

Vision Homes Association

Vision Homes Association - 1B Toll Gate Road

Inspection report

1b Toll Gate Road
Ludlow
Shropshire
SY8 1TQ

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22 March 2019
03 April 2019

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Outstanding ☆
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service:

Vision Care Homes – 1B Toll Gate Road is a residential care home that provides personal care to up to five adults. People who live there have complex needs relating to visual impairment, along with other conditions, such as learning disability, physical disability or acquired brain injury. This care home is one of three bungalows on one site, which all provide care to a similar group of people. A fourth bungalow on the site provides additional communal space. On the day we visited there were five people living at 1B Toll Gate Road.

The three care homes were inspected on the same day. Although they each have a registered manager and their own staff team, they work closely together and provide the same level of service. The three reports of the inspections are therefore very similar.

People's experience of using this service:

People who lived at 1B Toll Gate Road received outstanding care from a staff team who were passionate about delivering a high-quality, person-centred service. People were truly valued and were cared for and supported by an exceptionally dedicated, compassionate and caring team of staff and managers. Staff knew each person exceedingly well, which meant they could provide the highest quality service to meet individual needs and preferences.

People's views were respected and they were involved in everything that happened in the home. People showed they were happy to be living there and had very good relationships with the staff. A relative said, "The home is totally brilliant and the staff have been absolutely amazing. The staff have done remarkably well with [our family member] and they've lifted us up and supported us as well." External professionals were very complimentary about the service provided by the staff and all said they would recommend the home.

People were safe and protected by practices and procedures that put their safety and well-being as a priority. The provider had systems in place to manage risks and keep people safe from avoidable harm. Staff followed good practice guidelines to prevent the spread of infection and gave people their medicines safely.

There were enough staff to meet people's care and support needs. Staff had been recruited well to ensure they were suitable to work at this home. They had undertaken training in a wide range of topics to make sure they could do their job properly. Staff felt valued and supported by the provider, their managers and each other.

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

The size of service meets current best practice guidance. This promotes people living in a small domestic

style property to enable them to have the opportunity of living a full life.

The principles and values of Registering the Right Support and other best practice guidance ensure people with a learning disability and or autism who use a service can live as full a life as possible and achieve the best outcomes, that include control, choice and independence. At this inspection the provider had ensured they were applied.

The outcomes for people using the service reflected the principles and values of Registering the Right Support in the following ways: promotion of choice and control, independence and inclusion. People's support focused on them having as fulfilling and enjoyable a life as they chose to lead.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection: At the last inspection we rated this service Good (report published on 10 August 2016).

Why we inspected: This was a planned inspection based on the last rating.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we might 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 safe

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was exceptionally caring

Details are in our Caring findings below.

Outstanding ☆

Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led

Details are in our Well-Led findings below.

Good ●

Vision Homes Association - 1B Toll Gate Road

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 planned this inspection to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

One inspector carried out the inspection.

Service and service type:

Vision Homes Association – 1B Toll Gate Road is a 'care home'. People in care homes receive accommodation and personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and we looked at both during this inspection.

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 carried out the inspection visit, unannounced, on 22 March 2019.

What we did:

Before the inspection visit we looked at information we held about the home and used this information as part of our inspection planning. The information included notifications. Notifications are information on important events that happen in the home that the provider must let us know about. In May 2018 the provider had sent us a completed provider information return (PIR). The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to

make.

During our inspection we saw how the staff interacted with people who lived at the home. We spoke with two people who lived there and two relatives who were visiting. We also spoke with two members of staff: the deputy manager and one support worker.

We looked at one person's care records as well as other records relating to the management of the home, such as medicine administration records and internal audits.

By 3 April 2019, we had received information from the registered manager, one person's relatives, and two external professionals who met people regularly. We have included some of their comments in the report.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People showed they felt safe at this home and they were relaxed and happy with the staff. One relative told us, "The home is very good and I'm very happy with it. My [family member] is absolutely safe."
- The provider had systems in place to protect people from abuse and avoidable harm. Staff had undertaken training and were confident about what they should look out for and to whom they should report any concerns. The provider's safeguarding lead ensured that keeping people safe was of the highest priority.

