

## Visions (Bristol) Limited

# Visions ( Bristol ) Limited

### Inspection report

48 Nags Head Hill  
St George  
Bristol  
BS5 8LW

Tel: 0117 960 8511

Website: [www.visionsbristol.co.uk](http://www.visionsbristol.co.uk)

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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 

### Overall summary

This inspection took place on 14 March 2015 and was unannounced. The previous inspection was carried out on 21 August 2014 and there had been no breaches of legal requirements at that time.

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 in the home.

A registered manager was in post at the time of inspection. 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 received training to help them understand their obligations under the Mental Capacity Act 2005 and how it had an impact on their work. Staff we spoke with confirmed they had a good understanding. Within

# Summary of findings

people's support plans we found the service had acted in accordance with legal requirements when decisions had been made when people lacked capacity to make that decision themselves.

Staff had attended Deprivation of Liberty Safeguards training (DoLS). This is legislation to protect people who lack mental capacity and need to have their freedom restricted to keep them safe. No one living in the home was subject to such an authorisation at the time of our inspection.

We found the provider had systems in place that safeguarded people. A person we spoke with told us "yes I'm happy and yes I'm safe".

There were sufficient staff numbers to enable them to perform their roles effectively. Rotas confirmed people were supported to go out of the home and staffing numbers were sufficient to achieve this.

The provider had ensured that staff had the knowledge and skills they needed to carry out their roles effectively. Relevant training was provided to ensure staff's knowledge was up to date.

Systems were in place to safely manage people's medicines. A policy was in place to guide staff through the process of ordering, stock control and the disposal of any unused medicines.

People were involved in reviews of their care needs to ensure that staff had up to date information about how to meet people's needs.

People's records demonstrated their involvement in their support planning and decision making processes. People we spoke with confirmed their involvement in the process and how staff respected their wishes.

Quality and safety in the home was monitored to support the registered manager in identifying any issues of concern. There were systems in place to obtain the views of people who used the service and their relatives. This included resident meetings and yearly satisfaction surveys.

Staff we spoke with felt the service was well led and the registered manager ensured an open and transparent culture within the service. Staff meetings took place on a regular basis. Minutes were taken and any actions required were recorded.

# Summary of findings

## 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.

People felt safe and gave positive feedback about the staff.

Staff were aware of how to identify and report potential abuse in line with the provider's policy and told us they would report concerns.

There were sufficient numbers of staff to keep people safe and appropriate recruitment procedures were undertaken.

People's risk assessments were reflective of their current needs.

Safe systems related to medicines were in place and followed by staff.

Good



### Is the service effective?

The service was effective.

People's on going health needs were managed effectively.

Advice was sought from external professionals when a people's needs changed.

Staff received training in order to fulfil their role. Staff had Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) training and had a good understanding of the protection of people's human rights.

Good



### Is the service caring?

The service was caring.

People told us the staff that supported them were caring and kind.

People and their relatives were involved in decisions about their care and support.

Staff respected people's privacy and dignity and ensured people were given choices in their daily routines.

People's opinions were sought and people were able to make comments about the service they received.

Good



### Is the service responsive?

The service was responsive.

People's care was provided in line with their assessed need and was delivered in a personalised way.

People's independence was promoted. People had individual activity plans that were devised with them.

A key working system was in place and a person we spoke with was able to confirm this.

Good



### Is the service well-led?

The service was well led.

Good



# Summary of findings

Staff said the service was well-led and the registered manager was approachable and supportive.  
Systems were in place that ensured incidents and accidents were reviewed and monitored.  
The provider had a system in place to monitor and audit the quality of the service.

# 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 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 14 March 2015 and was unannounced. The inspection was undertaken by one inspector.

We reviewed the information that we had about the service including statutory notifications. Notifications are information about specific important events the service is legally required to send to us.

We spoke with two people who were at home at the time of our inspection and one person was able to tell us of their experience of living in the home.

We also spoke with two members of staff that included the deputy manager.

We reviewed the support plans of two people who used the service and reviewed documents in relation to the quality and safety of the service, staff training and supervision.

# Is the service safe?

## Our findings

One person we spoke with told us they felt safe living in the home. They told us “yes I’m happy and yes I’m safe”. Another person was unable to express their views verbally to us therefore we observed staff interactions with the person in shared areas. The person appeared relaxed and happy in the company of the staff member.

