

DJ Vision Health Care Ltd

DJ Vision Healthcare

Inspection report

Suite 220, Second Floor, Citygate House
246-250 Romford Road
London
E7 9HZ

Tel: 07387075127

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

DJ Vision is a domiciliary care service providing personal care to adults living in their own homes. The service provides support to people with physical disabilities, sensory impairment, older people and younger adults. At the time of our inspection the service was providing care to 2 people.

Not everyone who used the service received personal care. 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. At the time of our inspection there were three people receiving a personal care service.

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

Systems for managing the service were not always effective in ensuring records were accurate and up to date. This put people at risk of harm because systems were not robust.

Risk assessments were carried out to protect people from the risks of avoidable harm. Where risks to people had been identified, this did not always provide details on how to manage all risks and risk assessments were not always updated. This could put people at risk of receiving unsafe care. We have made a recommendation in relation to risk assessment records.

People felt safe with care staff who understood their needs. Staff were knowledgeable about safeguarding and whistleblowing procedures. Medicines were managed safely, and people were protected from the risks associated with the spread of infection. The provider had a system in place to learn lessons from accidents and incidents.

Staff were supported in their role with training and supervision. People's care needs were assessed before they began to use the service. Staff supported people with their nutritional, hydration and healthcare 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.

Staff demonstrated they knew people and their care needs well. People received care from staff who were caring and kind. The provider and staff understood how to provide a fair and equal service. People were involved in their care planning and were encouraged to make choices. Staff understood how to maintain people's privacy, dignity and independence.

Staff understood how to provide a personalised care service. The provider understood how to meet people's communication needs. People were supported to maintain contact with family and friends. There was a system in place for people to make a complaint.

Relatives and staff spoke positively about the leadership in the service. The provider had a system to check the quality of the service provided and to identify areas for improvement. There was a system to obtain feedback from people using the service and staff.

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

Rating at last inspection

This service was registered with us on 16/09/2021 and this is the first inspection.

Why we inspected

This was a planned inspection based on the service no longer being dormant after becoming active in January 2022.

Enforcement

We have identified breaches in relation to safe recruitment and good governance in relation to systems used to monitor the service.

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

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

DJ Vision Healthcare

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection team consisted of 1 inspector.

Service and service type

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

Registered Manager

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

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

Notice of inspection

This inspection was announced.

We gave the service 24 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 started on 28 October 2022 and ended on 04 November 2022. We visited the location's office on 28 October 2022.

What we did before inspection

We reviewed information we had received about the service. We sought feedback from the local authority. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 2 members of staff, including the registered manager who is also the nominated individual and a care worker. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We reviewed a range of records. This included care records for two people, in relation to their care plan and risk assessments. We looked at two staff files in relation to recruitment, supervision and training. We looked at training data. We reviewed policies and procedures and records related to the running of the service. We spoke with two relatives about their experience of the care provided.

Is the service safe?

Our findings

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

This is the first inspection of this service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- People had risk assessments which gave some guidance to staff about how to reduce the risks of harm to them.
- We found some records of risks were not always up to date. For example, risks related to use of a transfer aid was included in the risk assessment, however, this was not currently being used as the person was bedbound. The registered manager and relative confirmed the person was bedbound and the equipment was not currently being used. Although staff understood the risks posed to people and knew them well, the risk assessment related to use of bedrails required more detail about the risk to the person should a staff member not be familiar with the person. This meant the person was at risk of harm from improper use by staff.

We recommend the provider seeks a reputable source and good practice guidance in relation to risk assessment recording.

- Staff understood how to manage the risks of harm people may face. For example, 1 care staff told us of 1 person who required support due to their risk of developing pressure ulcers. This included the need to ensure they were regularly turned, and pressure areas monitored for any changes. This helped to reduce the risk of the person developing pressure sores. Risks related to high blood pressure were detailed and provided guidance for staff on how to manage this. This helped to minimise the risks to people.

Staffing and recruitment

- Staff were not always recruited safely. We found application forms contained gaps in employment history. Staff Disclosure and Barring Service (DBS) checks were for another employer. The registered manager told us, "DBS checks were completed by the agency where staff were also employed. This was used when they employed existing staff as these were up to date and relevant to the role they had applied for." However, the provider had yet carried out their own criminal checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- The registered manager was in the process of signing up to the update service for checking applicants right to work and criminal records status to ensure staff were safe to work with people. This may have put people at risk because the provider failed to carry out the necessary checks to ensure staff were safe to work with people.

