

## New Vision Care Services Limited

# New Vision Care Services

### Inspection report

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DH3 3QD

Tel: 01913664386

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22 June 2023  
18 July 2023

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21 September 2023

### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Requires Improvement** 

Is the service caring?

**Requires Improvement** 

Is the service responsive?

**Requires Improvement** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

### About the service

New Vision Care is a domiciliary care agency providing personal care to people in their own homes. At the time of our inspection there were 25 people 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

People told us they received good care and felt safe. However, care plans continued to lack information about the support people needed and their preferences. Medicines related documents were still not completed correctly, such as records relating to the application of creams. Risk assessments lacked detailed information about the measures needed to keep people safe from harm.

The provider still lacked a structured and effective quality assurance system. Audits were not completed regularly and were not identifying issues with the service.

Completion of training had improved overall, however some staff had not completed essential training. We have made a recommendation about this.

Staff confirmed they received good support. Staff supported people to have enough to eat and drink.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People confirmed they were asked for their views about the care they received.

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 12 January 2023). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found the provider remained in breach of regulations.

### Why we inspected

The inspection was prompted in part due to concerns received about unsafe staff recruitment and lack of face-to-face training. A decision was made for us to inspect and examine those risks.

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

#### Enforcement and Recommendations

We have identified continuing breaches in relation to quality assurance systems, medicines documentation and risk assessments.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

#### Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the 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 effective?**

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### **Is the service caring?**

The service was not always caring.

Details are in our caring findings below.

**Requires Improvement** ●

### **Is the service responsive?**

The service was not always responsive.

Details are in our responsive 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** ●

# New 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 inspection team consisted of 1 inspector and an Expert by Experience. 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 homes.

#### 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 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 22 June 2023 and ended on 18 July 2023. We visited the location's office on 22 June 2023 and 18 July 2023.

#### What we did before the inspection

We reviewed the information we had received about the provider since it registered with CQC. We sought

feedback from the local authority. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We visited the office and spoke to the registered manager and office staff. We spoke to 8 people who use the service and 9 relatives of people who use the service. We received email feedback from 6 care staff. We looked at 9 people's care records, staff recruitment and training records. We also reviewed a range of documents relating to the quality and safety 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.

At our last inspection we rated this key question requires improvement. The rating for this key question has remained 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

At our last inspection the provider had failed to assess, monitor and mitigate potential risks to people's safety. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

- The provider did not have effective systems to assess and manage risks. Some potential risks to people's safety had not been assessed, whilst in some cases risk assessments had been done where there were no apparent risks.
- Where risk assessments had been carried out, the assessments lacked detailed information about how the risk should be managed to maintain people's safety.
- Moving and handling assessments lacked detailed information about the support people needed with mobilising and the measures required to minimise the potential risk of harm.

Although we found no evidence to suggest people had been harmed, the failure to improve risk management systems potentially placed people at risk of harm. This was a continued breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

### Using medicines safely

- Medicines were not always managed safely, because the provider did not maintain accurate medicine administration records. In particular, the administration of 'as and when required' medicines, including some creams, were not clearly recorded. This made it difficult to determine whether people had received these medicines when they needed them.
- Guidance for staff about when to administer 'as and when required' medicines was not up to date and continued to lack personalised information
- People's support needs with medicines had been assessed. However, the provider was unable to produce care plans which described the support people needed from staff with taking their medicines.
- Medicines audits were infrequent and had not been effective in identifying these gaps in medicines records.

Although we found no evidence to suggest people had been harmed, the failure to maintain accurate

records potentially placed people at risk. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People confirmed they received their medicines when they were due. One person commented, "Carers turn up twice a day morning and evening to give me my tablets and make sure I take them."

#### Learning lessons when things go wrong

- The provider had not yet established effective systems to enable learning. Quality assurance systems lacked structure, checks were infrequent and there had been very individual incidents recorded.

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

- The provider had systems to help keep people safe from abuse. Staff knew how to report concerns and were confident to do so. One staff member commented, "I feel I am confident raising concerns if I notice any. I have not raised any concern that needed the use of the whistle blowing procedure."
- All staff had now completed specific safeguarding training, this had improved since the last inspection.
- There had been no safeguarding incidents logged since the service started operating.

#### Staffing and recruitment

- There were enough staff available to support people safely. People and relatives said staff were punctual and reliable. One person commented, "[Staff have] excellent timekeeping. I cannot fault them, they stay until all the jobs are done."
- New staff were recruited safely, in line with best practice guidelines.

#### Preventing and controlling infection

- People were protected from the risk of infection. Staff had completed relevant training and had access to the PPE they needed.



# 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. The rating for this key question has remained requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

At our last inspection the provider had failed to provide enough suitably trained staff. This was a breach of regulation 18 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.