Safe recruitment processes were in place. Appropriate checks were undertaken. An enhanced Disclosure and Barring Service (DBS) check had been completed. The DBS ensured that people barred from working with certain groups such as vulnerable adults would be identified. A minimum of two references were sought and staff did not start working alone before all relevant checks were undertaken. Staff we spoke with and the staff files that we viewed confirmed this.

The staffing levels were sufficient to support people safely. People said there were sufficient staff to support their daily needs. One person told us; “I go out every day and I see my family sometimes”. During our inspection we found the staffing levels to be sufficient. People’s needs were responded to quickly and people were supported to attend there activity club in the local community.

The provider had arrangements to respond to suspected abuse. Staff received training in safeguarding adults and a clear policy was in place for staff to follow. Staff we spoke with had a good understanding of what constituted abuse and who to report concerns to. Comments included “The training is good and I do this every year to keep up to date”.

Staff understood whistleblowing and the provider had a policy in place to support staff who wished to raise concerns in this way. One member of staff said “yes I do know the policy and would have no worries at all about reporting. I would tell the manager as well. It’s all about keeping people safe”.

Risks to people’s safety were assessed before they came into the service. People’s risk assessments were clear and detailed to guide staff. They ensured the least restrictive option for people and enabled people to be as independent as possible. We saw risk assessments for all aspects of people’s daily living needs. One person’s risk assessment was related to reducing their anxiety and gave staff clear guidance to follow if the person became anxious or upset. For example “[name] enjoys a long soak in the bath. Staff to run it and allow [name] to enjoy the bath on their own”. It also noted how this person liked to communicate electronically with a family member and staff were to offer this option to them.

Staff who administered medicines were given training and medicines were given to people safely. Medication Administration Records (MARS) were kept and were completed correctly. People had individual record folders. MARS detailed what medicines were prescribed and how and when it was administered. Medicines were stored safely and appropriately. A sample of stock was checked and matched with the records that were held. Records showed all staff were trained in medicine administration and regular competency checks were undertaken by members of the senior management team to monitor their skills.

The provider had appropriate arrangements for reporting and reviewing incidents and accidents. The registered manager audited all incidents to identify any particular trends or lessons to be learnt. Records showed these were clearly audited and any actions were followed up and support plans adjusted accordingly.

Maintenance, electrical and property checks were undertaken to ensure they were safe for people that used the service. Emergency contingency plans were also in place and regular fire alarm testing took place to ensure all equipment was fit for its purpose and staff were aware of the procedure in place.

# Is the service effective?

## Our findings

People's care records were maintained accurately and completely to ensure full information was available to guide staff in meeting people's needs. Consent to care and treatment was recorded within people's care records and documentation gave details of who was involved in their care and treatment planning.

People received co-ordinated care. We saw evidence in people's care plans that demonstrated people had been visited by their GP and other health care professionals. For example, people's files held information and advice sought from the Community Learning Disability Team.

People were visited by their social worker and other professionals when there was a change in their needs and support plans were adjusted to reflect the advice that was given.

People's on-going health needs were managed and people were supported to attend their GP and other medical appointments when required. One person told us "[name] takes me to the doctors when I need to go. We walk quite a lot". A 'patient care plan' was also viewed in people's files. This document was compiled by the GP practice that supported the person and detailed their medical history and personal information that could be used to support the person's on-going health needs. A Health Action Plan (HAP) was compiled by the service and was used to support people with their health support needs. For example, the information contained in the HAP would be shared with health professionals or if people required a hospital admission. This document highlighted the person's individual needs and support requirements.

Staff described how they worked with other professionals. Advice and guidance was sought from external health professionals. For example, documentation confirmed advice was sought from people's psychiatrist and community mental health team, when their medicines needed reviewing or when a person was experiencing a change in their behaviour or mood. Referrals and follow up documentation gave guidance for staff to follow should there be any changes in people's treatment plans.

The service maintained close links with people's social workers to help with people's on-going support. We saw information that supported joint working and included

joint assessments before they came into the service and at times when people experienced a change in their needs. A staff member told us; "we have a good relationship with the teams and referrals get responded to quickly".

