**Care Visions at Home**

Wingrove House, Ponteland Road, Newcastle Upon Tyne, NE5 3DE

Tel: 08458621828

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23 December 2013

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We inspected the following standards as part of a routine inspection. This is what we found:

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</tr>
<tr>
<td>Care and welfare of people who use services</td>
<td>✓</td>
</tr>
<tr>
<td>Management of medicines</td>
<td>✓</td>
</tr>
<tr>
<td>Supporting workers</td>
<td>✓</td>
</tr>
<tr>
<td>Assessing and monitoring the quality of service provision</td>
<td>✓</td>
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</table>

**We are the regulator:** Our job is to check whether hospitals, care homes and care services are meeting essential standards.
## Details about this location

<table>
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<tr>
<th>Registered Provider</th>
<th>Carevisions@Home Ltd</th>
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<tr>
<td>Registered Managers</td>
<td>Ms. Glenda Devlin</td>
</tr>
<tr>
<td></td>
<td>Ms. Catherine Anne Richardson</td>
</tr>
<tr>
<td></td>
<td>Ms. Mary Stevenson</td>
</tr>
<tr>
<td>Overview of the service</td>
<td>Care Visions at Home are a domiciliary care company who provide support and care for people with advanced or progressive complex needs within their own home.</td>
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<tr>
<td>Type of services</td>
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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 23 December 2013, 6 February 2014 and 5 March 2014, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with carers and / or family members and talked with staff.

What people told us and what we found

People were given all the information they needed to make an informed decision about their care and were asked to provide their consent to such care.

We saw people were cared for effectively and care was planned for the individual.

We saw the provider had systems in place to effectively manage medicines.

Staff were suitably qualified and experienced in their role.

The provider had an effective system in place to record and monitor complaints. Complaints were taken seriously and responded to appropriately.

The provider had a system in place to monitor the quality and performance of the service.

People who used the service were positive about the care and support provided. Comments included "I have no complaints. The care could not be better" and "I have no issues. They do everything for us".

In this report the name of a registered manager appears who was not in post and not managing the regulatory activities at this location at the time of the inspection. Their name appears because they were still a Registered Manager on our register at the time.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent
judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.
Our judgements for each standard inspected

Consent to care and treatment

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes. Where people did not have the capacity to consent, the provider acted in accordance with legal requirements.

Reasons for our judgement

We used a number of different methods to help us understand the experiences of people who used the service, because many people had complex needs which meant they were not all able to tell us their experiences.

We saw people were asked for their consent and the provider acted in accordance with their wishes. The registered manager told us care options were explained to people and their consent was obtained prior to the commencement of any care. People expressed their views and were involved in making decisions about their care and treatment. We looked at eight care plans and saw consent was obtained from the person who used the service or, where a person lacked capacity and understanding, from their representative and that this was recorded in the care plan.

We saw regular reviews of care were carried out by senior care staff and meetings were held with people and their advocate or family. Care options were discussed and these meetings were recorded. If people lacked the capacity to make decisions we saw meetings were held with their representative or a social work professional and decisions were taken in their best interests. We spoke to people who were positive about the care they received. Comments included, "The carers are very good. They always ask my permission before they do anything" and "I was involved in the care planning and understood the choices available to me".

Where people did not have the capacity to consent we saw the provider acted in accordance with legal requirements. We saw the manager and staff had received training in the Mental Capacity Act (MCA) 2005, Equality, Diversity and Human Rights. This meant staff were given training to help them understand the implications where people lacked the capacity to make decisions about their care.

We spoke with staff who demonstrated a good knowledge of how to enable people to make decisions for themselves and the importance of this. We observed staff during the
inspection and saw they were patient and engaged with people.

People were provided with a service user guide that told them about the service and how to make a complaint. People were also provided with the contact details of the Care Quality Commission and the Patient Advice and Liaison Service (PALS) who offer advice and support on health related matters. This meant people were given information about their rights, what to expect from the service and how to get independent advice.
Care and welfare of people who use services

- Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people’s safety and welfare.

Reasons for our judgement

We used a number of different methods to help us understand the experiences of people who used the service, because many people had complex needs which meant they were not all able to tell us their experiences.

People's needs were assessed and care and treatment was planned and delivered in line with their care record. We saw that care records included personal assessments which highlighted any issues and detailed the method with which care should be delivered. Before care started assessments were completed by professionals such as social work professionals and occupational therapists.

We saw care plans included a life history of people. They also included areas such as; nutrition, moving and handling and personal care. The care plans were detailed and person centred. We spoke to social work professionals about the quality of the care planning. Comments included, "I have no problem with the care planning" and "The care plans are comprehensive". This meant staff had appropriate recorded guidance on how to meet the needs of people.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. We saw that each care record contained risk assessments. We saw each person had an allocated senior care worker who reviewed their care records. Risk assessments identified risks to people's health and well being such as, for example, susceptibility to falling. They provided staff with guidance as to the measures they should take to protect people from unnecessary risks.

During the inspection we visited people in their own homes. We spoke to people and their representatives. One person told us they were not happy with their care plan and the moving and handling instructions. We spoke to the registered manger about this who informed us a new assessment had been requested by an occupational therapist and that a new care plan was to be completed.

We reviewed the care plan and saw a new plan had been completed and an assessment had been completed by a healthcare professional. We saw new instructions had been completed for staff together with a risk assessment and that the care plan had been signed.
by a representative of the person.

