medicines this was done safely. There were enough care workers to meet people's needs. Safe recruitment procedures were operated. People told us they were supported by a regular team of care workers. They said they received their calls on time and the service had never missed a call.

Staff received a range of training and support relevant to their role. Staff told us they felt fully supported and listened to. People were confident care workers had received appropriate training to meet their needs.

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; the policies and systems in the service supported this practice.

People told us care workers were kind and caring and treated them with respect. Care workers understood the importance of respecting people's diverse needs and promoting independence.

People's needs were assessed, and care plans put in place for staff to follow. The service liaised with professionals where required, such as over people's health needs.

People were supported by a team of staff who were happy in their jobs and well-supported by their manager. The registered manager completed a range of regular checks on the quality and safety of the service.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update:

The last rating for this service was requires improvement (published 15 August 2018) and there was a breach of regulation 17, good governance. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected:

This was a planned inspection based on the previous rating.

Follow up:

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Visto Help Hands Care Limited

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 Care Act 2014.

Inspection team:

The inspection was carried out by two inspectors.

Service and service type:

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

Notice of inspection:

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity took place over one day on the 7 August 2019.

What we did before inspection:

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection:

We telephoned and spoke with a one person and a relative of a person who used the service, this helped us understand their experience of the service. We visited the service's office to see and speak with the registered manager and another four staff employed by the provider including a team leader, care coordinator, a support worker and the administrator.

We reviewed a range of records. This included two people's care records and one medicine record. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection:

We continued to seek clarification from the provider to validate evidence found. We looked at training records.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management:

- At our last inspection we found some people did not have risk assessments in place. We did not identify a breach of regulations. At this inspection we found the provider had acted to improve this area of documentation. Care plans contained information about any risks associated with people's care and support, alongside clear guidance for staff to follow to ensure these risks were minimised.
- Procedures were in place to make sure care workers knew what to do in the event of an emergency. For example, if they could not gain access to a person's home.

Using medicines safely:

- At our last inspection we found gaps on peoples' medicine administration records (MARs). We did not identify a breach of regulations. At this inspection we found the provider had acted to improve this area of documentation.
- People's medicines were managed safely.
- Where people were supported to take their medicine, MARs were kept in their homes. The MARs showed which medicines people were prescribed and when they were given.
- The MARs were returned to the office every month and checked by the registered manager. This helped to ensure any errors were identified and action taken to reduce the risk of them being repeated. The MARs we looked at had been completed correctly.
- People told they were happy with the support they received with their medicines.
- Care workers received training on the safe management of medicines and records showed their competency was regularly checked.

Systems and processes to safeguard people from the risk of abuse:

- People were protected from the risk of abuse.
- People, relatives and staff we spoke with told us the service was safe. People knew who to speak to if they were not happy.
- Care workers received training and understood how to recognise and report any concerns about people's safety and welfare.
- The registered manager understood their responsibilities and worked with other agencies to ensure any safeguarding concerns were dealt with properly.

Staffing and recruitment:

- There were enough staff deployed to meet people's needs. People told us they had a regular team of care workers. They said they were introduced to new care workers before they started to receive support from

them.

- People told us care workers were punctual and stayed for the allocated time. Everyone we spoke with said they had never missed a call. People and relatives said, "They (Staff) are very good, they are always on time, they never rush off", "I have never missed a call" and "Staff often stay longer than they should."

Preventing and controlling infection:

- Staff were trained in infection prevention and had access to gloves and aprons to mitigate the risk of cross infection.
- People we spoke with did not raise any infection control concerns.

Learning lessons when things go wrong:

- The registered manager understood the importance of investigating accidents and incidents, reporting to the relevant agencies and acting to reduce the risk of recurrence. A relative said the registered manager had investigated an incident where a person sustained an injury and had acted to minimise future risks.

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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience:

- At our last inspection we found records did not clearly identify staff had received training and supervision. We did not identify a breach of regulations. At this inspection we found the provider had acted to improve this area of documentation.
- Staff were competent, knowledgeable and skilled. They carried out their roles effectively.
- Staff completed training in a range of different subjects to ensure they had the right skills, knowledge and experience to deliver effective care. Staff told us they were happy with the training they completed.
- People and their relatives told us they thought the staff were knowledgeable and well-trained. They said, "Yes, I think staff have had the right training" and "The same staff visit, and they know what they are doing."
- Staff received regular support and supervision from the registered manager and other senior staff to review their competence and discuss areas of good practice or any improvements that were needed. Staff told us they felt supported by the registered manager and they felt able to raise any concerns or questions with them. Staff said, "[Named registered manager] is really good, so supportive, almost like family."

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

- The registered manager explained how they assessed people's needs before the service started. The assessment considered all aspects of people's needs and the information was used to develop person centred care plans and risk assessments.
- People, their relatives and where appropriate other health and social care professionals were included in the assessment. A relative said, "The manager came out to see [family member]. She spent a considerable amount of time with us asking questions about [family member] so they got to know them."

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

- People were supported to eat and drink in line with their care plan.
- Care workers monitored people if they were at risk of poor nutrition and involved healthcare professionals where required.