Assessing risk, safety monitoring and management

- In the PIR the provider told us that all potential risks, for all areas of the home as well as for each person, were fully assessed. Detailed guidance was in place so that staff could manage risks to keep people as safe as possible, without restricting their freedom.
- Staff undertook regular checks of all systems and equipment to make sure that everything was in good working order. A health and safety champion made sure the home was a safe place to live in, work at and to visit.

Staffing and recruitment

- There were enough staff on duty. Staff had time to support each person not only with their physical care needs but also with their activities and making sure they had a good day. A member of staff told us, "The quality of care that people get is exceptional because of the high ratio of staff."
- The provider's recruitment policy ensured as far as possible that new staff were suitable to work in the home.

Using medicines safely

- Staff managed medicines safely and gave people their medicines as the prescriber intended.
- Staff prompted the GP to carry out reviews of people's medicines annually or when the person's needs changed.
- Medicine storage was secure and at the correct temperature and staff audited medicines weekly. Staff received training in medicine administration and the registered manager regularly checked staff's competence to give medicines correctly.

Preventing and controlling infection

- The provider had systems in place to make sure that staff followed current good practice guidelines to control and prevent infection as far as possible. Staff had undertaken training and were fully aware of their responsibilities to protect people from the spread of infection.
- A healthcare professional told us, "The Quality Assurance and Compliance Manager for Vision Homes has always taken a very pro-active approach to improving infection prevention and control standards within the

company."

Learning lessons when things go wrong

- Staff were fully aware that they had to report and record all accidents and incidents. The registered manager investigated and analysed these and shared any learning with the staff team. This included discussions with the team about what actions could be taken to prevent any future occurrences.

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.

People's outcomes were consistently good, and feedback confirmed this.

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

- The management team carried out a comprehensive needs assessment before they admitted anyone to the home. This included consideration of the dynamics of the group of people already living in the home and the level of their needs.
- Most people had lived at the home for a very long time and their needs had changed over time. The staff team fully re-assessed everyone's needs regularly to make sure their care and support was the best it could be.
- The management team ensured that staff delivered up to date care in line with good practice and that the home had equipment available that would enhance people's care and promote independence. The registered manager told us they had installed additional equipment such as an overhead tracking system for someone whose needs had changed.

Staff skills, knowledge and experience

- Staff told us the training they received was excellent, relevant to their work and kept fully up to date. If staff identified additional training that would benefit the people they were supporting, the provider arranged it. One member of staff told us they were very impressed with all the training and found it "empowering." They added, "You never stop learning because everyone's different."
- New staff received a very thorough induction that enabled them to learn at their own pace how to support each person.
- Staff felt very well supported by the provider, the management team and by each other. One member of staff said, "The team is pretty good." One person's relatives told us, "All the staff get on so well together. They look after each other and make sure no-one gets too tired."

Supporting people to eat and drink enough with choice in a balanced diet

- Staff supported people to eat and drink enough to keep them as healthy as possible.
- Staff knew each person's dietary needs as well as their likes and dislikes. They monitored people's weight and, if there were issues, what people ate and drank.

Staff working with other agencies to provide consistent, effective, timely care

- Staff worked closely with a wide range of other services, such as the hospital, so that people's needs continued to be met if they needed hospital treatment. A member of staff explained how they liaise with the learning disability nurse at the hospital so that people are seen more quickly. They said, "This makes appointments less stressful for people."
- When someone needed to be admitted to hospital, staff provided round-the-clock care so that the person's anxieties were lessened.

Supporting people to live healthier lives, access healthcare services and support

- Staff involved other healthcare professionals to support people to maintain their health. These included the GP, community nursing team, physiotherapist, dietitian, chiropodist, dentist and optician as well as specialists relevant to the person's condition, such as the diabetes and tissue viability nurses. A relative said, "[The staff] are so on the ball with anything medical – the slightest sign and they [call in the professionals]."
- A member of staff told us how one person's needs had changed following a medical trauma. They said that healthcare professionals who helped staff support the person at home had told them, "The care [name] gets here is far superior to the care they would get in hospital."

Adapting service, design, decoration to meet people's needs

- Each person's bedroom was decorated and furnished in the way the person wanted and included equipment to meet their specific needs. Shared areas were big enough to accommodate people's wheelchairs and people had access to outside space whenever they wanted to go out.