We reviewed the care plan and saw a new plan had been completed and an assessment had been completed by a healthcare professional. We saw new instructions had been completed for staff together with a risk assessment and that the care plan had been signed by a representative of the person.

We spoke with people about the quality of care they received at home. Comments included, "I have a settled team of carers now but that did not happen at first. It is better now and the carers are excellent. I can't fault them" and "The carers are impressive. They are always very professional".

A monthly audit and review of all care plans was introduced in January 2014 and was completed by senior staff. We saw evidence that these reviews had started and were recorded.
Management of medicines

People should be given the medicines they need when they need them, and in a safe way

Our judgement

The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

Reasons for our judgement

Appropriate arrangements were in place in relation to obtaining medicine. All prescriptions for medicine were sent to the provider by the GP. A new system was in place where a qualified nurse reviewed the details on the prescription and recorded these on Medication Administration Records (MARs). These records were then sent to each person's home.

We saw people who used the service had medicines delivered by a local pharmacy or they were collected for them. Medicines were counted and recorded on MARs. We saw staff signed these records for the administration of medicines. Senior care staff reviewed the MARs which were then audited by a registered nurse and any errors or evidence of non-recording in the records was investigated. This meant any problems were identified promptly.

We saw individual medication records were kept for people. We checked these records and peoples care plans and saw they contained guidance to staff on how to administer medication, including 'when required' medication. We looked at care plans and saw clear advice was provided to people on how to store medicine in their own home and how to secure them effectively. This meant staff had clear guidance on how to support people in taking their medication.

We saw arrangements were in place to test the competency of staff to administer medicines and that these checks were recorded. We saw all staff had received training in the administration of medicines. We spoke to staff who told us they understood the guidelines provided for them on how to manage medicines. Staff demonstrated to us a good knowledge of how to manage medicines.

Medicines were disposed of appropriately. We saw all medication was counted and reconciled on the MAR sheet. All medication that needed to be disposed of was handed back to the pharmacy and this was signed for in each case.
Supporting workers

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard

Reasons for our judgement

All staff received induction training over six days which included four days on all mandatory training and two days on clinical training. The performance of staff was monitored and evaluated. Staff then completed a six month probation period and had to be judged competent before they were offered a permanent position.

Staff received appropriate professional development. We reviewed staff files and staff training certificates. The manager was able to demonstrate that training was monitored. A detailed training matrix was held on file which identified all areas of training undertaken and highlighted if any training was due for renewal.

We saw staff had received mandatory training such as moving and handling, fire safety, safe handling of medication, infection control and safeguarding vulnerable adults. This training required to meet people’s care and welfare needs. The provider may find it useful to note that whilst all staff had received training in the safe handling of medication and moving and handling they had not all received recent updates in these areas. We spoke to the registered manager about this who provided evidence that update training had been scheduled to start in February 2014.

We saw the provider had 179 staff of whom 135 were qualified to NVQ level 2 in Health and Social Care or above and 17 others were working towards gaining NVQ level 2. The provider had recruited three further registered nurses to work alongside existing nursing staff. We saw that training in clinical areas was delivered by the nursing team and included the safe handling of medication.

Staff had received training specific to their role. We saw staff received training in areas such as tracheostomy, tissue viability, epilepsy, bereavement and palliative care and end of life care. We saw that staff received regular supervisions and an annual appraisal. We looked at the recorded appraisals and saw they resulted in outcomes to focus on for the staff for example, areas of additional training.

Staff were positive about the training they received including the induction. Comments included, "I have really enjoyed this course better than any other training I have had elsewhere" and "I found the course informative and enjoyable".
We spoke to staff who were positive about working for the provider. They felt supported in their role and did not raise any areas of concern. Comments included "I like working here. I enjoy my role" and "I feel supported at work. The travelling is sometimes hard and you sometimes travel a long distance between calls".

We asked the manager about this who told us the care co-ordinators employed by the service always attempted to organise the rotas so staff did not travel excessive distances between calls.
Assessing and monitoring the quality of service provision

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive. The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who use the service and others.

Reasons for our judgement

People who used the service or their representatives were asked for their views about their care and treatment and they were acted on. We saw customer surveys were sent out every 12 months and they were presented in an easy read format. We reviewed responses from the surveys. Comments included, “The carers are always polite and helpful” and “I have not had any problems”.

The provider completed internal reviews to monitor performance. We saw audits included areas such as health and safety, finance and medication. We saw the audit system for the safe handling of medication was newly developed and was completed by a registered nurse. This meant that any potential issues were identified quickly and acted upon.

We saw audits were completed for client care plans and these audits were recorded. If any significant change had been identified we saw care plans had been amended.

People were made aware of the complaints system. This was provided in a format that met their needs. The manager told us the company had an open door policy and encouraged feedback from people and their representatives.

A complaints system was in place. We saw complaints were recorded. Complaints were effectively and proportionately resolved. We saw complaints were responded to within 48 hours and resolved within 28 days. There were policies and procedures in place for complaints which were read and signed by staff to make sure they understood how to respond to any complaints about the service.
About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.
## How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

### Met this standard

This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

### Action needed

This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

### Enforcement action taken

If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.
How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

**Minor impact** - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

**Moderate impact** - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

**Major impact** - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly.

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.
**Glossary of terms we use in this report**

**Essential standard**

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

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**Regulated activity**

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.
### Glossary of terms we use in this report (continued)

#### (Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term ‘provider’ means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

#### Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

#### Responsive inspection

This is carried out at any time in relation to identified concerns.

#### Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

#### Themed inspection

This is targeted to look at specific standards, sectors or types of care.