

Vision Homes Association

Vision Homes Association - 1A Toll Gate Road

Inspection report

1A Toll Gate Road
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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?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

This inspection took place on 26 April 2016 and was unannounced.

1A, Toll Gate Road is registered to provide accommodation with personal care for up to five people who have a learning disability. There were four people using the service when we inspected.

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.

People were protected from harm and abuse by staff who knew how to recognise and respond appropriately to any concerns they had. Risks associated with people's care and support had been appropriately assessed which respected people's choices.

Staff asked people's permission before they helped them with any care or support, and were confident to support people to make decisions for themselves where possible. Where people were not able to so, the staff team were able to undertake best interests decisions.

People were supported by enough staff to meet their needs. Checks were made before staff started working to ensure they were suitable to support people and keep them safe. New staff were supported to learn how to support each person's needs in a meaningful way.

People had their nutritional needs assessed and monitored when required. Staff ate with people to support them to eat well and provide a social atmosphere

People received their medicines safely from staff who were trained and assessed as competent to support them.

Staff supported people in a caring, respectful and dignified way. People's independence was actively promoted. People were supported to undertake their choice of pastimes. Family members were encouraged to be actively involved in the planning of care and support provided.

The staff team was supported by a registered manager who led by example. Staff and the registered manager worked together as a team to ensure people's needs and wishes were met.

The provider had checks in place to monitor the quality of the service and encouraged staff to drive improvements in the service.

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 was safe.

People were supported by staff who knew how to keep them safe because they were able to recognise and act appropriately if they suspected abusive practice. People were supported to take positive risks by staff. People were cared for by sufficient numbers of staff. People received their medicines when they needed them from staff who were competent to administer them.

Is the service effective?

Good ●

The service was effective.

People were supported by staff who demonstrated in-depth knowledge and understanding of each person's physical and emotional needs. Staff were supported to learn about people's specific health conditions to enhance their understanding of how their conditions affected their abilities on a day to day basis. People enjoyed mealtimes which were social occasions. People were supported to eat and drink a varied and balanced diet. People were able to access external healthcare to meet their needs in a timely way.

Is the service caring?

Good ●

The service was caring.

People were supported by staff and close working relationships had developed. People were supported by a staff team who supported them to be involved in their care. People were treated with kindness and respect by staff who preserved their dignity and privacy at all times.

Is the service responsive?

Good ●

The service was responsive.

People were supported by staff who were able to respond to their changing needs because they knew each person well. The service provided a high standard of personalised care which reflected each person's choices and wishes. Complaints or

concerns were listened to and acted upon in an appropriate way.

Is the service well-led?

The service was well-led.

People received good levels of care and support because the registered manager made sure the staff team had the required knowledge, ability and motivation for their role. Staff felt supported and trusted the registered manager to listen to them and respect their views on the service provided. The provider supported the registered manager to monitor the service provided by the provision of quality assurance processes.

Good ●

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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 was planned to check 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 inspection took place on 26 April 2016, and was unannounced.

The inspection team consisted of one inspector.

As part of our planning we reviewed the information we held about the service and the provider. This included statutory notifications received from the provider about deaths, accidents and safeguarding alerts. A statutory notification is information about important events which the provider is required to send us by law. We asked the provider to complete a Provider Information Return (PIR). This is a form which asks the provider to give some key information about the service, what the service does well and any improvements they plan to make.

We asked the local authority and Healthwatch to share any information they had about the care people received. We also contacted healthcare professionals, including the GPs, community mental health teams, district nurses, diabetic specialist nurse and physiotherapist who visited the service. We used this information to help plan our inspection.

We were unable to communicate verbally with everyone who used the service. We observed people's care and support in the communal areas of the home and how staff interacted with people. We did this to gain an understanding of people's experience of the care and support they received. We spoke with two people and two relatives. We spoke with six staff members which included care staff, the registered manager and the deputy manager. We also spoke with a consultant psychiatrist who was visiting the service. We viewed one

record which related to consent, people's medicines, assessment of risk and people's needs. We also viewed other records which related to quality monitoring and the management of the home.

