

Health Vision UK Limited

# Healthvision - Hounslow

## 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?	Good ●
Is the service well-led?	Requires Improvement ●

# Summary of findings

## Overall summary

### About the service

Healthvison Hounslow is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. At the time of our inspection 89 people were using the service. 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.

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

The provider had procedures for managing incidents, accidents, safeguarding alerts and complaints, and quality monitoring processes in place, to help monitor and improve service delivery. However, we identified a care plan that had not ben updated with the most recent information.

We have made a recommendation that the provider review best practice regarding quality assurance processes to help ensure records are always up to date.

People and their relatives felt people received safe care. The provider had risk assessments and risk mitigation plans in place to help reduce risks and keep people safe. The provider followed safe recruitment practices to help ensure suitable people were employed. Staff received appropriate training to meet people's care 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.

Care plans were person centred and included information about individual care needs and people's preferences. People were mostly supported by the same staff who were kind and caring. People using the service, their relatives and staff told us they knew how to raise concerns with the provider.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection and update

The last rating for this service was requires improvement (published 22 Sept 2022) and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

### Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection. The overall rating for the service has changed from requires improvement to good based on the findings of this inspection.

### 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 safe.

Details are in our safe findings below.

Good ●

### 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 ●

# Healthvision - Hounslow

## 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 was conducted by two inspectors. After the inspection, two Experts by Experience supported the inspection by making phone calls to people who used the service and their relatives to ask 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.

#### Service and service type

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

#### 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 not a registered manager in post. However, the service manager was in the process of becoming the registered manager.

#### 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 started on 7 June 2023 and ended on 20 June 2023. We visited the location's office on 9

June 2023.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection, including notifications of significant events. We sought feedback from the local authority and professionals who work with the service. We also used the information the provider sent us in the provider information return (PIR). 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 took this into account in making our judgements in this report.

#### During the inspection

We spoke with the nominated individual and care supervisor. 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 8 people's care records, multiple medicines records and 4 staff records. A variety of records relating to the management of the service, including audits, were also reviewed. We spoke with 6 people who used the service and 15 relatives. We emailed 47 care workers about their experience of the service and reviewed the written feedback received from 8 care workers.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

### Staffing and recruitment

At our last inspection staff were not always appropriately deployed to help ensure care visits were carried out as planned. This was a breach of regulation 18(1) 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 18.

- Overall, care visits were carried out as planned. Feedback from people and their families was mixed with some people telling us their care workers sometimes arrived late that they were not always notified if staff were running late. Other people told us, "We agreed the times with [another social care professional] and give or take 30 minutes, they've been on time and stayed for the full time" and "On the whole, [staff] are on time, and the amount of time they stay is very good. They click on the bar code so it's recorded how long they've stayed for."
- Staff who responded to us confirmed they generally had enough time to travel between visits, but not always, particularly if they used public transport.
- The service used an electronic call monitoring system. We saw evidence that the provider was monitoring calls and following up late calls with staff to try and prevent this happening in the future. Records indicated the majority of calls were made within the agreed time.
- People generally received support from the same staff which provided consistency of care. One person said, "I generally have regular carers, for example, the same one will come for each visit in a day (4 visits per day), so I'm getting to know them and feel quite safe because they're becoming familiar faces."

At our last inspection the provider did not always follow their own recruitment procedures to ensure new care workers were suitable for the care worker role. This was a breach of regulation 19(1) 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 19.

- The provider followed safe recruitment procedures to help ensure new staff were suitable for the work they were undertaking. Staff recruitment records included completed application forms, references, identity checks and confirmation that Disclosure and Barring Service (DBS) checks had been carried out. DBS checks provide information including details about convictions and cautions held on the Police National Computer.

The information helps employers make safer recruitment decisions.

- New staff undertook training and were assessed as part of an induction before they were able to work independently.

### Assessing risk, safety monitoring and management

At our last inspection the provider had failed to robustly assess the risks relating to the health, safety and welfare of people. This was a breach of regulation 12(1) 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 12.

- Risks to people had been assessed to help ensure their needs were safely met. A range of risks were assessed including mobility, skin integrity and health conditions such as diabetes.
- Risk management plans had guidelines for staff to follow to help ensure they knew how to meet people's needs and reduce the risk of harm. For example, we reviewed a choking risk assessment with a description of what choking looked like, the impact on the person's breathing and action to take including a referral to the speech and language team (SALT) if the person's swallowing worsened.
- Risk assessments and mitigation plans were regularly reviewed or when people's needs changed.
- Staff had appropriate training to move people and to use any required equipment such as hoists.