This was a breach of Regulation 19 (Fit and proper persons employed) of the Health and Social Care Act of

the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager told us they were in the process of moving offices and not all paperwork was available at the location at the time. Following our inspection visit the registered manager provided information related to references for staff.
- Relatives told us staff turned up on time and informed them if they were running late. A relative told us, "[Staff member] is really good, although not often, [staff] will call if running late, she's a real gem." Another relative told us, "There has only been once... [staff member] always phones me. I asked [staff member] to come earlier, if can, [staff member] is always accommodating."
- Staff told us they had enough time to travel to visits and did not feel rushed when providing care.

Learning lessons when things go wrong

- The provider had a system in place to record accidents and incidents, including learning from these.
- The registered manager told us there had not been any incidents since the service started. They told us the procedure for reporting and recording incidents and accidents and how they planned to monitor any trends or learning when this happens. The registered manager said, "You can learn if something [an incident or accident] happens."

Preventing and controlling infection

- People were protected from the risk of acquiring an infection because staff followed good infection control practice.
- The service had an infection control policy which gave clear guidance to staff about how to reduce the risks associated with the spread of infection including COVID-19.
- Relatives told us staff wore personal protective equipment [PPE] when providing care. One relative told us, "Staff do [wear PPE] and they keep some in the house, they always got some there, they are very good with using the PPE." Another relative told us, "They [staff] have got a box of PPE and gloves."
- Staff confirmed they had access to PPE and told us they wore gloves, aprons and mask when providing care.
- Staff received training in preventing and controlling the spread of infection. The registered manager told us and staff confirmed they had completed training in infection control.
- The registered manager told us staff were testing in line with government guidelines. Where a staff member presents with symptoms, they were required to do a lateral flow test before and prior to returning to work. This helped to minimise the risks associated with COVID-19 and ensure testing remains in line with government guidelines.
- We have also signposted the provider to resources to develop their approach.

Using medicines safely

- Medicine procedures were in place to assist staff to manage medicines safely. At the time of our visit the service did not provide medicine support to people using the service. Relatives confirmed they were responsible for administering their family members medicines.
- Medicine risk assessments detailed who would be responsible for administering medicines to people. This helped staff to understand the risks related to managing people's medicines to ensure this was done safely.
- Staff had received appropriate training in medicine administration. Staff were observed and certified by the manager as competent before being able to administer medicines unsupervised.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risks of being harmed or abused. A relative told us, "Oh yeah [relative is safe], [relative] would tell me, I've seen them work with her. If not happy [relative] would tell us. It's been

working out really well." Another relative commented, "Yes [relative is safe], The general way the carer is with [relative], I would not be worried to leave the carer with [relative] alone."

- Staff were able to tell us what action they would take should they suspect or witness abuse, including types of abuse. Staff were aware of the external authorities they would report to should they not be happy with the way the agency dealt with their concern. However, not all staff understood whistleblowing procedures. We informed the registered manager of our findings and they told us safeguarding was discussed regularly with staff, due to the language barrier this may have been confused, they said they would review how training is delivered to staff.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed before they began to use the service to ensure the provider could meet their support needs. Records confirmed this.
- Assessments included where support was needed and which areas of care the person could complete independently. A relative told us, "They [the service] did [complete a needs assessment]. I am very strong on that, that they could meet [relatives] needs before they started. They asked about, [relatives] background, how they like things done, food, communication needs, preference for care. [Relative] was able to have an input."
- The registered manager told us they completed an initial assessment of need which focused on person centred care and covered areas such as, background, nutrition, continence care, communication and cultural needs. Records confirmed this.
- Staff knew people well and understood their individual needs. A staff member told us they knew when they were providing people with the care they needed, "When the client is happy with me. First speak to them and ask them what they want and don't want. I do look at the care plan because it is in their folder. ... Our relationship is very, very nice."