Is the service safe?

Our findings

People who lived at the home were supported by a staff team who understood how to keep them safe. We saw that staff members were aware of how each person could be at risk of accidentally harming themselves because they were not aware of dangers within the home. For example, one person liked to spend time on the floor and would lie in front of the door. This placed them at risk of harm if anyone entered the room. Staff were able to assist them to move to a safer area by showing them an area which held more interest for the person but was away from the door.

All the staff members we spoke with were able to tell us what action to take if they had concerns about people's safety and well-being. This included speaking with the manager who they were confident would deal with the matter immediately. They also said that they knew how to inform the provider or external agencies including the Care Quality Commission and local authority. Staff members we spoke with said that they had received training on anti discriminatory practices. They told us that this had helped them to know how to protect people from discrimination, especially out in the community. One staff member said, "Nobody should be abused; we would not tolerate anything other than kindness towards our residents. For example, we would not let anyone say unkind things about the residents without challenging them." Staff were also knowledgeable about whistleblowing and what to do if they had concerns about someone.

Assessments of risk were completed where risk had been identified. People were supported by staff to be involved in decisions about what they wanted to do and how any risks could be minimised. For example, we saw one person's risk assessment for going to the hydrotherapy pool. This person had always enjoyed swimming, but had become fearful because of a poor experience in the past. We saw that the assessment concentrated on how the person could be supported to reconnect with this pastime safely. Two staff accompanied the person to provide support and fed back to the staff team any new concerns or if the visit was a positive one. This communication about risk helped staff to ensure that the control measures in place remained current. Another person's relative told us that their family member enjoyed swimming again due to the staff working closely with them to enjoy the experience. The relative said how happy they felt about this and expressed how the staff team had supported their family member with patience and kindness.

The provider had ensured that there was a designated health and safety champion for the location. They had received training and were supported to take responsibility for the risk assessments with regard to the correct storage and use of Control of Substances Hazardous to Health (C.O.S.H.H.), checks of fire alarms and fire equipment. People benefitted from this new role because there was increased monitoring of potential hazards in the service. The provider had ensured that each person living at the service had a Personal Emergency Evacuation Plan (PEEP). This identified the support each person required to evacuate the service safely in an emergency, such as a fire.

Moving and handling techniques were assessed individually with the support of the physiotherapist. This enabled people to receive bespoke support which was person-centred. Staff received guidance from the physiotherapist as to how the techniques benefitted each person when being moved.

There was sufficient staff on duty to meet people's needs. One relative told us, "The staff are extremely capable. There are plenty of staff to be able to care for [Person's name] safely. We spoke with staff who agreed that there was enough staff on duty. One staff member said that the registered manager reviewed staffing all the time. They said, "We increase staffing for activities and hospital appointments so that the core support team is not depleted." This was confirmed by the deputy manager.

As part of the recruitment process, the registered manager carried out checks to determine if staff were of good character and requested criminal records checks through the Disclosure and Barring Service (DBS). The provider had systems in place to assist the registered manager to deal with any staff whose behaviour was considered to be below what was expected. This also included the provision of advice and support if disciplinary processes needed to be undertaken.

People received their medicines at the right time from staff who were knowledgeable about what their medicines were for. This was because they had received training in the safe administration of medicines. Staff we spoke with confirmed that they learned about the reasons for people needing the medicines, how they affected each person and how to recognise any side effects of medicines being taken.

Is the service effective?