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 other organisations to deliver effective care and support to people. They sought advice from community health professionals such as the GP and the district nurses. This process supported staff to achieve good outcomes for people and to help people maintain their health. People and relatives said, "The staff have worked closely with district nurses to help me" and " [Named registered manager] would contact

the doctor and me if they were worried about [family member]."

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 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.

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.

- None of the people supported by the service had a Court of Protection Order in place at the time of our inspection.
- People told us care workers consulted them and asked for their consent before providing care and support.
- Care workers had received training on MCA. They understood the importance of promoting people's rights.

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.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. 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:

- People told us their care workers were kind and caring. People said, "Staff are so friendly" and "The staff are great, when they are supporting me with personal care they talk about everyday stuff it puts you at ease."
- Care workers received training in equality and inclusion and were aware of people's diverse needs.
- The registered manager promoted equality and diversity. People's care records had information about their preferences which included their preferred name, race, religion and sexual orientation.

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

- People and their families were able to contribute to their care planning.
- Reviews of people's care plans recorded people's comments and opinions. When people asked for changes to their care and support, we saw this was actioned. One person told us, "We have regular discussions and reviews of my care, it is continually changing."
- Staff supported and encouraged people to make decisions about their care. One member of staff we spoke with described the importance of, 'respecting people's preference's and treating people with dignity and respect.'

Respecting and promoting people's privacy, dignity and independence:

- People told us support workers respected their privacy and dignity, for example by keeping them covered when supporting with bathing and showering.
- Staff understood the importance of respecting people's privacy and supporting them to be as independent as possible.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

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

- At our last inspection we found care plans did not always reflect people's current levels of need. We did not identify a breach of regulations. At this inspection we found the provider had acted to improve this area. We checked two people's care records. The records documented people's likes and dislikes and contained some information about their social histories. This supported staff to get to know people and provide a personalised service. People's care records contained enough detail about the support they required from staff.
- Staff kept people's care under regular review. This helped to make sure people consistently received the correct level of care and support and meant people's care plans contained up to date and accurate information about the care they needed.
- People told us they were very happy with the care and support they received. One person said, "The care I receive from staff is good. They go over and beyond."

Meeting people's communication needs:

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were assessed. Care records included information about supporting people with their communication needs.
- The registered manager had a good understanding of their responsibilities to ensure they were meeting the AIS. All people using the service had received a contract explaining how all information could be provided in adapted formats such as larger print and other languages. This would assist people to access it in ways which enabled them to remain independent.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them:

- The risk of social isolation was considered during the assessment process. People were supported to maintain relationships with the family and friends. People said staff had got to know their family and this helped them have discussions with staff about 'family life'.

Improving care quality in response to complaints or concerns:

- People and relatives told us they had no concerns about the service. They said they would not hesitate to

talk to the registered manager if they were unhappy about anything. They were confident any issues they raised would be acted on.

- People were given information about the complaint's procedure. The service had not received any complaints.

End of life care and support:

- The service was not currently supporting anyone with end of life care. People had the option to disclose and record their end of life wishes as part of their care planning. Staff had received some training and would be able to provide personal care alongside community-based health professionals should people wish to remain at home.

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.

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

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- At our last inspection we found there were gaps within documentation such as care planning and medicine administration records. At this inspection we found the provider had acted to improve this area. There were systems in place to identify and manage risks to the quality of the care provided. For example, medicine and care records were checked every month to make sure people's medicines were being managed safely and people were receiving safe, effective and responsive care.
- At our last inspection we found records did not identify staff were supported and there were no competency checks of staff. At this inspection we found the provider had acted to improve this area. We saw records of visits completed by senior staff to check staff competency. Staff said, "We have observations and the managers ask the service users what's working and what's not working and what they would like to change."
- Staff were also supported to understand their roles through regular supervision and meetings.
- The registered manager notified CQC about events as required by law.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics:

- At our last inspection we found the provider was not seeking the views of people who used the service. At this inspection we found the provider had acted to improve consultation with people. People and staff were asked for feedback about the service. The registered manager sought feedback from people through reviews of their care, asking them to complete questionnaires, making regular telephone calls to people to ask their views about the staff and service and regular meetings with staff at all levels. We saw action was taken as needed.
- We concluded there were no barriers to anyone using or working for the service, based on protected

characteristics such as gender, faith or sexuality. This meant the provider was adhering to the principles of the Equality Act 2010.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people:

- The registered manager demonstrated an open and transparent approach and was passionate about promoting a person centred, inclusive and empowering culture.
- Everyone we spoke with said they would recommend the service. Everyone knew the registered manager by name and spoke very positively about them. Comments included, "[Named family member] thinks the manager is wonderful" and "I cannot fault the managers attitude and warmth."
- People told us they had regular contact with the registered manager and any worries or concerns were dealt with immediately.
- Care workers told us the registered manager was supportive and regularly worked alongside them. They were confident the registered manager would always act in people's best interests and any issues they raised would be dealt with.

Working in partnership with others:

- The service worked closely with relevant health and social care professionals. This supported them to deliver effective care to people.
- Care professionals we contacted and spoke with during inspection told us they had no concerns about the service.