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

- We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- Staff knew how the MCA and DoLS applied to their work. Staff supported people to make choices relating to every aspect of their daily care and support. When people were not able to make a decision, staff liaised with relatives and professionals to make sure that decisions were always in the person's best interests and explained to people.
- The registered manager had submitted appropriate applications to the supervisory body for DoLS authorisations.

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.

People were truly respected and valued as individuals; and empowered as partners in their care.

Ensuring people are well-treated and supported; equality and diversity

- There was a tangible person-centred culture in the home. Relatives and external professionals commented on the relaxed, homely, friendly atmosphere they found every time they visited. A relative said, "This is a proper home, not an institution. This was a good move [for our family member]. There's nothing they could do any better." An external professional commented, "Staff are always very welcoming and there's always a nice atmosphere. They have people's interests at the heart of everything they do."
- Everyone praised all the staff for the exceptional care they provided and for the way they treated people with understanding, love and compassion. A relative told us, "They take everything in their stride: they tell us it's their job. We were all in pieces and they supported us all and got [our family member] through it. They saved [name] who wouldn't be [alive] now if not for their excellent care."
- Another relative said, "[Staff] are wonderful. We've never had to worry about [name] since he's lived there. It's a calm environment and all the staff are so lovely and calm."
- Staff spoke about people with genuine admiration and compassion. One member of staff said, "People are amazing."
- Although people were not able to tell us in words how they felt, their body language, expressions and individual communication spoke loud and clear. People were happy and at ease with the staff and had warm, caring relationships with them.
- Staff chatted with people all the time, using communication methods that each person could understand. Staff were calm and confident around people throughout the day. There was a lot of light-hearted joking and much laughter, which people responded to happily.
- External professionals were full of praise for the staff. One told us, "I find all the staff very helpful during my visits. They are keen to ask questions and equally keen to learn new techniques [to improve people's health and well-being]."
- Staff showed how much they cared for the people they were supporting. One relative told us they were still in contact with an ex-staff member who had offered to be their family member's advocate. They had started to worry about getting older and not being able to look after their family member and this kind gesture had put their minds at rest.

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

- Staff supported and enabled people to be fully involved in decisions about their care and to express their views about what went on in the home. For example, one person chose whether or not they wanted to visit their relative's home and sometimes changed their mind at the last minute. When this happened, staff provided transport for the relative to come to the home.
- Staff knew people exceptionally well and knew how to support each person in the way they preferred. Relatives and external professionals praised the staff for their in-depth knowledge of each person. One

relative said, "They know [our family member] better than we do now."

- Staff usually only worked in one home, working with a very small number of people so they got to know them extremely well.
- External professionals and relatives praised the staff's approach and communication with people. They told us how staff spoke with people all the time and included people in everything that was going on. One relative said, "[Staff] go at his pace. – he's never bullied into doing stuff." Another told us, "[Staff] don't force him to do anything. He gets cajoled a lot and sometimes it works – they're very good like that."
- The registered manager made sure that people were supported by advocates if they needed someone who was independent of the home to help them with their affairs and to make sure that staff were always acting in the person's best interests.

Respecting and promoting people's privacy, dignity and independence

- Staff excelled at respecting people's privacy and dignity. They showed the utmost empathy with people who needed assistance with their personal care, which was offered very discreetly and always provided in private.
- The staff team encouraged people to be as independent as possible. They supported people to do as much as they could for themselves, while still recognising and respecting people's preferences. Some people assisted staff to prepare meals and help with some household chores. An external professional told us, "The staff include people in what they're doing – cooking, shopping and so on."
- Staff made sure any discussions about people were held in private. They stored care records securely so that people's confidentiality was fully maintained.
- Relatives, friends and visitors were welcomed to the home. One relative said, "I can drop in unannounced and staff always make tea for us, bless them." An external professional told us "It's like going into someone's family home, with a nice family atmosphere with staff who don't crowd people but are there as soon as they're needed."
- Staff went 'the extra mile' to support people to keep in touch with friends and relatives. For example, staff worked extra shifts to be able to take one person to their relative's house. The person showed how much they appreciated this and enjoyed their visits.
- Staff really enjoyed working at the home and many of them had been there a great number of years; some since the home opened 25 years ago. One member of staff told us, "I wouldn't have been here nearly 20 years if I didn't enjoy the people and the work."