Our findings

People were supported by well trained staff who had sufficient knowledge and skills to enable them to support people effectively. Staff we spoke with told us that, in their view, the levels of training and support provided were exceptional. New staff received support which enabled them to gain confidence in supporting people's individual care needs. They also spent time learning each person's personal likes and dislikes, wishes and aspirations. This increased support was provided until the new staff member and the manager both were confident in their ability. One new staff member told us, "I am very impressed by the amount of support I have had. The manager looks at how the people trust us and get to know us before we are allowed to care independently. This is good because it increases our confidence as well." The staff team told us about the training they had received to be able to meet the individual needs of the people they supported. They felt that they had very good opportunities to learn. All staff received enhanced training in how to support people with diabetes. One staff member told us that they were being supported to become the diabetes champion for the service, which involved increased levels of training. They said, "Being supported to do this extra training is great. It makes me feel appreciated and improves the care we can give because we have the most up to date knowledge."

A healthcare professional who supported the people in the service told us, "The staff are always willing to learn and raise any concerns they may have. Their commitment enhances the quality of life for the residents". Every staff member received training to enable them to support people with sensory loss, such as sighted guide training, which provided information about how to support people with visual difficulties to be more independent. They also received training about how to communicate well with each person. All staff received guidance and support in active and passive exercises and massage by the physiotherapist. This aimed to reduce the likelihood of each person developing problems associated with immobility. The staff had been observed and assessed by the physiotherapist to be sure that they were competent to undertake the procedures.

Staff were effectively supported by the registered manager to work well. Staff told us they had regular meetings with the registered manager which enabled them to discuss any concerns or training needs. In addition this was an opportunity for feedback from the registered manager about how they were supporting people. Staff also confirmed that they could approach the registered manager at any time and felt confident that they were listened to.

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. Staff knew about the requirements of the MCA and understood how to use the information to help people make their own decisions as far as possible. Each person had a 'Giving consent profile' within their private life book. This profile was in picture format and showed staff how to support the person in discussions. We saw within the profile for one person information which showed when and how this person could give consent. Information was in place about the person's behaviour, gestures and words used when

discussing a specific area where consent was being sought. We saw that this person had an assessment in place which showed that staff assessed daily the least restrictive option to keep them safe when they went out in a vehicle. One option considered was to ensure an extra member of staff accompanied the person when they went out to keep them occupied during the journey. We saw that staff asked people what they wanted to do every time support was required. We also saw that because people and staff knew each other well, the interaction with people about what they wanted to do was friendly and kind. One staff member told us, "We never make assumptions that we know what everybody wants to do. We always talk about what they want and go by their responses." One example given by staff was how one person would put up their hand and say 'goodbye' if they did not agree with their suggestions.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The manager had three DoL authorisations in place. We saw that there were processes in place to support each person to continue to be involved in decisions about their care. Staff spoken with were knowledgeable about the DoLS in place for people using the service.

People were supported to have enough to eat and drink and maintain a healthy diet. Menus were developed with the people and reflected the individual likes of each person. People were supported to go to the local supermarket to purchase the ingredients for their meals. People were encouraged to assist with preparation of meals and snacks. Mealtimes were shared, sociable experiences with people and staff eating together. We saw that this enabled staff to discreetly assist or prompt people and monitor how they enjoyed their meal and whether they had eaten enough to maintain a balanced diet. The meal we observed was a happy and social occasion. One staff member said, "We try to have an enjoyable family meal." People were seen to be supported to use eating aids such as adapted dishes and cutlery, beakers and cups. Where people needed assistance with their meal, the staff member supported each person with kindness. People who had difficulty swallowing had been assessed by the Speech and Language Team (SaLT) and staff followed their recommendations.

People were supported to access healthcare services as required, including healthcare professionals from the community mental health team, district nurses and SaLT. The healthcare professionals we spoke with said that they enjoyed positive relationships with the people and staff at the service. For example, the physiotherapist told us, "I always enjoy coming to 1A Vision Homes. The staff are always helpful and willing. Their priority is always the benefit of the people." People were also supported to access dental care. Each person had their own dentist who visited the service to provide check-ups and treatment. People, with support from their relatives, were provided with information about available health and well-being screening and were encouraged to access these services. We saw that the staff team had established positive links with the hospital in-patient services. For example, the senior management team had worked with the hospital teams to enable staff members to provide one to one support if a person needed to be admitted to hospital. This arrangement enabled the care professionals to work together in the best interests of the person because they could share the knowledge of their complex issues and needs. This also ensured that hospital staff were able to understand how best to support the person, and prevent the anxiety associated with them being supported in a strange environment by people they did not know. The outcome of this initiative was that the person would be more responsive to treatment and be able to be discharged home earlier. The people benefitted from positive relationships with the consultant psychiatrist who visited people in the service if staff were concerned about a person.

