

Vision Homes Association

Vision Homes Association - 1B Toll Gate Road

Inspection report

1b Toll Gate Road
Ludlow
Shropshire
SY8 1TQ

Tel: 01584877870
Website: www.visionhomes.org.uk

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26 April 2016

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Ratings

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

Overall summary

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

Vision Homes, 1B Toll Gate Road is a five bedded care home for adults with a learning disability. There were five people living at 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 the risk of harm and abuse by staff who knew how to recognise and respond appropriately to any concerns that they had. Staff knew how to support people safely. Risks associated with people's care and support had been appropriately assessed and included ways to enable people to take risks which respected people's desires to try new things. Staff were knowledgeable about the Mental Capacity Act and enabled people to make decisions for themselves as far as possible.

There were sufficient staff employed to meet the needs of each individual living at the service. Staff did not start work until checks had been made to make sure they were suitable to support people and keep them safe. People had their nutritional needs assessed. Mealtimes were friendly and sociable occasions with much interaction between people and staff. People received their medicines as prescribed by staff who knew what they were for. Medicines were ordered, stored and dispensed according to national guidelines.

People were supported by a staff team who had received excellent levels of staff training and support to be able to enhance the people's lives. People's independence was actively promoted. People were included in any decision making and their views respected about what they wanted to do each day. Relatives were fully involved in the lives of their family members and good levels of communication were undertaken. People were actively supported to access external healthcare support when required. The staff team had developed excellent collaborative relationships with the external professionals. They all worked together to ensure people's health needs were proactively met.

Staff supported people in a caring, respectful and dignified way. People and their families were fully involved in the development of individual care and support plans. Activities were individual to the person and much support was provided to enable people to take part. People were actively supported to talk about their views on the service provided, and make a complaint if required.

The registered manager was approachable. There was a positive and inclusive culture in the service where the staff and 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 had received training to help them recognise abusive practice.

People were enabled to enjoy pastimes which had an element of risk by staff who were aware of each person's choices.

There were enough staff to meet people's needs.

People received their medicines when they needed them from staff who were competent to administer them.

Is the service effective?

Outstanding ☆

The service was highly effective.

People were cared for by staff who demonstrated in-depth knowledge and understanding of each person's physical and emotional needs. People were included in decision-making and their views were respected about what they wanted to do.

People were supported by a staff team who were given many opportunities to learn about people's needs and wishes, and received effective training and support to improve their ability to support people.

People enjoyed mealtimes which were social occasions. They were supported to eat and drink a varied and balanced diet.

People were able to access much external healthcare support at the appropriate time.

Is the service caring?

Good ●

The service was caring.

People were supported by staff who knew them well and understood what was important to them.

People were listened to and supported by staff who were caring and kind..

Staff went out of their way to support people to live a happy life.

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 very responsive.

People were cared for by staff who were able to respond to their changing needs because they knew each person well.

The service provided a consistently high standard of personalised care which reflected each persons choices and wishes.

Communication between people, relatives and staff was very positive. Complaints were listened to and acted on in an appropriate manner.

Is the service well-led?

Good ●

The service was well-led.

People were supported by a manager who was knowledgeable about them and their needs, and led their staff team by example to ensure the best care provision.

Staff confirmed that they were well supported by a manager they trusted, and who listened to their views.

The providers supported the staff to provide care which met the requirements of each person living at the service.

People received care and support from a provider and registered manager who constantly reviewed the support provided, using

information gained to improve the service. .

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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 was carried out by one inspector.

As part of our planning we reviewed the information we held about the service and the provider. This included statutory notification's received from the provider about deaths, accidents and safeguarding alerts. A 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 healthcare professionals, including the GP, community care teams, physiotherapist, the local authority and Healthwatch to share any information they had about the care people received when they used the service. We used this information to help plan our inspection.

During the inspection we spoke with two people who used the service, four members of staff, the physiotherapist and the registered manager. Following the inspection we spoke with the relatives of two people who used the service. We also looked at one person's personal book which showed how care and support was planned and carried out.