- Staff were well supported and had access to the training they needed. Overall compliance with completing staff training had improved since the last inspection. There were still gaps in some training the provider deemed essential, which required further oversight from management.

We recommend the provider reviews the current systems for monitoring training compliance and takes action to update their practice accordingly.

- Staff told us they received good support. One staff member commented, "I am really supported by my manager and senior staff. When I don't understand something I can always call the on-call phone anytime."

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

- People's needs were assessed when they started using the service. This included consideration of any religious and cultural needs people had.

- People and their relatives had been involved in planning their care. One person told us, "A lady from the office came and assessed everything, my health, what help I needed and checked risks around the house."

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

- People were supported to have enough to eat and drink, where required. On admission staff discussed people's preferences about their nutritional needs. These were not documented in care plans to guide staff about what people liked.

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

- Where required, staff worked jointly with health professionals to provide support.

- Care records contained information about health and social care 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.

- All people currently using the service had capacity to make their own decisions. Staff asked people for consent before providing care.

# 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 good. At this inspection the rating has changed to requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Ensuring people are well treated and supported; respecting equality and diversity; Respecting and promoting people's privacy, dignity and independence

- Although people gave positive feedback about their care, they had been placed at risk of receiving care that did not meet their needs and preferences. Staff lacked person-centred guidance about how people wanted their care delivered and the measures needed to manage potential risks to maintain people's safety.
- People were well cared for and staff were kind and considerate. People and relatives told us the care was good and people had positive relationships with staff. A person commented, "My main carer is one of the best I have ever had." A relative told us, "Very good carers, they have a bit of a banter with [family member], they make [family member] laugh."
- People were treated with dignity and respect. A relative commented, "[Family member's] carers know how to look after [family member]. They always make sure [family member] is comfortable. They talk to [family member] and make sure they have their fortified drink."

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

- Staff supported people to make decisions about their care. People and relatives confirmed staff encouraged people to make daily living choices and decisions. One relative told us, "[Care staff are] very friendly, they always ask if [family member] wants to stay in bed or get in their chair. They take time to have a chat, they do anything for us to help us out."

# 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. The rating for this key question has remained requires improvement. This meant people's needs were not always met.

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

At our last inspection the provider had failed to ensure care plans were up to date and person-centred to ensure people received the care they wanted. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

- Care planning was not personalised, in line with people's needs and preferences. Care plans continued to lack person-centred information to ensure people received the care they wanted from staff. This included where people had been assessed as needing support with personal care, oral hygiene and nutrition.
- Care plans weren't available for some aspects of people's care. This included for one person being supported with specific personal care related needs.

Systems were still inadequate to ensure care plans and other related records were up-to-date and person-centred. This placed people potentially at risk of harm. This was a continued breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People and relatives had opportunities to discuss the care provided to determine whether things had changed. One person said, "The assistant manager visits and checks if I need any more help."

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.

- The provider was able to make information available in different formats if required.
- People's communication needs were assessed but not always included in specific communication care plans.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure. There had been no formal complaints made since the service started operating.
- People and relatives knew how to raise concerns and felt the provider responded positively. One relative said, "If I have an issue, I call the office and it's sorted straight away."

# 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 requires improvement. The rating for this key question has remained 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 had failed to operate a robust system of quality assurance to ensure people received the care they expected. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

- The provider continued to lack an understanding of best practice in relation to planning personalised care. This meant progress had not been evident since we last inspected and the provider had failed to deliver on the action plan they sent us.
- The provider continued to lack adequate quality assurance processes. The current system was unstructured and ineffective to identify issues with care planning, risk assessments and medicines records.

Systems were still inadequate to assess, monitor and improve the quality and safety of the service. This placed people potentially at risk of harm. This was a continued breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People and relatives told us management were easy to contact and listened to their views. They described the managers as hands on covering shifts when needed.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The provider and registered manager promoted a positive and inclusive culture. They engaged with people and took time to find out their views about the care provided. One person commented, "The deputy manager came yesterday, often pops in to check that I am happy with the carers and anything else I feel I need from them."
- Staff gave positive feedback about the ethos of the service and the support they received from the registered manager. One staff member said, "Everyone always has the clients' best interests at heart and do

their best for them, care plans are followed to ensure every client is getting person centred care."

- Staff felt encouraged to give their feedback and felt listened to. One staff member commented, "I'm able to make suggestions or raise issues. They are always ready to hear from us and also we get feedback from them as early as possible."
- The provider was working with the local authority commissioners to make improvements.

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 the duty of candour and the need to be open and honest. We found no evidence that incidents were not reported on.

This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider failed to operate effective quality assurance systems and to assess, mitigate and manage risks to people's safety. The provider also failed to ensure accurate records were maintained.</p> <p>Regulation 17(1)(2)(a)(b)(c)(f)</p>

**The enforcement action we took:**

We issued a warning notice to the provider.