Is the service caring?

Our findings

People were seen to be supported by staff who knew them well and were able to communicate positively by voice, touch and gestures. Staff on duty were seen to have the skills and knowledge necessary to understand and support both the care and emotional needs of each person as they spent time together. We saw very kind, gentle and confident communication and support being provided for people. All the staff members on duty at the time of our inspection were highly motivated and caring towards people. We saw people responded with smiles, sounds, gestures and laughter when staff interacted with them. The atmosphere at the home was one of happiness and laughter with all people being supported and encouraged to be involved in the conversations. Staff assisted people to communicate with us during the inspection by explaining who we were and why we were there. For example, one person was known to become anxious if new people were in the building. The staff member explained to us how to approach the person to reduce anxiety. They explained clearly to the person who we were, why we were visiting the service and asked their consent to bring me to chat with them. As a result of these actions we were able to enjoy a conversation with the person about what they were going to do that day.

Staff spoke with people in a manner and pace which recognised each person's level of understanding and communication. For example, we saw that one person was showing signs of anxiety because they did not know where to sit. The staff member spoke gently and kindly as they directed the person to a chair. Once the person was settled in a chair their demeanour changed to contentment. On the day of our inspection it was one person's birthday and everyone was involved in making sure they had a good celebration day. Staff had provided cards, presents, balloons and a birthday cake for the person who expressed pleasure at these gifts. Two staff took the person out for the afternoon for a walk in the woods. We spoke with the relative of this person by telephone. They were very happy with the care being provided. They said, "[Persons name] receives lovely care. The staff are wonderful. Nothing is too much trouble. They have helped [Persons name] to do so much. They can now feed themselves and bathe and dress with minimal support which they could not do before they went there."

We saw that people were treated with respect, dignity and compassion. Relatives we spoke with told us that they were made very welcome and encouraged to support their family member at all times. One person's relatives told us that they were very pleased with the care provided for their family member. They said, "They are marvellous staff, they know all the people so well and care so much. [Person's name] has been here for over 20 years. We never worry about [person's name] when we are at home. The staff treat [person's name] like much loved family." Another relative said that they felt like part of the family and praised for the quality of care provided for their family member. They said, "I am very relieved that [person's name] is now in a placement where staff understand their needs. [Persons name] is much happier than they have ever been." We were able to be involved in conversations with two people and the staff team. Both people expressed happiness as we chatted. We saw that the staff took pride in the support they provided and were proud of the achievements of the people they supported. One staff member told us, "We treat everyone as an individual and look at how we can help them to live a happy life." Another staff member commented, "We treat people as we would want to be treated ourselves."

Is the service responsive?

Our findings

People and their families were supported to be involved in the planning of their care. Each person had been supported to develop their own life book, which contained all required information about them. Included within the book was the care plans for the person. These were seen to be very person-centred plans which identified how the person wished to be supported. People had to give their permission before anyone could access their book. We were given permission by one person to look at their book. The information within was very detailed. The book contained the history of the person's life from birth to the present day, including details about how the person developed the problems which meant they needed supportive care. The person's parents had been involved in writing their history and there were many photographs taken at many stages in the person's life. Also included was information about the person's feelings. This included what upset them and why, and what staff needed to do to support them to feel happy again. One staff member said, "This information helps us to know how to care for [person's name]. Knowing why they needed to live here and how their family dealt with the problems before they came here is very important because they had a life before they came here and we need to remember that." We saw that staff had learned how to use this information to communicate well with each person to enable them to be involved in decisions about their care and support. One family member told us that the staff in the service are very responsive to people's needs. They said that this also included the needs of relatives who mattered to them. They told us how the staff team had arranged to take their family member home for weekend visits and then collect them because the family could not come to the service due to transport difficulties. They said, "Without this support, [Person's name] would not be able to see us. They make sure we can spend time together. It is over and above what anyone would expect." The relatives of another person told us, "We are always kept informed about everything for [person's name]. We trust the staff team implicitly to do the very best at all times."