Is the service safe?

Our findings

We spent time with the people who lived at the service. We saw people were protected from the risk of harm by staff who knew them well. 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. They said that this would be, initially, speaking with the registered manager. They were confident that they would deal with the matter immediately. They also said that they knew who to inform if they wished to speak with someone else. They talked about contacting the provider or external agencies including the Care Quality Commission and local authority. The staff team were able to tell us that they had received training about how to keep people safe whilst supporting them to maintain their freedom. Staff members we spoke with told us that they had received training on anti-discriminatory practices. They were able to tell us how this training helped them to protect people from discrimination, including from members of the public when outside the service. One staff member said, and their colleagues agreed, "Abuse of our residents should not be allowed to happen, even when we are out. We are their advocates; they rely on us to protect them". All the staff, however, were very confident that they would not hesitate to challenge any poor practice and report it to the manager.

Staff understood the risks associated with people's care and how to keep them safe whilst ensuring their independence was promoted. We saw how staff members were constantly alert for any issues which may increase the anxiety levels for people. The provider ensured that staff were knowledgeable about how to enable people to enjoy pastimes which had an element of risk. One relative told us, "[Person's name] enjoys going out for walks. The staff support [person's name] to go out even though [person's name] does not know they are in danger. I trust the staff to keep them safe." One staff member said, "We need to be able to help the residents to do new things that they want to do but still keep them safe. Just because they are in a wheelchair it does not mean that they can't do things." Staff said, and we saw, that they communicated well with each other and, if any new risks were highlighted, they reported and recorded it both verbally and in writing in the care notes. Staff members showed how their in depth knowledge of each individual enabled them to quickly recognise if a person developed changes in behaviour which could increase the risk of harm or conflict. For example, a staff member recognised that one person was becoming anxious and agitated because they were waiting for their drink. They ensured the person got their drink quickly and the person then calmed down and enjoyed their drink.

The provider had ensured that there was a designated Health and Safety champion for the service. They were supported to take responsibility for the correct storage and use of Control of Substances Hazardous to Health (C.O.S.H.H.) in the service, checks of fire alarms and fire extinguishers and other equipment. This ensured that equipment was maintained and safe to use, thus reducing the risk of avoidable harm from unsafe equipment..

Staff recruitment processes were shown to be robust. As part of the interview process, the candidates spent time with people living at the service. This enabled the registered manager to assess how they responded to people. New staff did not start work until two references had been received. Checks with the Disclosure and Barring Service (DBS) were also completed. The DBS is a system which helps employers make safer

recruitment decisions and prevent unsuitable people from working with people.

People were cared for by sufficient numbers of staff. We saw that care and support at was provided for the people in a timely manner at all times during our inspection. People were seen to receive relaxed and friendly support as staff had enough time to support people well. Many people using the service required individual assistance or support from two members of staff for specific activities, such as swimming. The registered manager ensured these staffing requirements were met. They also reviewed staffing levels in the home constantly to ensure sufficient staff were available. Agency staff were not used within the service. Staff teams worked together to fill any gaps in rotas. This ensured continuity of care and support.

People received their medicines in a timely manner from staff who had received training in how to dispense medicines as prescribed. Staff members we spoke with told us that they were encouraged to research the medicines they gave to be sure that they knew their side effects. One staff member told us, "It is good to know any side effects so that we can keep a look out for them and inform the doctor if necessary." We saw that medicines were stored, ordered and dispensed in accordance with current legislation.

Is the service effective?

Our findings

We were unable to find out the views of the people who lived at the service about staff knowledge and skills. This was due to their complex needs. However, we observed how the staff interacted with people during the day. All staff members we saw were able to demonstrate very in-depth knowledge and understanding of both the physical and emotional needs of each person as they spent time together. We saw that people were included in their decisions and their views respected about what they wanted to do. For example, one person wanted to go out to the shops after breakfast. Where they wanted to go and what they wanted to do was discussed and staff then gently prompted the person to get their coat before they set off. On their return later in the day, they were able to tell us that they enjoyed their day and what they bought at the shops.