### Using medicines safely

At our last inspection the provider did not always manage medicines safely. This was a further breach of regulation 12(1) 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 12.

- People received their medicines safely and as prescribed. The provider had policies and procedures for the safe administration of medicines.
- Staff had relevant medicines training and annual competency testing to help ensure they had the skills to administer medicines safely. Spot checks provided further assurance that medicines were being administered safely.
- Care records included an assessment of people's medicines needs with plans that provided guidance to staff about how to manage medicines safely.
- Medicines administration records (MARs), including for topical creams, were completed correctly, which indicated medicines were administered as prescribed.
- We saw that concerns identified through the medicines audit were addressed with staff in supervision, and action was taken to make improvements. Additionally, the provider told us they had employed a 'Medication Compliance Officer' to help monitor medicines management.

### Preventing and controlling infection

At our last inspection we recommended the provider seek and implement government guidance on carrying out COVID-19 risk assessments for staff and people using the service.

- At this inspection we found COVID-19 risk assessments had been developed for people using the service

and staff. This included identifying characteristics which could increase their risks from COVID-19 and what preventative measures to put in place.

- The provider had appropriate systems to help prevent and control infection. These included policies and procedures which had been reviewed and updated in line with government guidance.
- Staff had relevant training and were provided with personal protective equipment (PPE) including gloves and masks to help protect people from the risk of infection. Spot checks were completed to help ensure staff were following good practice such as wearing PPE correctly and good hand hygiene.

Systems and processes to safeguard people from the risk of abuse

- The provider had systems and processes to help safeguard people from abuse. This included safeguarding adult and whistleblowing procedures.
- People using the service and their relatives told us people were safe. One person said, "Yes, I do feel safe. It was the main reason for having the carers come in" and a relative told us, "I definitely feel that [person] is safe with the carers. I think they've been a blessing coming in because it means [person] is so much safer now with their support."
- The provider had responded appropriately to allegations of abuse. We saw records included an investigation report with findings, mitigating factors and a conclusion with outcomes and lessons learned. The investigation included supporting documents and communication with the local authority and the CQC.
- Staff completed training regarding safeguarding adults and were able to explain how they would recognise and respond to safeguarding concerns.

Learning lessons when things go wrong

- The provider had systems for learning when things went wrong.
- Incidents and accidents were recorded, investigated and changes made as required to help prevent future recurrence.
- When things went wrong, this was shared with staff to help develop good practice and improve service delivery.

# 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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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.

At our last inspection we identified the provider did not always follow MCA principles. This was a breach of regulation 11(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We checked whether the service was working within the principles of the MCA and found they were which meant the provider was no longer in breach of regulation 11.

- The provider acted within the principles of the MCA. People had consented to their care appropriately and the staff knew to offer choices and gain consent at each visit.
- People's capacity to make decisions was assessed and recorded in their care records.
- Staff received training about the principles of the MCA.

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

- People's needs were assessed before they started using the service, to help ensure these could be met. Assessed needs included medical conditions and mental health needs.
- People and their relatives were consulted as part of the assessment process. People's choices were considered, for example, how they liked to receive their care and their preferred method of communication.
- Care plans were reviewed when there was a change in need.

Staff support: induction, training, skills and experience

- People were cared for by staff who had the skills and knowledge to provide safe care to people.
- Staff completed a range of training including an induction and shadowing experienced staff. Staff

members told us, "All of the training that I have completed has been very helpful in allowing me to provide competent care to my clients" and "We undertake training to ensure that we understand and are able to deliver care services to vulnerable people in a safe and appropriate manner."

- The provider undertook an ongoing assessment of staffs' skills and knowledge through spot checks and supervision to help ensure they could implement their training appropriately. Action had been taken where shortfalls were identified.
- People and relatives confirmed their regular staff generally had the skills to carry out their duties effectively. They told us, "I would say somewhere between 'good' and 'adequate' depending on the carer", "The regular carers [are skilled and able]", "We have no problems. The carers know how to empty a catheter as well as [using the hoist]. They know how to talk to [person] to reassure them, the regular ones do at least."
- Staff attended team meetings and had one to one supervision meetings to support their professional development.