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- The staff team cared for and supported people in a way that was truly responsive to each person's individual needs.
- On their website the provider wrote, "Vision Homes Association strives to provide "bespoke" services, developed around each individual's needs, aspirations, assessments, and information from key persons in their life. Personalisation of the service is then maintained through person-centred-planning, in a format that reflects the individual's preferred communication methods."
- We found this to be absolutely true. Each person who lived at the home had a personalised support plan and very detailed information about them and their lives so that staff could support them in the way they wanted. Support plans were reviewed regularly as well as when staff noticed a change, however small, in the person's needs.
- The deputy manager told us that people and staff had said there were too many folders for care records. People and staff across the three services (with little input from managers) had worked together to come up with a new format for the records. Staff and people found the new-style support plans (called life books) much easier to use and follow.
- Staff encouraged and enabled people to be as active as possible. A wide range of individual and group activities was arranged, both in the home and out in the community. These were based on what each person wanted to do. A relative said, "The staff are great with [name]. He goes out a lot, on day trips, up to the café, shopping and he's been on a train."
- The staff team had introduced a range of technologies to enhance people's lives. People had their own hand-held computers. Key fobs had been introduced so that each person could easily get in and out of the bungalow but were still kept safe. Intercom monitors in all rooms could be switched on and off so that people had privacy or could be monitored to ensure they were safe.

Meeting people's communication needs

From August 2016 onwards, all organisations that provide adult social care are legally required to follow the Accessible Information Standard (AIS). The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. The standard applies to people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People who lived in the home had been involved in developing an easy-read policy.

Improving care quality in response to complaints or concerns

- The provider had a complaints process in place, which was displayed in the home.
- Relatives were encouraged to raise any issues, however minor, with any of the staff, the management team or the provider's staff. However, they told us they had never had any complaints. One relative said, "I've

never ever had a problem."

- Staff supported people to complain if they wanted to. Staff were confident that the management team would address any issues that were raised.

End of life care and support

- The registered manager told us that they had discussed funeral arrangements with people and their families and details were recorded in the person's care records.
- The staff team had recognised that they needed more in place for end-of-life care and training for managers had been arranged for shortly after our visit.

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.

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- Everyone made very positive comments about the service that the staff provided at this home. They all said they would have no hesitation in recommending the home. An external professional volunteered, "If I had a friend or family member who needed this type of care, I'd be happy for them to be there."
- Many of the staff had worked for the provider for a number of years. One member of staff told us that on a recent training course involving all the provider's local services, the average length of staff service was 14 years.
- All staff felt very well supported, by the board, the Chief Executive Officer, the provider's staff, the managers and each other.
- The staff team were all passionate about providing people with the highest quality, personalised service that was under-pinned by the provider's values.
- The registered manager promoted transparency and honesty. They had a policy to openly discuss everything with relevant parties, including if anything went wrong.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There was a strong management team, which managed the home very well. The registered manager was fully aware of their legal responsibilities, including appropriately notifying CQC about any important events that happened in the home.
- The registered manager praised the staff team. They said, "We have highly motivated and trained staff. All staff have a 'can do' attitude."
- The provider had policies and procedures in place, which staff read at least once a year or if the policies were amended.
- The provider had a robust quality assurance system in place to ensure that people received high-quality care. Systems and processes used in the home were monitored and checks carried out to make sure that any shortfalls were identified and improved.

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

- The registered manager encouraged everyone involved with the home to express their views about the running of the home.
- People were as involved as they wanted to be in the local community. They used local shops, pubs, parks and other facilities as well as being involved in some local groups.

Continuous learning and improving care

- The registered manager and staff told us they were always trying to make things even better for people. They kept up to date with current research and good practice and ensured staff were provided with the training they needed to meet people's changing needs.

Working in partnership with others

- Staff and the management team worked in partnership with other professionals and agencies, such as the GP, other health care professionals and the local authority to ensure that people received joined-up care.