Staff told us that they felt the training and support provided was exceptional in variety and content. They told us that the registered manager asked them what they needed to learn to support the people living at the home. One staff member said, "Our training helps us to provide the best of care for the residents. We are confident that we give the best we can to them." New staff had an in-depth induction period where they worked with a more experienced support worker 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. Both staff members and the registered manager said that this intensive support was important to help the staff member to get to know each person well. One staff member told us, "This is the best place I have ever worked. It is not like work, it is a pleasure." They also said, "I did not have confidence when I started but the induction meant that I could learn at my own pace without pressure and get to know the people we look after." The provider and registered manager had enabled staff to further develop their roles by the provision of person specific training. Staff told us, and we saw, that they had access to full guidance and procedures to ensure safe practice. It was considered essential that staff received training in all conditions which affected the people they cared for. The training included how to support people with Tourette's syndrome and people with visual impairment. The staff also received training in how to prevent and reduce behaviour which may cause conflict in the service. Staff members we spoke with told us that their moving and handling training was specific to each person's requirements. For example, one person presented with specific difficulties when being assisted to move. The staff team received training from the physiotherapist on how to move the person in a way which was a positive experience for the person, and safer for staff. The staff members we spoke with said that they were able to ask for specific training if they felt that it would improve their knowledge and competence and it would be arranged.

On-going supervision and support was provided by the senior staff team. Staff members we spoke with told us that they had regular one to one supervision and an annual appraisal. They all felt that they could express any worries and ideas at this time. They commented that they did not wait until then to talk with the registered manager. One staff member said, "We don't need to wait until the supervisions because we all communicate all the time." Another said, "We have regular get togethers with the manager and we talk about whatever needs to be talked about. If we have a concern about a resident then we talk about it there and then." The staff team agreed that this meant that if people's needs changed then action could be taken

straight away to make sure their support was as required. One example of the registered manager and staff working together to support people was told by a relative who said, "When [person's name] was unwell, the staff team supported me to stay overnight with [person's name]. Some staff changed their shifts to support us and make sure we had everything we needed. They kept me informed at all times and made sure I was alright as well as [person's name]."

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. The registered manager and staff members demonstrated their knowledge and understanding of their responsibilities in relation to this legislation and all staff had attended training. Staff members we spoke with confirmed that they always worked to gain consent in everything they did for the people who lived at the service. 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. Information seen showed when and how a person could give consent, such as information about each person's behaviour, gestures and words used when discussing a specific area where consent was being sought. This helped each staff member involved with the person to understand what the person wanted to do. All people living at the service were considered to have the capacity to be supported to make most decisions about how they lived their lives. Where a person was not able to make their own decisions, support was in place for the person to have best interests meetings. These meetings were arranged with families, advocates and healthcare professionals to support the person to be involved in decision making. Families were encouraged to be involved in the care and support of the people living at the service and maintain relationships. The relatives of one person told us, "We are confident in how the staff support [Person's name], and how they involved us. We and [person's name] trust the staff to do what is right."

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 for this is called the Deprivation of Liberty Safeguards (DoLS) and the Care Quality Commission monitors the operation of DoLS in care homes. Three people living at the service had a current DoL authorisation in place. These related to the reasons why each person was unable to go out unaccompanied. However, each person was enabled to go out when they wished with support from their key support workers, therefore the restrictions on going out were minimised by the staff team.

We spent time with people and staff members as they had lunch. We saw that there was a strong emphasis on the importance of eating and drinking well. All food was freshly prepared each mealtime by the staff team. If a person wished to help in the kitchen they were encouraged to assist with preparation of meals and snacks. Staff knew people's likes and dislikes with regard to food and drink. This information had been acquired by talking with people and their families by using the communication plans in place. Staff members ate with people at each meal. We saw that this enabled them to discreetly assist or prompt people and monitor how they enjoyed their meal. This initiative also made the mealtimes a very sociable and positive occasion. We saw many individual aids in use, such as adapted dishes and cutlery, beakers and cups. Where people needed full assistance with their meal, we saw that the food was presented in an appetising way and that 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. In addition, allergy assessments and checking of any possible interactions between food and medicines had been completed by the staff team. This made sure that meals provided did not cause people any health problems.

