

Vision Care Services (Uk) Limited

# Vision Care Wakefield

## Inspection report

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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

Vision Care Wakefield is a domiciliary care agency providing personal care to people living in their own homes. At the time of our inspection there were seven people receiving personal care.

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 a system in place to monitor the quality of the service. However, this had not always been effective and needed reviewing to ensure it was an effective process.

Risks associated with people's care and support had not always been identified. However, staff we spoke with knew people well and knew how to support people in line with their needs and preferences.

Staff confirmed they had received training to carry out their role. However, this was not always effective. For example, we were aware of a complaint regarding moving and handling and we noted gaps in the completion of medication records. We have made a recommendation that the provider ensures training is kept up to date.

People were protected from the risk of abuse. Staff were knowledgeable about how to recognise and report concerns. Relatives told us their family members received their medicines as prescribed. However, we saw medication administration records which had several gaps in recording. The management team had identified this prior to our inspection and were addressing this concern.

The provider ensured staff had access to personal protective equipment and could evidence they were working within the government guidelines for COVID-19.

The management team had a system in place to ensure accidents and incidents were recorded and reported. However, there had been no incidents since the service commenced and therefore no analysis could be reviewed at this inspection.

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.

Relatives were complimentary about the service their family member received, commenting that the management team were approachable, and the carers were kind and friendly.

Care plans were person centred and included people's preferences and choices. Staff knew how staff communicate effectively with people, such as speaking slowly and clearly and using short sentences.

The provider had a complains procedure and relatives felt able to raise concerns and felt listened to

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

This service was registered with us on 17 June 2021 and this is the first inspection.

Why we inspected

This was the first inspection of a newly registered service.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection.

We have identified breaches in relation to good governance.

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** ●

# Vision Care Wakefield

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this performance review and assessment under Section 46 of the Health and Social Care Act 2008 (the Act). We checked whether the provider was meeting the legal requirements of the regulations associated with the Act and looked at the quality of the service to provide a rating.

Unlike our standard approach to assessing performance, we did not physically visit the office of the location. This is a new approach we have introduced to reviewing and assessing performance of some care at home providers. Instead of visiting the office location we use technology such as electronic file sharing and video or phone calls to engage with people using the service and staff.

#### Inspection team

The inspection was carried out by one 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.

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection the registered manager post was being covered by the service director.

#### 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 23 August 2022 and ended on 31 August 2022.

### What we did before the inspection

We reviewed information we had received about the service since registration. 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 (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.

### During the inspection

This performance review and assessment was carried out without a visit to the location's office. We used technology such as video calls to enable us to engage with people using the service and staff, and electronic file sharing to enable us to review documentation.

We spoke with four relatives, nine staff including the service director, and care workers. We reviewed two people's care plans and documents relating to the management of the service.

# 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 newly registered 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 did not always receive a safe service. One relative said, "Most of the staff are great but there are some that don't know how to care for [relative]." Another relative said, "Overall all staff are pleasant, but I can't leave some [staff] to deal with [relative] on their own. I don't have confidence in some staff."
- Risks associated with people's needs had been identified. However, they were not always managed safely. One person required the use of a hoist to assist with all transfers. However, the care plan was vague and stated, 'use as trained.' There was no detailed instructions on how staff should use the equipment safely.

### Using medicines safely

- Relatives told us their family members received their medicines as prescribed.
- We reviewed medication administration records (MAR's) and found some gaps in recording. This had been highlighted by the management team during their audit process. However, systems to monitor medication management required further embedding into practice.
- Staff told us they felt competent to administer medication and had received training in this subject.

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

- The provider had systems and processes in place to safeguard people from the risk of abuse.
- Staff told us they received training in safeguarding which included the signs and types of abuse, what and how to report concerns and the role of the provider in safeguarding people from abuse.

### Staffing and recruitment

- Staff told us they were recruited safely and had pre-employment checks prior to commencing work with the provider. This included references and a Disclosure and Barring Service check (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Staff told us they completed shadow shifts with experienced staff when they commenced employment. This was to introduce them to the service and people they would be supporting.
- Relatives told us the same carers usually visit. However, one relative said, "We usually get regular carers in the morning but at tea and dinner we could get anyone. [Relative] has dementia so familiar faces are best and [relative] responds to them well if it's someone they recognise."

### Preventing and controlling infection

- We were assured that the provider was providing personal protective equipment for staff. Staff we spoke

with told us they had face masks, gloves and aprons.

- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Learning lessons when things go wrong

- The management team had a system in place to ensure accidents and incidents were recorded and reported. However, there had been no incidents since the service commenced and therefore no analysis could be reviewed at this inspection.

