

Visions (Bristol) Ltd

Visions (Bristol) Limited

Inspection report

48 Nags Head Hill
St George
Bristol
BS5 8LW

Tel: 01179608511
Website: www.visionsbristol.co.uk

Date of inspection visit:
14 January 2017

Date of publication:
23 February 2017

Ratings

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

Summary of findings

Overall summary

Visions (Bristol) Limited is registered to provide accommodation and personal care for up to four people with a learning disability. At the time of our inspection four people were living at the service.

At the last inspection, the service was rated Good.

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

Risks to people were assessed and where required a risk management plan was in place to support people manage an identified risk and keep the person safe.

Staffing numbers were sufficient to meet people's needs and this ensured people were supported safely. People told us they felt safe living at the service.

The provider ensured that new staff completed an induction training programme which prepared them for their role. Training was completed in essential matters to ensure staff and people at the service were safe. Staff were supported through a supervision programme

People were supported to maintain good health and had access to external health care professionals when required.

Staff were caring towards people and there was a good relationship between people and staff. Staff demonstrated an in-depth understanding of the needs and preferences of the people they cared for.

Support provided to people met their needs. Supporting records highlighted personalised information about what was important to people and how to support them. People were involved in activities of their choice.

There were systems in place to assess, monitor and improve the quality and safety of the service. Staff described the registered manager as supportive and approachable. Comments from a recent survey confirmed that people were happy with the service and the support received.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Visions (Bristol) Limited

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This comprehensive inspection took place on 14 January 2017. The inspection was announced, which meant the provider knew we would be visiting. This is because we wanted to make sure the provider, or someone who could act on their behalf, would be available to support the inspection. This inspection was carried out by one inspector.

On the day of the inspection we spoke with two people, three members of staff and the assistant home manager.

We looked at three people's care and support records. We also looked at records relating to the management of the service such as the daily records, policies, audits and training records.

Is the service safe?

Our findings

One person told us; "I feel safe here." Staffing numbers were sufficient to meet people's needs and this ensured people were supported safely. Staff we spoke with felt the staffing level was appropriate. There was always at least one member of staff providing support within the service. We observed that there were sufficient staff to help people when needed, such as meal times and taking people out for their chosen activities.

Safe recruitment procedures ensured all pre-employment requirements were completed before new staff were appointed and commenced their employment. An enhanced Disclosure and Barring Service (DBS) check had been completed. The DBS check ensured that people barred from working with certain groups such as vulnerable adults would be identified.

Staff demonstrated a good understanding of abuse and knew the correct action to take if they were concerned about a person being at risk. Staff had received training in safeguarding adults. Staff told us they felt confident to speak directly with a senior member of staff and that they would be listened to. All members of staff were aware that they could report their concerns to external authorities, such as the local authority and the Commission.

Risks to people were assessed and where required a risk management plan was in place to support people manage an identified risk and keep the person safe. These included assessments for the person's specific needs such as self-medicating, leaving the house without support, road safety, finance and behavioural support needs. Assessments were reviewed regularly and updated, when required.

People were receiving their medicines in line with their prescriptions. Staff had received training in medicines management. Staff administering the medicines were knowledgeable about the medicines they were giving and knew people's medical needs well.

People were cared for in a safe, clean and hygienic environment. Staff were allocated daily cleaning duties and the tasks were recorded on a staff handover sheet. The rooms throughout the service were well-maintained. Regular maintenance checks were undertaken to ensure equipment and the building remained in good repair.

Is the service effective?

Our findings

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act (MCA) 2005. The procedures are called the Deprivation of Liberty Safeguards (DoLS). We saw information in people's support plans about mental capacity and Deprivation of Liberty Safeguards (DoLS). DoLS applications had been applied for appropriately. Where needed people had the support of Independent Mental Capacity Advocates (IMCA). IMCAs are a legal safeguard for people who lack the capacity to make specific important decisions.

Staff completed Mental Capacity Act 2005 (MCA) training and understood the importance of promoting choice and empowerment to people when supporting them. Where possible the service enabled people to make their own decisions and assist them to understand the decision making process where they could. We made observations of people being offered choices during the inspection, for example food and activity choices were offered. Support plans held best interest decision making agreements and advised staff how to assist a person to make day-to-day decisions. Depending on the specific issues such as medicines reviews best interest decision making agreements involved the appropriate health professionals, staff and family members.

The provider ensured that new staff completed an induction training programme which prepared them for their role. A new induction training programme has been introduced in line with the Care Certificate guidelines. These are recognised training and care standards expected of care staff. Staff received on-going training to enable them to fulfil the requirements of the role. We reviewed the training records which showed training was completed in key aspects of care to ensure staff and people at the service were safe. Additional training specific to the needs of people who used the service had been provided for staff, such as epilepsy awareness had been undertaken by staff.