Staff support: induction, training, skills and experience

- People received care from staff who received training relevant to their role.
- Staff told us they completed an induction, which included shadowing more experienced staff for 3 to 4 days and working closely with relatives to ensure the care provided was relevant to the person receiving care. Although staff confirmed they had completed an induction records were not available. This has been addressed in the well-led section of the report.
- Relatives told us staff were skilled and good at their jobs. A relative told us, "Absolutely, everything they've been doing, seeing what they were doing made me very confident, you could see this is an experienced carer. ... I have every confidence in them that they know what they are doing."
- Records showed staff had completed training in various care topics, including moving and handling, health and safety and first aid. The staff training matrix provided by the registered manager showed training also included, food hygiene, communication and record keeping and specialist training in dementia, learning disability and pressure ulcer.
- Staff told us they received supervision and felt supported by the registered manager. A staff member told us, "[Registered manager] is very excellent, having a good heart to do the job is more important and she has a good heart to manage."

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

- Where people required support to maintain their hydration and nutritional needs this was provided by staff. A relative told us, "[Staff] don't cook, it's all done, staff assist with this, they warm it up and bring it to [relative]."

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

- The service was not currently supporting anyone with healthcare appointments. The registered manager told us relatives were responsible for all health appointments and visits from healthcare professionals.

- This was confirmed by relatives who told us health visits were arranged by them. One relative said, "I deal with this, dementia nurse and GP visits, for COVID-19 injection they came to the house." Another relative told us their relative received a monthly visit from the community nurse to monitor the person's skin integrity and prevent pressure sores from developing.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- Relatives told us care staff asked permission before providing care to people and where necessary had power of attorney. One relative told us, "They do talk to [relative], say how we're going to start doing your personal care. Care plan, [relative] was able to sign [themselves]. I'm there when [relative] needs anything done. I've got power of attorney."

- The registered manager told us staff completed Mental Capacity Act 2005 training. They explained how the service applied the Mental Capacity Act where people were not able to make decisions about their care, including making best interest decisions involving relevant professionals, such as the social worker, GP and family members.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Relatives were positive about the care provided by staff. A relative told us, "We've had the same carer, she is very kind and caring, she's a real gem."
- People's diverse needs were met by the service. The registered manager told us, "When staff are doing the care certificate, a unit includes equalities and diversity. I told staff sometimes people will be from the LGBT [community]. You are meeting the standards and treating [LGBTQ+ community] equally and respecting their diversity. We are there for the care and meeting their care needs."
- The registered manager told us staff completed equalities and diversity training and knew the importance of treating people without discrimination. Records and staff confirmed this.

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

- Relatives confirmed they were able to express their views and were involved in making decisions about people's care.
- A relative told us, "We have a care book they [care staff] fill this in every time they come. When [registered manager] came the first time, we filled bits in on it [care plan] and updated this and when [registered manager] does monthly call or visit. Things are always updated."

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity by staff who were caring and kind. A relative told us, "Oh yeah definitely, I feel they actually listen to [relative], ask, are you ok with this? They go by what [relative] is saying or wants. They close the door when doing personal care. They will cover [relative]."
- People's privacy was respected, and independence promoted. One relative told us, "[Care staff] definitely ask [relative], they always ask and say what they are going to do, things [relative] can do they offer them to do it. Anything they [care staff] do they always ask her first."

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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; 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

- People were given choice and received care from care staff who understood how to deliver personalised care. The registered manager told us, "We need to give [people who use the service] a choice and take into account their preferences."
- Care plans documented people's preference for care. For example, one care plan recorded how the person wanted staff to deliver personal care, including for example, the type of cloth they preferred. Relatives confirmed care was delivered in line with the person's preferences and plan of care.
- Care staff developed a caring relationship with people they supported. This was confirmed by a relative who told us, "They [care staff] have such a good relationship and [relative] really likes her, you can hear them laughing."
- Staff knew people well and how to meet their individual needs. However, we found daily records did not reflect the care delivered by staff. For example, a number of entries recorded care provided as 'personal care', this did not describe how and what care had been delivered to people. We informed the registered manager of our findings and they were keen to improve the way records are maintained. We have addressed this in the well-led section of the report.

Meeting people's communication needs

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

- People using the service were able to communicate their needs and this was taken into account when providing care. Relatives confirmed staff knew how to connect with their family member to meet their communication needs.
- The registered manager told us people's communication needs were taken into account when providing care, they told us, "It depends, person to person we need to give information, for example, large letters, translator; somebody to explain, person may need a hearing aid."

