

Vision Care Services (Uk) Limited

Vision Care Services

Inspection report

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13 November 2023

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Vision Care Services is a domiciliary care service which provides care and support for people in their own homes. 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 start of the inspection the service was supporting 196 people with personal care. Due to changes implemented by Bradford Council by the end of the inspection the service was supporting 149 people.

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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

Right Support:

Medicines were not being safely managed. Risks to people were not always consistently or effectively managed. We found multiple risk assessments were not in place for people where needed. Staff had not received all the necessary training to enable them to provide safe and person-centred care appropriate to people's specific medical conditions.

People were being safeguarded from the risk of abuse as staff were reporting concerns and these were being acted on by management.

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.

Right Care:

Care plans were detailed relating to people's preferences for care call activities, however where people had specific health needs the care plans did not provide guidance to staff on how these conditions affected people or how they should support them safely.

People and relatives told us they were very happy with the care being provided by the service.

The service was working effectively with external professionals.

Right Culture:

The provider did not have safe and effective systems in place to monitor, review and improve the quality of

care provided. The shortfalls found on inspection had not been identified by the provider during their internal audit processes.

We were not assured lessons were being learnt due to ineffective audit systems.

Staff were compliant with infection prevention and control measures and procedures, and the provider had sufficient supplies of personal protective equipment.

The provider was very proactive with gaining feedback from people, relatives and staff and engaged with them regularly to review their view of the care being received.

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 good (published 20 November 2018).

Why we inspected

We undertook this inspection as part of a random selection of services rated Good and Outstanding. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from good to requires improvement based on the findings of this inspection.

You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Vision Care Services on our website at www.cqc.org.uk

Enforcement

We have identified breaches in relation to medication management, staff training, managing risks and good governance at this inspection. Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. 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 well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Vision Care Services

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 first day of inspection was carried out by 2 inspectors, the second day of inspection was carried out by 1 inspector. Between the onsite inspection dates an Expert by Experience conducted calls to people and relatives. 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 a registered manager in post.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 8 November 2023 and ended on 22 November 2023. We visited the location's office on 8 and 13 November 2023.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and other external stakeholders. We 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 used all this information to plan our inspection. We 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.

During the inspection

We reviewed a range of records. This included 5 people's care records and multiple medicine records. We reviewed 3 staff recruitment files and a variety of records relating to the management of the service.

We spoke with 5 relatives and 8 people who use the service about their experience of the care received, and we spoke with 9 staff members inclusive of the nominated individual and the registered manager. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

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 good. At this inspection the rating has changed to 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.

Using medicines safely

- Medicines was not always managed safely.
- As and when required (PRN) protocols were not in place where required for 5 people.
- We could not be assured people were receiving medication in line with prescribers' instructions. For example, the provider did not have a system in place for staff to record and monitor 4-hour gaps required between administration of paracetamols.
- The provider did not have effective systems in place to ensure people received time specific medication in line with manufacturers/prescribers' instructions. For example, some people required medication to be given before food, but records showed all medication was given at the same time as breakfast.
- Provider audits were not effective and failed to identify any of the issues we found on inspection.

We found no evidence people had been harmed as a result of these shortfalls. However, this was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider was responsive to the inspection findings and immediately took action to rectify the shortfalls identified.

- Medication competencies had been completed regularly and all staff had medication training.

Assessing risk, safety monitoring and management

- Risks to people were not always consistently or effectively managed. Of the records reviewed, 4 people did not have relevant risk assessments in place specific to their health needs and medical conditions to enable staff to assess and respond to their risks.
- Care plans were not always detailed and 5 lacked specific guidance on how staff should provide person centred care in relation to people's health risks. For example, there was a lack of information for staff on how to manage people with epilepsy, how to manage choking risks and diabetes.

This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider was responsive to the inspection findings and immediately took action to rectify the shortfalls identified.

- Pre-assessments were completed prior to care packages commencing to ensure the service was able to

accommodate people's needs.

- The provider had completed all relevant environmental and health and safety checks on each person's home, prior to commencing care.
- Staff used personal protective equipment appropriately and consistently and people confirmed this.

Staffing and recruitment

- The provider did not have effective systems in place to ensure staff received all the relevant training they required to provide safe care and treatment to people. We saw most staff did not have epilepsy, diabetes or stoma care training, despite providing care to people with these conditions.

This is a breach of Regulation 18(1) Staffing of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider had a safe and effective recruitment process, and all staff were subject to thorough pre-employment checks.
- Staff had received a detailed and effective induction process, and training inclusive of learning disability and autism was provided.
- Relatives and people who used the service told us they felt safe receiving care from the staff.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- The provider had safe systems in place to monitor and report safeguarding concerns and take action where needed.
- Staff told us they had received safeguarding training and knew how to report and raise any concerns.
- Lessons learnt was evidenced in relation to complaints which had been made regarding the care received. The provider had a thorough process in place to investigate these concerns, resolve them and kept clear documentation of the agreed outcomes. However, we were not assured the system for learning lessons were effective because audits had not consistently highlighted where improvements were needed.

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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA as needed.

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 good. 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.

- The provider did not have effective audits in place to monitor and review the effectiveness or the safety of the of the service. We identified shortfalls in medicines, calls times, record keeping and training.
- The provider was unable to identify how they were responding and improving care, due to ineffective governance systems.

This was a breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider was responsive to the findings of the inspection and have immediately taken action to improve the shortfalls identified.

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

- There was a person centred, positive culture in the service.
- Relatives and people provided overwhelmingly positive feedback for the care provided. One person told us, "I have found the carers to be brilliant. They have given me my life back, and they encourage me to do things for myself." Another person told us, "Every single one of the carers have been brilliant, they are so kind and friendly."
- Staff feedback was very positive for the provider and the management team. Staff told us they felt, "Well cared for," "listened to" and, "valued and appreciated." This was evident in the providers documentation which showed staff were nominated for employee of the month, where gifts and staff holidays were provided as rewards, as well as concert tickets and meal vouchers.

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 had an up-to-date Duty of Candour policy and followed this when investigating complaints made about care.
- The provider has been open and honest when things have gone wrong, and maintained clear communication channels when complaints were made. The provider has maintained comprehensive records of investigations into complaints made, and actions taken.

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

- People were fully involved in reviewing their satisfaction with the service at regular intervals throughout the year, and this was reviewed regularly by the provider.
- Coffee mornings were held once a month for staff and people go to the office to spend time with staff.
- Feedback from people and relatives was positive. One person told us, "The office staff check in and they do phone checks. They ask if I am ok with everything, and they double check that I know how to get in touch and that I know how to raise a complaint or a concern".
- Staff meetings were held, and staff were communicated with regularly and involved in decisions about improving the service.

Working in partnership with others

- The provider records showed partnership working with other professionals such as GPs and District Nurses, as well as local authorities.

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 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider did not have safe systems or processes in place for the safe administration of medication, or robust processes for risk management.</p> <p>12(1) (2) (a) (b) (g)</p>
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider failed to ensure they had safe and effective governance systems in place to monitor, assess and drive quality improvement in the service.</p> <p>17 (1) (2) (a) (b) (c)</p>
Personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>The provider had failed to ensure staff had received all appropriate training they required to provide safe care and treatment to people.</p> <p>18 (1) (2) (a)</p>