We were told by the external health and social care professionals that the links and communication

between them and the staff working at the service were excellent. One doctor who visited the service told us, "I am very happy with everything about the service. The staff are very caring and provide me with all relevant information, listen to us and implement all advice efficiently." Another doctor told us, "We have worked with the service to provide personalised care plans for all patients. The staff team have been very enthusiastic about the initiative and are keen to participate in any project where the safety and quality of care of their patients is improved." The hospital consultant who provided support for the people living at the service told us, "The staff team respond very quickly if they have concerns about the residents. I trust their judgement implicitly." The physiotherapist who worked with the people at the service told us, "The staff are always helpful and willing. The general atmosphere is friendly and happy". They also confirmed that they worked with the staff team to develop massage techniques and exercises to prevent problems for people associated with being immobile. Each person had a Multi-Disciplinary team record book. All health professionals who visited the people wrote in the books themselves. The outcomes of any meeting to discuss care and treatments were also documented in these books. This provided a full healthcare history which could be easily accessed. People were supported to access dental care. Each person had their own dentist who visited the service to provide check-ups and treatment.

The staff team were able to confirm that they work in a proactive manner with other professional people who may be involved in the care of each individual. For example, if a person needed to be taken to hospital for any reason, the care and support needs of the person would be assessed and discussed with the ward manager. One to one support would then be provided by the staff from the home. This initiative was agreed between the provider and the ward managers. This enabled good continuity of care and support due to the complex needs or behavioural difficulties of the person. The positive effects of reducing anxiety for the person in a strange environment enabled treatment to be carried out well and the person to return to their own environment sooner.

Is the service caring?

Our findings

The people living at the service who were able to express their views about the staff caring for them told us that the staff looked after them very well. One person said, "[Staff member's name] is my friend. They all help me to do things." Another person told us, "It is great [living here]." Relatives told us that their family members received an outstanding level of gentle and compassionate care. Comments included, "The staff are first class, absolutely brilliant. When [Person's name] first came here we worried about how they would be. We had no need because [Person's name] is beautifully cared for and has thrived here. The staff's care brings out the best in [Person's name]. The care provided is over and above the call of duty. [Person's name] loves living here. [Person's name] used to come home for weekends but they now want to come back here instead because they are so happy and content." Another relative told us, "[Person's name] is very sensitive but has thrived here. [Person's name] was fearful and introverted when they came here. Now they are happy and confident. The care and support exceeds all expectations of a care home, it is better than a home from home because the care is so special. [Person's name] had become fearful of water in their previous placement but now goes to the hydrotherapy with their support workers." We saw very kind, gentle and confident support being provided for people who were expressing feelings of anxiety. We saw staff members assisting people to make their views known by using verbal and non-verbal methods of communication to understand what a person needed. For example, one person was clearly expressing that they were unhappy and had a pain. The staff member was able to identify what the problem was by gently asking and touching each area where they usually developed pain until the sore area on their knee was identified. They then repositioned and gently massaged the person's leg which relieved the pain. The person was seen to be soothed by this interaction and their demeanour changed to one of contentment and smiles.

Each person had a private life book, which contained information about them which had been developed with the person and their relatives. The information within the book was also in picture form and contained comments from the person about how they wanted to live their life. For example, person commented, "I like to help in the kitchen." This person was helping to prepare drinks and snacks. They told us, "I like to help the staff and learn how to make things." The books contained a very detailed history of the person's life from birth to the present day, including details about how the person developed the health issues which meant they needed supportive care. People were supported to be involved in the writing of the book. Staff and other health care professionals had to ask the permission of the person whose book it was before they were accessed. One new staff member told us, "The life books contain so much information about the person. We can learn so much about them and this helps us to know what things they like and need in their lives." The provider had made provision for the services of an advocate to be available to support and advise people and their relatives if required.