Staff were supported through a supervision programme. Supervision is where staff meet one to one with their line manager. Conducting regular supervisions ensured that staff competence levels were maintained to the expected standard and training needs were acted upon.

People's nutrition and hydration needs were met. People were encouraged to eat a healthy balanced diet. Where required the service sought dietary advice from health professionals. Specific dietary requirements were catered for, such as diabetes. We observed people selecting foods of their choice. One person told us; "I like the food here. I like anything and sometimes have snacks."

People were supported to maintain good health and had access to external health care professionals when required. People's care records demonstrated that their healthcare needs had been assessed and were kept under review. We saw people had received input from the community learning disabilities team, clinical psychologist, GP and the positive behaviour support team.

Is the service caring?

Our findings

One person told us; "I go out with staff. It's nice living here." People were supported by a small committed experienced team. Enabling relationships had been established between staff and the people they supported. Action plans to enhance people's independence were promoted by the service and staff members. Each care plan held a personal care statement which specified the help required by the individual.

To ensure their needs were met people had access to their own key worker. This provided one-to-one time with the person to discuss their needs and formulate action plans in accordance with their goals. The service also held regular resident meetings. The recent minutes highlighted that people felt well-supported by the staff and enjoyed the activities. They also informed the service what other activities they would like to engage in, such as a trip to a wildlife park.

Staff demonstrated they had a good understanding of people's individual needs and told us they understood people's preferences. One member of staff provided examples of how people preferred their personal care routine to be conducted and told us they encouraged people to be independent, as far as possible. For one person this included supporting a person to shave and wash their hair. Staff told us that they would offer hands on support when asked. Staff enabled people to undertake tasks themselves.

Our observations showed that good relationships had been established between staff and the people they provided care for. We observed numerous positive interactions during our time at the service. Staff spoke with people in a meaningful way, taking an active interest in what people were doing and asking how people were feeling. Staff continually offered support to people with their plans. One person liked going out dancing and socialising with their friends. They were being taken out for the afternoon to a local club to dance with their friends. Another person like baking and they were assisting a member of staff to cake a cake.

Staff respected people's privacy. People were able to have time alone whenever they wanted and if they wished to stay in their rooms they could. We spoke with one person and they told us liked spending time in their room and particularly liked listening to music and watching movies.

Is the service responsive?

Our findings

The service was responsive to a person's needs. People's needs were met by a small staff team who worked together to offer the best care they could. People received good care that was personal to them and staff assisted them with the things they made the choices to do. We observed that people appeared content living in the service and they received the support they required.

A care plan was written and agreed with individuals and other interested parties, as appropriate. Care plans were reviewed regularly and a formal review was held once a year and if people's care needs changed. Reviews included comments on the support plan, the person's health, social and leisure activities, personal safety and risks. Staff responded to any issues identified by the person by amending plans of care, changing activity programmes and consulting external health and care specialists, as necessary. An example of a recent referral included seeking advice from a health specialist regarding the effective management of the person's challenging behaviour.

People's individual needs were recorded and specific personalised information was documented. Each person's care plan included personal profiles which included what was important to the person and how best to support them. People undertook activities personal to them. There was a planner for each person that showed the different social and leisure activities people liked to do. People in the service were supported in what they wanted to do. The social activities recorded varied for people according to their chosen preferences. This included going to the cinema, music groups, arts and craft sessions and going swimming.

Where appropriate people were encouraged to maintain contact with their family and were therefore not isolated from those people closest to them. The service held social events and invited family members to attend.

The provider had systems in place to receive and monitor any complaints that were made. During 2016 the service had not received any formal complaints. People told us they would speak to staff if they were unhappy.

Is the service well-led?

Our findings

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.'

Staff described the registered manager as supportive and approachable. The registered manager encouraged an open line of communication with their team. Staff members confirmed that they would approach the registered manager if they had any concerns. Regular staff meetings were held. Staff we spoke with felt supported with their training and supervision programme. Staff all had an in-depth knowledge of the people they supported and had the confidence to enable the people they support, such as trying new activities. These actions were actively supported by the registered manager.

People and their representatives were encouraged to provide their views and were actively involved in the decision-making process, such as the choice of their activities and their future goals. Comments from a recent survey confirmed that people were happy with the service and the support received. One family commented; "I am very happy about all aspects of my son's care and well-being. I have no concerns about [person's name] placement at Visions."

To ensure continuous improvement the registered manager conducted regular compliance audits. They reviewed issues such as; planning and delivery of support, training, maintenance, medication and health and safety. The observations identified good practice and areas where improvements were required. A recent health and safety audit provided a 'to-do' list for staff to take forward.