# 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 newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- We reviewed the provider's training record which stated what training staff had completed and when. Subjects included moving and handling, assessing needs, safeguarding and medication.
- The provider's audit of training indicated some staff training had expired in line with their policy and procedure. The provider was in the process of addressing this concern.
- We spoke with relatives who gave mixed views about the care staff and the knowledge they had to carry out their role. One relative said, "I would say 90% of the staff are very good, know their job and are caring, however the odd one or two are not so good. Last week they sent two novices and they didn't have a clue." Another relative said, "They [staff] are competent to do their job well."
- Staff told us they received training which gave them the skills they needed to carry out their role effectively. One staff member said, "I completed several hours of online training. I also attended an in-house training session where we covered subjects such as medicine procedures and manual handling/equipment use."

We recommend the management team ensures staff training is kept up to date in line with the provider's policy.

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

- People's needs were assessed, and care was provided in line with people's needs and preferences.
- Before a care package commenced, a member of the management team met with the person and their family to identify a plan of care and times of calls. This information was held in the person's care planning documentation.

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

- The provider could evidence they worked alongside healthcare professionals. Care plans included other relevant professionals involved in people's care.

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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The management team and staff were knowledgeable about MCA and DoLS and worked within the requirements of the MCA.

# 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 newly registered 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

- We spoke with relatives of people who use the service and they all felt staff were caring and kind. One relative said, "It's probably the best care company [relative] has had." Another said, "The staff are caring. When I am there, I see just how kind they are."
- Staff knew people well and could explain people's needs and preferences and how they supported them.

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

- Staff told us they involved people in their care and checked to see if they were happy with the care and support provided.
- Staff told us they ensured curtains and doors were closed to maintain dignity and respect. One staff member said, "I treat everyone in the same way I would like to be treated. I try to maintain dignity for the person as much as possible, especially when they find themselves in a vulnerable situation due to the circumstances of the care needed, such as personal washing and toileting."

Respecting and promoting people's privacy, dignity and independence

- Staff told us they promoted people's independence and choice. For example, one staff member said, "I respectfully address the service user by their preferred name or nickname whichever they like."
- Relatives felt staff respected their home and family members and were complimentary about the way they promoted independence. One relative said, "To be honest they do more than they need to, very kind and respect his privacy and dignity."

# 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

- Care plans we reviewed were person centred and included people's preferences.
- People's care records included a life history section which was useful to staff in developing a relationship with people.
- Social, religious and cultural needs were included within assessment and care planning documentation.
- Relatives were predominantly happy with the support their family member received. One relative said, "[Relative] responds well to the staff and they understand [relatives] needs most of the time."

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.

- Care plans included information about how to communicate effectively with people. For example, one person's care plan stated, 'When I am happy, I smile. When I am unhappy, I am distant in my responses. Talk to me directly, face to face in a polite and courteous manner.'

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure and people felt able to raise concerns if they needed to. One relative said, "If I have a complaint, I call the office."
- The service also have a complaints leaflet which is given to people who use the service to guide them on how to complain.
- Complaints were taken seriously and used to improve the service.

# 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 management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

### Continuous learning and improving care

- The provider had a system in place to monitor the quality of the service. However, this process had not always identified the issues we found during our inspection, such as detailed risk assessments.
- Where the provider had identified areas of concern, improvements had not always been addressed in a timely manner.
- Some care planning documentation did not always identify people's needs clearly. For example, one care plan did not explain how staff should use the hoist. The plan stated, 'use as trained.' Another person's assessment identified a need to monitor food and fluid, however, there was nothing in the care plan to guide staff in how to carry out this task.
- A recent training audit identified some staff training had expired three months ago, in line with the provider's policy. This training included moving and handling and medication training. The audit system had failed to identify this in a timely way.
- The provider had recently carried out care plan audits and identified some areas to improve. However, these issues had not been noted. Therefore, systems in place to monitor the service needed reviewing and further embedding in to practice.
- The provider carried out spot checks to ensure staff were completing their care duties appropriately. This process gave the management team the opportunity to speak with people and their relatives about the care and support they received.

The providers system to monitor the quality of the service was not always effective. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations.

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

- Relatives told us their family members were supported by staff who knew them well. There were some occasions where relatives didn't have confidence in a small number of staff. The provider was aware of these issues and had taken action to address them.
- Care plans included people's choices and preferences and how they liked their support to be delivered.

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

- At the time of our inspection the registered manager there was no registered manager had recently left,

and the service was being managed by the service director.

- The service director was supported by a care co-ordinator and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.
- The service director told us they would address things if they went wrong and apologise where the service was found at fault. At the time of our inspection there had been no accidents or incidents.

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

- The provider had a system in place to obtain feedback from people, their relatives, staff and other stakeholders. This included spot checks and telephone reviews.
- Relatives we spoke with felt the management team were approachable and would listen to their feedback.

Working in partnership with others

- The provider worked in partnership with other professionals.
- As part of this inspection we received positive feedback from the local authority.

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      | Regulation 17 HSCA RA Regulations 2014 Good governance<br><br>The providers system to monitor the quality of the service was not always effective. |