

## Vision Homes Association

# Holcombe House

### Inspection report

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Requires Improvement** 

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

Holcombe House is a domiciliary care agency that supports people who have learning disabilities and/or autistic spectrum disorder and are living in their own homes.

Not everyone who used the service received personal care support. 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 time of our inspection, the service supported seven people with their personal care.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

The systems to check the quality and safety of the service, had not always been effective in identifying areas for development. Actions following checks had not always been completed in a timely manner. Some elements of the safeguarding process had not been robust.

Staff had not consistently had their competency assessed or completed training on topics such as safeguarding, moving and handling practical and infection control.

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 did not always support this practice. We made a recommendation about the completion of mental capacity assessments.

People received their medicines as required. Some people had managed to reduce or stop taking medicines for periods of anxiety and distress, with the support of the staff team. People received support from a consistent team of staff, which enabled positive relationships.

People and their relatives praised staff's approach in how they cared for people. Staff knew the needs of the people they supported and were keen to continually find ways to promote their independence. People were encouraged and supported to make their own decisions wherever possible.

People engaged in a wide variety of activities according to their own interests. Information was available to guide staff about the support people needed and wanted. People and their relatives were encouraged to be

involved in writing their care plans. Support was continually reviewed to ensure it was meeting the person's needs and outcomes.

The provider and registered manager wanted people to receive good, person-centred care; a value they shared with the staff team. The management team were approachable and 'hands on' in the support they provided. Staff felt supported and valued in their role.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

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

The last rating for this service was good (published 26 October 2016).

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have identified a breach in relation to the governance of the service 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 for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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 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** ●

# Holcombe House

## 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 Care Act 2014.

#### Inspection team

This inspection was completed by two inspectors.

#### Service and service type

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

The service had a manager registered with the Care Quality Commission. 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.

#### 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 25 June 2019 and ended on 22 July 2019. We visited the office location on 25 and 27 June 2019.

#### What we did before inspection

We reviewed information we received about the service from the provider since the last inspection, such as notifications, which the service is legally required to send us. We received feedback from the local authority. We used the information the provider sent us in the provider information return. This is information we require providers to send us, when requested, 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 three people who used the service and spoke with three relatives about their experience of the care provided. We spoke with eight members of staff including the registered manager, operations manager and support workers.

We reviewed a range of records. This included four people's care records and one medication record. We looked at two staff files in relation to their recruitment and induction and a further file to review supervision and training. We reviewed a variety of records relating to the management of the service, including policies and procedures.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at further records relating to the running of the service and quality assurance records.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated 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.

Systems and processes to safeguard people from the risk of abuse

- People were not protected from future harm because actions following safeguarding concerns had not been completed in a timely manner. Following our inspection, the registered manager took actions to address these.
- Staff felt confident to raise concerns. Some of the staff team did not have a robust understanding about safeguarding, which could present a risk that certain incidents are not reported

Using medicines safely

- Not all staff had had their competency to administer medicines assessed within the last year, in line with the provider's policy and best practice guidance.
- For people who experienced periods of distress or anxiety, options other than prescribed medicines were explored to support people. This in line with the principles of STOMP (Stopping over medication of people with a learning disability, autism or both).
- People were encouraged and supported to take their medicines independently. Care plans explained the level of support people needed with their medicines.

Assessing risk, safety monitoring and management

- People and their relatives were confident in the safe support provided by staff. A person told us, "I like having the support. I feel safe with them."
- Risk assessments were in place which provided explanations to guide staff about the support the person required. New or changing risks were reported to the management team, so these could be addressed.

Staffing and recruitment

- People received support from a consistent team of staff and were informed of any changes. A relative told us, "[Name of person] has a dedicated team of staff and we get a rota, so we always know who will be supporting them. We are informed of any changes."
- Consideration was given to staff skills, knowledge and personalities before they started working with people to try establish a rapport. Changes were made to a person's staff team if the staff support wasn't working well.
- The provider continued to operate safe recruitment processes.

Preventing and controlling infection

- Staff had access to personal protective equipment, including gloves and aprons, to ensure cleanliness and

help control the spread of infection.

- Staff supported people to maintain their home environment, when this was needed.

Learning lessons when things go wrong

- Staff safely supported people following an accident or incident and reported these to the management team. Accident and incident reports were then reviewed, to ensure appropriate actions had been taken.
- Analysis to identify potential trends and patterns to incidents, was not in place. This can help to identify areas to address or explore, to prevent future incidents where possible. The registered manager advised this would be introduced following the 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.

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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 Act 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.

- Mental capacity assessments had not been completed when there were concerns about a person's understanding. The registered manager liaised with external organisations when they had concerns. However, any best interest discussions were not recorded.
- The registered manager had a good knowledge about deprivation of liberty and consideration was given to reduce the restrictions in place for people.
- Staff understood the importance of seeking people's consent. A staff member told us, "[Name of person] decides what they want to do. We can offer suggestions, but at the end of the day it's their choice."

We recommend the provider review their understanding of the MCA and its application to a domiciliary service.

Staff support: induction, training, skills and experience

- Staff had not consistently completed training to ensure their knowledge was up to date. This included topics such as safeguarding, infection control, fire safety and moving and handling refresher training. Management planned to review staff training provision.
- Staff felt supported and had regular supervisions. The registered manager planned to introduce a more structured approach to how often staff were supervised.
- People were confident the staff team had the right skills to support them. A person told us, "The staff are very good."