Improving care quality in response to complaints or concerns

- Systems were in place to act on and respond to complaints. One relative told us they knew how to make a complaint if they were not happy but said, "I haven't had to [make a complaint]."

- The provider had a complaints policy which gave clear guidance to staff and people who wished to make a complaint about how to go about this. The registered manager is aware that the procedure required updating to ensure the correct address details for the ombudsman is documented.
- The registered manager told us they had not yet received any complaints.

End of life care and support

- The provider was not currently supporting people with end of life care.
- The provider had a policy for end of life care which gave clear guidance to staff should anybody require this in the future.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the service was not always consistently managed and well-led. Leaders and the culture they created did not always promote high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager had a quality assurance procedure in place. This described how the service monitored and audited the service to improve the quality of the service. However, systems to monitor the quality of the service were not always effective.
- We found some improvements were required to ensure care records and staff recruitment records were accurate and up to date. For example, daily notes required more details to show how and what care had been delivered, staff had recorded, 'personal care delivered.' Risk assessments required further details on how to mitigate risks, for example, risks related to the use of bedrails did not record the risks to the person when using the bedrails. Forms used to assess risks such as skin viability were not appropriately completed. For one person this indicated they were at risk of developing a pressure sore, however, the information in the summary was for another person. This put people at risk of receiving unsafe or inappropriate.
- Systems to monitor the service were not always robust in ensuring records were accurate and consistent. This put people at risk of harm because records about them were not accurate and up to date.

Systems to assess, monitor and mitigate risks to the health, safety and welfare of people using the service were not robust. This placed people at risk of harm. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager was keen to make improvements and was very receptive to guidance, they had started to address some of the gaps found during our inspection. They told us of their plan to purchase an electronic system used to monitor care activity and staff visits to people's homes, should they start to increase their capacity. The registered manager also told us they would adapt the local authority systems to ensure they were working in line with their requirements.
- Care staff described their role and showed an understanding of what was required of them. Care staff understood risks and how to improve the quality of care provided.

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

- People received care from care staff who provided person-centred care and achieved good outcomes. Relatives spoke highly of the care provided by staff and the registered manager. A relative told us, "Yeah I think [registered manager] is very, very good, if I didn't, I would be on their case. I've got no complaints I feel blessed." Another relative commented, "Yeah, [registered manager is] always there at the other end of the

phone. [They] keep in contact with us regularly. We got COVID and they were really good, phoned to check how we were. It was done in caring way rather than an official way which you appreciate."

- The registered manager spoke passionately about their role and achievements. They told us their greatest achievements included, "So far I'm really happy, [people using the service] and relatives are happy with the service, I don't get any complaint about the carers, the family really get on well. I get feedback from [person's relative] they are really happy with [care staff]."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their responsibility with the duty of candour including the need to apologise when anything went wrong. They told us, "You need to inform the local authority and family members under duty of candour, record, transparency and inform CQC, also if doing something wrong you need to be transparent."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- The provider had systems in place to check the quality of the service which included spot checks and telephone monitoring. This was confirmed by a relative who told us, "Yes. They've done spot check and phone calls. It's good that they reach out which I find helpful." This relative also told us they would recommend the service. Another relative said, "The manager [registered manager] phones me or pops round once a month, they ask are [we] happy with service, she is always asking."

- The registered manager sought feedback on the service via telephone monitoring and through questionnaires. Records confirmed this.

- The registered manager told us they were continuously learning, for example, this inspection had helped to identify areas for improvement. "Sometimes you make mistakes but learn from this. I'm learning things and putting things the right way, such as signing up to the checking service to confirm staff 'Right to Work' status. "

- The registered manager was aware of the importance of protected characteristics and meeting the diverse needs of the people they cared for. This included ensuring staff understand and complete training in equalities and diversity to ensure, for example, meeting people's cultural and spiritual needs when providing care.

Working in partnership with others

- The registered manager told us they were not currently working directly with health professionals as current packages were private. They said they had experience of working with healthcare professionals, including attending meeting with social workers about people's care and working with GPs.

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	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider failed to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users. Systems to monitor the quality of the service were effective in ensuring records related service users were accurate, complete and contemporaneous.</p> <p>Regulation 17</p>
Regulated activity	Regulation
Personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>The provider had not ensured adequate checks had been carried out to ensure staff were safe to work with people. This put service users at risk of harm.</p> <p>Regulation 19</p>