One doctor who supported the people stated, "The staff make great efforts to promote the independence of the people in the services and be responsive to their needs and preferences." Another doctor said, "We are very pleased with the relationship we have with the staff and feel confident that, if there were any problems we would be able to openly discuss them with staff and they would be quickly addressed"

People were supported by a staff team who were keen to look at how new technology could be used to support them. For example, one person had disturbed nights and would become disorientated. Staff checks disturbed them when they were asleep. The staff researched an infra-red beam which sounded the alarm if it was broken. Using this beam enabled the person to enjoy undisturbed sleep whilst the staff were able to know if they were moving around. They were then able to assist them to be orientated to time and place. This use of new technology helped to keep this person safe during the night in the least restrictive way. Staff members confirmed that this action had a positive effect on the person and reduced the frequency of anxiety episodes in the night.

People received care from a staff team whose detailed knowledge of each person enabled them to identify any changes to a person and alert external professionals. The staff we spoke with said that they constantly shared information about any changes in each person with their colleagues. This included any new risks

identified and any positive or negative interactions. These changes were shared both verbally and in written care notes which reduced any risk of a staff member not being up to date. These changes were reported to the manager and action taken to alleviate the concern. For example, one person had developed a subtle change in their usual behaviour patterns which gave cause for concern about their safety. The person's hospital consultant was contacted and asked to visit the person in the service to assess the change and give advice. As a result of this timely intervention, the person was supported to regain their normal demeanour. We spoke with the consultant psychiatrist who was visiting this person on the day of the inspection. They told us, "I am here today because the manager felt that a person needed reviewing earlier than planned. They had responded to a small but significant change in the person's behaviour. Because of our trusting relationship I was happy to come earlier. I have every confidence in the staff. I know that if I give instructions for care or treatment then it will be carried out to the letter."

Two people received weekly music therapy. One person's notes from the sessions gave the staff some insight into which music had a positive effect on the person's well-being. They had identified a connection with music which brought a state of well-being for the person. Staff members we spoke with told us how this information helped them to provide music sessions which the person liked if they felt anxious which had the effect of calming the person.

People had access to an art studio that the provider had developed. All the people living at the service were able to access the facility. The studio was also used by people from the local community. Because of this, people living at the service were able to develop friendships with people from the community and other care homes. People enjoyed many solo and group activities and parties there. We saw many artistic items in the service which had been made by the people at art classes in the studio, including painting and pottery. Other people whose complex needs meant that they required much more support from staff were still enabled to attend classes and develop their artistic abilities. One staff member told us, "It is very special to see [Person's name] concentrating on a project at the studio and finishing a painting."

People living at the service were supported to go on holiday. Staff said that they worked with the people and their relatives to ensure that people were supported to choose where they wanted to go and what they wanted to do. They looked at brochures and magazines with people to help them decide. People were enabled to have holidays as part of a group or individually as they wished.

One person living at the service had their own transport. This enabled them to attend appointments or go out to pursue interests at any time without needing to arrange transport. For people who did not have their own cars, they had access to shared transport.