People received care from staff who had received training that enabled them to carry out their roles. A senior member of staff was responsible for the management of staff training and their records. Detailed records were kept that enabled the member of staff to arrange training before it had expired. Training included: safeguarding adults, infection control and specialist training related to people that lived in the home. For example autism and deaf awareness. One member of staff told us how they were supported to undertake their diploma in care. They told us how this enhanced their knowledge and the quality of care they delivered.

The provider ensured that new staff employed at the home completed an induction programme that included training, supervision and competency checks. Staff files confirmed this. On-going support was given to staff in the form of one to one supervision and staff received yearly appraisals. This is a process whereby staff performance and personal development is reviewed to enhance the skills of the member of staff. Staff were supported to carry out their work and were given opportunities to develop their skills.

Staff told us they had completed Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards training (DoLS). This is legislation to protect people who may not be able to make certain decisions for themselves. Staff were able to tell us why this legislation was important. There was information in people's support plans about mental capacity assessments and staff told us people were supported to use independent mental health advocates (IMCAs) when required. IMCAs are people who support people to make important decisions which could include long term accommodation decisions. This demonstrated the provider gave people the information they required and had acted in accordance with legal requirements to protect people's human rights.

People's nutrition and hydration needs were met and meal choices were offered to people. Resident meetings were used as an opportunity to discuss food choices and planning. Weekly menus were in place but the deputy manager told us menus were flexible and could be changed at any time people wished. Staff confirmed other options were always available if people didn't want the

## Is the service effective?

planned menu. Staff told us “we are a small service so it’s easy to do this. For example we always have quiche available as [name] often asks for this as an alternative. We

use quality foods that we would buy and use ourselves”. Staff recorded on the menu sheets what people had actually eaten. Staff told us this ensured they were aware that people had eaten and ensured a balanced diet.



# Is the service caring?

## Our findings

A person we spoke with told us staff were caring, kind and looked after them well. They told us “they are nice and they do care for me. Last night [name] gave me a glass of coke and we watched the telly. I like [name] they are nice”. Staff told us they had good working relationships with people that lived in the home. They said “people come to us when they want to talk anytime”. They told us how one person needed to talk during the night sometimes and how they respected and supported this.

We saw that care staff showed patience and gave encouragement when supporting people. We saw people looked relaxed and were allowed time to make their choices using communication methods in line with their individual assessed needs. For example one person used gestures and facial expressions to respond to staff.

Staff had a good knowledge of people’s likes and dislikes. We heard a member of staff singing with the person in the shared area of the home. When we looked at this person’s care plan it stated ‘I like to sing. This makes me happy’. This demonstrated the member of staff understood what this person liked to do.

People and their relatives were involved in decisions about their care and support. This was clearly demonstrated within people’s care records and support planning documents that were signed wherever possible and pictures were used to involve the person. People were given the opportunity to discuss their end of life wishes and if they chose not to discuss this was respected.

People’s privacy and dignity was respected. Staff knocked on people’s doors before entering during our inspection. Care was provided behind closed doors and the member of staff asked the person if they were happy to undertake the activity.

People’s opinions were sought and people were able to make comments about the service, which were documented at monthly resident meetings. The minutes included discussions around food, activities and events. Any actions recorded were detailed and identified who was responsible to follow this up. Staff considered ways to involve people who may not be able to verbally communicate their views and preferences verbally express their views. Minutes noted visual expressions and gestures of people in response to questions they asked. This demonstrated that staff used various communication methods to gain people views.

As part of the provider’s quality monitoring, people’s views were sought through surveys on a yearly basis. A survey had recently been sent out and were in the process of being returned and collated. Survey comments were positive. One relative made a suggestion of having a tree in the garden for shade but staff described what they did to protect people from the sun. They told us this feedback would be given to the relative.

People were supported to maintain links with their families and friends. We were told people could have visitors throughout the day in the home with the agreement of the person. However no visitors were visiting at the time of our inspection for us to gain their views. One person we spoke with confirmed that their relative often came into the home to collect them for trips home. Staff told us they had good relationships people’s relatives.

# Is the service responsive?

## Our findings

People were involved in the development of their care plans. One person told us "I sit with [name] and we have a chat about things". Care plans were personalised and written in the first person together with pictures that enabled people to be fully involved in the process and understand what was being asked of them.

Personalised care and choice was delivered to all people that used the service. People's support needs were assessed and personalised support plans were put in place that covered all aspects of people's daily living needs. Records confirmed care and support plans were reviewed six monthly or before if required.