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

- People's nutritional needs were recorded and met.
- Care plans included information about people's dietary needs and any risks relating to these. They also noted people's preferences and if they required specific foods that were culturally appropriate to them. One relative said, "The carers have done lunch for [my relative] if they have wanted something, and sometimes they help them to eat or drink, it depends how they are on the day. They go with what [person] asks for and needs, and they do seem to know what they're doing [when they support him this way]."

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

- People received support to maintain good health. Care plans included information about people's healthcare needs and guidance about how to meet these needs.
- Staff responded appropriately when people were unwell and alerted their office and relevant medical professionals. One person told us, "I get pressure sores, they spot them and will inform the office and the district nurse who will sort it all out. The regular carers are good at seeing the sores" and a relative said, "Recently, the carer rang to say she was calling an ambulance because [person] was unwell, with a [specified] infection She took responsibility, stayed with [person] until the ambulance came, and on a Saturday evening too."
- Care plans contained details of any professionals involved in people's care such as their GP and other community professionals involved.

# 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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to 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

At our last inspection we identified a lack of consistent care workers which made it difficult for people and their relatives to develop a working relationship with staff. Additionally, not all people felt their needs were met. This was a breach of regulation 9(1) 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 9.

- People and their relatives told us the provider ensured people were well treated and supported. Comments from relatives included, "The regular carers are patient and kind, listen to [person], help them with having a shower, coming downstairs etc and don't rush them, so yes, they support [person] appropriately", "They're very good at asking [person] what they want, talking to them while they're working so they feel involved. They chat with [person] and put them at ease. It's a huge thing to accept [personal care] and they've helped with that."
- Care plans recorded people's religious and cultural needs. Where possible the service tried to match staff with people from a similar background.
- People's preferences for how they liked personal care, including the gender of the care worker, was discussed at the initial assessment and respected.
- Staff completed equality and diversity training and the provider had an equality and diversity policy in place which provided guidance for staff in this area.

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

- People were consulted and involved in decisions about their care. They were offered choices at each visit, and this was confirmed by people who told us, "The carer will always ask if I want a full wash each day and they will leave it if I don't feel up to it" and "[The carers] do listen. They're pretty good with that. They make sure they ask me what I want and if it's okay to help me with this or that. I definitely feel that I'm the one in control". A relative commented, "The regular carers do listen to me and to [person] and on the whole they know the routines but give [person] the opportunity to tell them exactly what they want."
- Staff told us how they supported people in a person centred way. Staff explained, "Dignified means a respectful, helping hand and giving choice to the person you are caring for" and "Providing choices and options, talking calmly, not undermining their abilities, making sure they don't feel uneasy while doing

personal care, listening to them and talking about their interests etc."

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence were respected. People and relatives told us care was provided in an appropriate way and staff were respectful. One person confirmed, "Almost all of [the staff] seem to be very dedicated to their work, and they treat you like a person and are very protective of your privacy. [For example they are] aware of doors being closed if you want. I never feel treated with disrespect."
- Care plans had guidelines for how to complete personal care tasks with personal preferences and staff told us they maintained people's privacy and dignity.
- People's independence was promoted and where appropriate recorded in the care plans. For example, a moving and handling risk assessment for one person indicated what activities the person could do independently, where they needed support because they were at risk of falls and provided staff with guidance about how to support the person to reduce the risk.
- Staff told us, "Clients need to be able to make choices about their lifestyle in order to preserve dignity and independence" and "I always greet my clients and have a friendly conversation with them in order to explain the procedure and gain their consent. I listen to them actively and respect their wishes."

# Is the service responsive?

## Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed 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 identified people's personal care records were not detailed enough to be person centred. This was a breach of regulation 9(1) 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 9.

- People received personalised care which reflected their needs and preferences.
- Care plans were person-centred and were developed from the pre-admission assessment. They detailed the level of support a person required on a daily basis and at each visit. For example, the eating and drinking care plan for one person noted how their medical conditions could affect eating and drinking, information from the speech and language team (SALT) assessment, what good and bad days looked like, and the level of support staff needed to give depending on the person's symptoms. It also included how the person needed to be positioned in bed when eating and drinking so they could eat as independently as possible.
- The provider responded to changes in people's needs and care plans were regularly reviewed.
- Staff completed records for the care and support they provided during each visit, and these were reviewed by the management team to help ensure care was delivered in line with the person's care plan.

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.

At our last inspection we identified the quality of the guidance around communication was not always meaningful. This was a breach of regulation 9(1) 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 9.

- Care plans included information about people's communication needs, including if they required assistive aids such as glasses or a hearing aid.
- Communication plans were person centred to meet individual needs. For example, one person's communication assessment and support plan explained how to communicate with the person using cards or hand squeezing on days the person could not verbally communicate due to their medical condition.