People and their families received the provider's complaints procedure as part of the pre-admission processes. People had also been involved in developing an easy read version of this. Each person had a communication book where the person, families and other visitors could write comments, complaints and compliments. This was in addition to the provider's complaints procedures and enabled people to express any small concerns which they felt did not warrant a full complaint. The manager and deputy manager were involved in the day to day running of the home and talked with people, their relatives and staff to find out their views on the care and support provided. They also liaised with families by telephone and e-mail. This helped everyone to be confident that their views were important and acted upon. One family member told us, "The staff team tell me everything. This means that I do not need to complain because I know what is happening. [Person's name] has a record book that staff bring home with [Person's name] so that anything which happens at home is written in as well. The communication is first class." Another relative said, "[Managers name] keeps us up to date with any changes to [person's name]. We are always involved in [person's name] care." On the day of the inspection, the service had not received any complaints in the last

12 months..

Is the service well-led?

Our findings

People were supported to live happy and fulfilling lives by staff who knew them well. The vision and culture of the service was to provide an enabling environment where each person was supported to reach their full potential. Staff worked to achieve this by supporting people to be involved in decisions about their day to day life. Even when people had difficulty in communicating, the registered manager and staff team worked to find ways to fully involve each person. They did this by working to develop each person's potential for having as much control and choice possible. As a group, the staff team told us, "The company and registered manager expect that we care for our residents in line with the company philosophy. They support all of us to be able to give the very best of support for everyone living here." One staff member commented, "We treat everyone with the same dignity and respect we expect for ourselves. Feedback from relatives showed us that they were fully involved in how their family member was supported. One family member told us, "The manager and deputy are both wonderful. They involve us in everything because we can't visit often. The level of communication between the staff and us is the best it can be."

People were supported by a staff team who were motivated and confident in the support they provided. The registered manager had an open door policy where everyone was encouraged to talk with them at anytime. The registered manager provided staff the opportunity to have meetings to discuss the care and support for people in the home. This was in addition to the handovers which happened three times a day where all staff had the opportunity to make comments. Staff told us that the registered manager and provider treated them with respect and provided encouragement to be the best they could be. One staff member said, "The fact that we are respected and appreciated encourages us to do a good job." The deputy manager told us, "The company is very supportive. They listen to ideas from all the staff and we all feel part of a very strong team." A relative told us they thought the exceptional leadership in the service meant that they never worried about their family member. They said, "[Registered manager] contacts us whenever there are any changes. We see when we visit that they lead by example and support their staff team well. It is a very happy place."

We saw that the registered manager worked in a positive and proactive way with healthcare professionals. These professionals told us they had a very trusting professional relationship with the staff at all levels working at the home. One doctor said, "The culture of the home is that of openness and transparency with all the staff keen to receive feedback and committed to continuously improve the standards of their care". The registered manager welcomed the healthcare professionals to the service to support the staff team in further developing their knowledge and ability to support the people they supported. The physiotherapist and community nurses worked with the staff team to teach them new and innovative ways of supporting people to improve their lives. For example, the physiotherapist had showed staff how to use person specific active and passive exercises and massage techniques on people's limbs to prevent contractures.

The registered manager had support from senior managers and other registered managers from services close by. The registered manager was committed to their own and their staff's personal development and updating. The provider had a training and development manager who worked with the teams to ensure they were up to date. They also worked with the local care training partnership to access up to date information.

The provider had introduced quality assurance systems in the home which enabled the registered manager to identify any areas of concern and act to correct these in a timely manner. Relative and resident questionnaires were sent out as part of the quality assurance processes. These questionnaires were also available in easy to read format for people. People's and relative's views from these questionnaires were very positive. The registered manager told us that they spoke with people and relatives all the time.

Audits were completed by the registered manager and the provider's compliance manager. Information from the audits was collated and shared with the staff teams at their meetings. These audits included, accidents, incidents, any concerns raised, staff issues and equipment maintenance. Staff members we spoke with confirmed that they are always involved and encouraged to give their views about any areas of the home, which they liked. For example, the staff we spoke with told us that they have been asked for feedback about how well link workers have related to the people they support. As a result of their feedback, changes were made to ensure the relationships between the person and their link worker was beneficial.

The registered manager was conversant with their obligations as a registered manager and knew where to access information about the requirements of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This knowledge means that the registered manager is able to manage the service as expected within the requirements of the Act.