People's support needs were assessed before they came into the service. Assessments were undertaken by people's social workers and other external professionals that supported them. This was shared with the service as part of their pre admission assessment. This ensured the service could meet the person's needs before they moved into the home.

People's care was provided in line with their assessed need and was delivered in a personalised way. Assessments were undertaken with the person and their relative if required. Care files were comprehensive in content. Information included; personal background information, likes and dislikes, individual support plans and a personal care statement entitled 'what I like support with'. We were told this would be the care plan staff would follow to support people with their daily care needs. Care plans were reflective of people's current level of need. This was clear from our observations, the care plans and from speaking with people living in the home. Documentation was written in the first the person and demonstrated the person had been involved in devising the support plan. For example

one person's personal care plan stated "I prefer a shower and I can wash and dress myself with some assistance. Staff need to support me with some small personal items". Staff we spoke with were knowledgeable about the needs of people living in the home. They told us "we know people very well and understand their needs".

Care plans were reflective of people's current level of need. This was clear from our observations, the care plans and from speaking with people living in the home.

A key working system was in place and a person we spoke with knew who their keyworker was. A member of staff told us "yes we have named keyworkers but we are a small service and team so we all support everyone really".

People's independence was promoted. People had individual activity plans that were devised with the person and they chose what they wished to achieve. Activities involved using community services, for example attending the swimming pool. One person described how they attended a local social group known as a 'day centre' and how much they enjoyed it. During our inspection we observed people going out with staff to their chosen activity.

People knew how to make a complaint and a clear policy and systems were in place to support this. No formal complaints had been received since our last inspection. The policy gave clear guidance for people and staff to follow. This was provided to people living in the home in a pictorial format to support them. People were reminded of the complaints policy and how to use it at the residents meetings. One person told us they knew how to make a complaint. They told us "I would tell my [name] or [name] if I wasn't happy. We have meetings here". One person's file demonstrated a complaint that was made some time ago and evidenced was responded to and resolved in line with the organisations policy.

# Is the service well-led?

## Our findings

Staff said the service was well-led and the registered manager was approachable and supportive. Staff told us they involved in decisions related to the service and they were kept informed of any changes. They told us they felt supported by the whole management team. Comments included; “There are benefits to being a small supportive team”. “The manager values our views” and “I can go to the manager anytime but we also go to each other for support”.

Staff were supported in their role and were provided with regular one to one supervision. Staff we spoke with confirmed this. Records detailed any actions and when they were to be reviewed. One member of staff told us “yes I do get plenty of supervision and we can ask any time for this”.

The management team communicated with staff about the service to involve them in decisions and improvements that could be made. Staff meetings took place and minutes were recorded. A member of staff told us some staff felt the on line training system was not a positive learning experience for them. The registered manager listened to their comments and now more ‘face to face’ training was arranged.

The provider had a system in place to monitor and audit the quality of the service. Records of various audits that took place were viewed. These included medication, environmental and health and safety. All detailed any action that needed to be taken and would be followed up by the registered manager. Senior support staff also undertook some of the audits to develop their skills and give them extra responsibilities and involvement. These staff then highlighted any shortfalls with the registered manager for action to be taken. Therefore a robust system was in place to monitor the service provision.

People who used the service and their representatives were asked for their views about their care and support. The last survey dated 24 January 2014 held positive comments from people that used the service. This year’s survey was in the process of being actioned. Details of people’s responses were held in people’s support files and were followed up by the registered manager if any issues were raised.

Systems were in place to ensure that incidents and accidents were reviewed and monitored. An incident and accident procedure was in place. Details were found in people’s files that supported this. The registered manager reviewed the details and signed to confirm any follow up action that may have been required. This enabled the registered manager to identify any possible trends or lessons that could be learnt that could improve the service.

The registered manager and staff team had forged community links with local education establishments in order to support work experience placements. A member of staff told us this was proving to be a positive experience for both the work experience person and people that lived in the home. All relevant checks were undertaken before young people came into the service even for a short period of time.

The registered manager was aware of when notifications had to be sent to CQC and had submitted these as required. These notifications would tell us about any events that had happened in the home. We used this information to monitor the service and to check how any events had been handled. This demonstrated the registered manager understood their legal obligations.