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 supported to maintain relationships with family and friends.
- Care plan included information which identified who was important to the individual, their background history and any likes and dislikes.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure and systems in place. We saw complaints and quality alerts were being appropriately responded to and action taken to improve service delivery. We discussed with the provider always using their template so it was clear how the changes were being monitored.
- People and their relatives knew who to speak with if they wanted to raise a concern. A relative confirmed, "I've rung them about the [call] times, especially on a Friday afternoon when I've got the rota. They have listened and they're really good at sorting things out. I had an apology from them about the carers coming so early. I thought that was good."

End of life care and support

- At our last inspection we recommended the registered person explore training to ensure staff have the knowledge and skills to engage with people about end of life care.
- Staff completed training for end of life care so they knew how to support people at the end of their lives.
- When people were willing to discuss end of life wishes and care, this information was included in the care plan.

# 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 we rated this key question inadequate. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

At our last inspection the provider did not always have effect systems to monitor risk and improve care. This was a breach of regulation 17(1) 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.

- The provider had quality assurance systems in place. However, we found 1 care plan of the 8 we reviewed had not been updated to reflect a fall by the person.
- We also found that although complaints were responded to appropriately, the provider was not following their own procedures in terms of recording complaints.

We recommend the provider review best practice around quality assurance processes to ensure files always reflect the most up to date information.

- Managers and staff understood their roles and responsibilities. The provider had two locations which supported each other, and the nominated individual was involved in both. There was a manager and senior staff for the day to day running of the service.
- The provider had auditing systems to review various areas including call times and medicines. They also had systems for logging and learning from incidents. The manager told us when incidents occurred, they sent emails to the team and discussed safeguarding alerts in team meetings to highlight what could be done differently.
- Staff were positive about how the service was run and about the support they received from the manager. One staff member told us, "The manager is always available to talk if I have any concerns. For example, if any issue with a client's care or any issue within a shift... I can always call and ask for help. If I have any training requirements, I can approach them. They have also been helpful with duty rota issues such as days off and swapping shifts."
- A social care professional told us, "The branch manager responds to alerts in a timely manner and lessons learnt are incorporated into service improvement [plans]."

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

- People and their relatives generally spoke positively about the staff and management team. They told us, "I think it's a good service in the sense that they provide what I need, and the carers are very good" and "I'd say they give good care. They respect [person] and are patient with them. Some carers have gone over and above what I'd expect. For example, they do what they've got to do even if they're going over the time, they don't complain."
- The manager told us one way they acknowledged people was to send out birthday cards to people using the service and to staff. With staff, they also had carer of the month certificates displayed on the office wall. These acknowledged staff providing exceptional care or who had gone above and beyond their regular duties.
- The provider completed an annual feedback survey with an action plan. The most recent one, had positive feedback.
- Staff told us the manager was approachable and listened to them. Comments from staff included, "Yes, I feel supported by our manager because whatever the problem I was facing they were there to solve them. Whether it's related to our patients or me" and "When we have any concerns they always respond immediately. Also, I have noticed that they also respond to service users and their next of kin if they have any concerns about their care."

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 provider understood their responsibility around the duty of candour and of the requirement to notify appropriate agencies including CQC if things went wrong.
- There were policies and procedures in place to respond to incidents, safeguarding alerts and complaints. Action had been taken and investigations completed to help understand what went wrong and how to prevent it happening again in the future.
- The nominated individual demonstrated a working knowledge of their responsibility under the duty of candour. They told us they were open, honest and transparent when things went wrong had had a responsibility to act on it by reporting it to the local authority and CQC.

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

- The provider engaged with people using the service and others and worked with other agencies to provide good outcomes for people.
- They requested regular feedback about the service provided and asked people to complete satisfaction surveys.
- People's diverse needs such as culture, religion and language spoken were considered as part of the assessment process. Where possible, people were matched with staff who understood their needs and language.
- Team meetings were held to share information and give staff the opportunity to raise any issues. Staff told us, "It helps us to understand and take proper action on any new cases" and "They are very useful as we get support from our managers, and we get any updated information."

Working in partnership with others

- The provider worked in partnership with various other health and social care professionals.

- Where appropriate they liaised with other relevant agencies, such as the local authority and community health care professionals to ensure people's needs were met.
- The manager participated in local authority provider forums to share information and best practice with other providers in the area.