- New staff completed inductions which involved shadowing more experienced staff and meeting the people they could potentially be supporting. A person told us, "When I have new staff, I check if they're right for me."

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

- People were thoroughly assessed before support was provided to ensure their needs could be met.
- The registered manager had an understanding of best practice in the support of people with a learning disability and/or autism. They were keen to embed this within the service, to achieve better outcomes for people. This was then shared with the staff team.

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

- Staff were knowledgeable about people's likes and preferences. They supported people to prepare food and drink, when required.
- Staff supported people to develop their understanding of their dietary needs and healthier options.

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

- Healthcare professionals' specialist knowledge was used, and they helped to train staff in people's specific health conditions, such as diabetes.
- Staff worked closely with healthcare professionals and followed their advice.
- Staff supported people to access health appointments and considered their health when there were changes in their needs or behaviour.

# 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 the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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

- People and their relatives were positive about the caring approach of staff. Comments included, "The staff are really great and caring. You can see [Name of person] likes them. They are so calm now" and "The staff are all nice and have known me for years."
- Staff had a rapport with the people they supported, and they were comfortable with one another. Staff expressed genuine concern for people's welfare and had high aspirations for them.
- Staff were knowledgeable about people's personalities, individual needs and what was important to them. People were supported to safely explore sexuality and relationships.

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

- Staff were skilled in understanding how people communicated. This may have been through words, writing or Makaton; using signs and symbols to help people communicate.
- People were encouraged and supported to make their own decisions wherever possible. A staff member stated, "We are always thinking about people's choices and how and what we support them to do."
- Independent advocates were involved in supporting people to make decisions about their lives.

Respecting and promoting people's privacy, dignity and independence

- Staff recognised people's abilities and continually considered ways to promote their independence. For example, people had the opportunity to do travel training with staff, with the aim of being able to independently use public transport. A person explained how they went into town by themselves.
- Staff were mindful to protect people's privacy, both in the home and out in the community. A staff member explained, "We blend into the background until we're needed."
- Staff understood the importance of providing people with dignified care. They explained how they protected people's dignity during personal care and placed people at the centre of the support they provided.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as Outstanding. At this inspection this key question is now 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

- People's care was focused on their individual views, wishes and goals. A staff member told us, "We support people to achieve what they want."
- People were encouraged to be involved in the development and writing of their own care plans, when they were able to. Reviews were regularly held, which included people's relatives or others involved in their support.
- Care plans were person-centred and explained the type of support people required to meet their needs.
- Support was flexible according to the person's changing needs and goals. A professional stated, '[The registered manager] ensures her staff work in a person-centred way, she frequently has meetings with the people to get their views on the current support and service and incorporates any changes to meet their wishes. This in turns promotes a good quality of life for people.'

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 engage with a variety of activities according to their hobbies and interests. For example, one person attended an art weekend and others attended sewing groups, yoga or hydrotherapy.
- People were encouraged to be a part of their local community and regularly went into town and engaged with neighbours. In a recent survey to seek people's views about the support provided, a relative commented, '[The person] has become part of their local community with their team.'
- Staff were aware of relationships that were important to people and supported them to maintain these. A staff member stated, "The approach here is really positive. Staff, parents and people work together."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff understood and adapted their communication according to people's individual needs.
- Information was provided in a format accessible to the person.

Improving care quality in response to complaints or concerns

- When complaints were received, these were responded to robustly and consideration given to how the organisation could learn from these.
- People felt confident to raise their concerns and that these would be listened to. A person told us, "I would

complain if I needed to. I can go to the office. They listen to me and sort things out."

#### End of life care and support

- The staff team provided compassionate and person-centred end of life care.
- Limited information was recorded about people's end of life wishes. The registered manager had recognised this and was beginning to explore this with people.

# 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 the last inspection this key question was rated as Good. At this inspection this key question has deteriorated 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

- Checks of the service had not been effective in highlighting areas for development which may compromise people's safety. For example, in relation to gaps within the training, competency and knowledge of staff.
- When checks had been completed, actions had not always been completed in a timely manner.
- The CQC had not been consistently notified when safeguarding incidents had occurred, in line with the service's registration requirements. We are dealing with this matter outside of the inspection process.

The provider's systems had failed to identify and address issues which could affect the quality or safety of the service. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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 registered manager was committed to people receiving person-centred care; a commitment they shared with the staff team. A staff member stated, "[The registered manager] has a strong value basis. They really bring home to staff the need to be sensitive to people as individual."
- Staff understood and promoted the provider's values. A staff member told us, "There are strong values here of being available for the needs of the people we support and valuing them as individuals."
- The management team were visible and familiar to people and their relatives. People felt able to approach them.
- The provider understood their responsibility to be open and honest with people about mistakes made and apologised when needed.

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

- Staff felt supported in their role. A staff member stated, "[The registered manager] and [deputy manager] are always on our side; they are a good support team and make their expectations clear."
- The management team valued their staff and recognised the importance of ensuring their emotional well-being.
- Staff meetings were an opportunity to discuss any organisational changes and to jointly consider

solutions to difficulties people were experiencing.

- The provider was keen to include people in the development of their service. For example, a group of people and staff had reviewed the organisations records to consider ways these could be improved.

Working in partnership with others

- The registered manager had strong links with local organisations including the local authority, health agencies and voluntary organisations. The provider explained, "We have good working relationships with the local authority. They are seeing our successes and social workers see this and look at more people being supported by us."

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  Systems had not been established and operated to assess, monitor and improve the quality of the service to. Regulation 17(1)(2)(a).