We saw that people living at the service were cared for in a dignified and compassionate manner at all times. The staff team ensured that personal care needs were undertaken in private and that discussions about care needs were discreet. Staff members worked to ensure that people were enabled to use the toilets wherever possible. One relative told us, "[Person's name] did not know how to use a toilet when they came here and this caused problems when we were out anywhere. The staff here spent time teaching [Person's name] and they are now able to know when they need the toilet and can go on their own. We are so happy about this

because we can now take [Person's name] out without worrying about this." Another relative said, "[Person's name] is never chastised by staff. [Person's name] is always treated with kindness, dignity and respect and enjoys a caring relationship with all the staff team". One staff member told us, "We are privileged to be able to care for these people. We can help them to live a happy and dignified life."

Is the service responsive?

Our findings

People's care and support was provided by a staff team who were able to demonstrate in-depth knowledge of each person's needs and abilities. The main focus was on improvement of people's wellbeing and prevention of anxiety. The staff members had a high level of knowledge about each person, including what worried them or made them happy. This knowledge enabled the staff team to respond straight way to subtle changes in people's demeanour. Relatives were very much involved in working with the staff team to bring out the best in each person living at the service. One relative told us, "When [Family member] came here, they had really complicated needs due to their condition, and very challenging behaviour so they could not go out into the community. The staff team have worked with [Person's name] and they are a different person. They have enabled [Person's name] to have control over their own life by letting them decide how they want to live." And, "[Person's name] is not the same person who came here. They are now able to go out for meals and have learned how to behave in crowds. We can now have special times with [Person's name] and this is down to the incredible staff here."

We saw that the staff team had worked with the people to develop care planning systems which reflected their needs, wishes and ideas. The plans were part of the person's personal book. We saw that the information was written from the viewpoint of the person. If required, the information was updated every day, for example, if a person's support needs changed. This ensured that each staff member was able to provide continuity of care and support because they had up to date information to refer to. In addition to these books, the staff had daily handover sheets which were written with the person every day. The staff team and the registered manager demonstrated how they could support each person to live a meaningful life. For example, the named support workers were able to come in at different times to support people to go out wherever they wished to go. Because some people needed support of two people when going out, the staff team were supported by the registered manager to make arrangements to ensure this could happen when required. The service and staffing arrangements were set up flexibly so people could choose where and when they wanted to go out and staff would be available to support them. The provider ensured that transport was available at all times so that people could go out whenever they wished. The provider had developed an art studio and community centre in the locality where all people with disabilities in the town were able meet and go to classes to learn crafts or just meet friends. This initiative enabled people living at the service to meet other people from the local community and develop friendships outside the service. All people living at the service were given the opportunity to attend the centre, which was open during the day and also in the evenings for specially arranged functions. One staff member told us, "I love going to the centre with people. They all get so much enjoyment out of going. Even people who can't join in much can go and just be part of the day. They can absorb the good feeling there is at the centre." One relative told us, "[Family member] goes out all the time to the community centre. They have developed friendships at the art studio which are very special to them and have been able to learn how to paint and do crafts." We saw many paintings and craft objects within the home which had been completed by the people living at the service.

People and their representatives were able to complain and be confident that their concerns would be listened to and acted upon. The registered manager and provider ensured that the complaints procedure

and policy was available for all people to access as desired. The complaints procedure was also available in easy-read format.

Staff members we spoke with felt confident that any complaints would be acted upon straight away.

Relatives we spoke with stated that they had not needed to complain about any aspects of the care provided by the staff team. They were keen to tell us that the very high levels of open and honest communication meant that small niggles were dealt with immediately and so complaints were not necessary. The relatives did say that if they did have a complaint, they were confident that it would be taken seriously.

Is the service well-led?

Our findings

We spent time with the people living at the service and we saw that they responded to the registered manager in a very positive way. The people were seen to become more animated and happy when sharing conversations with the registered manager and the staff team.

The service was led by a registered manager who had worked for the provider for many years. They said, "The company are extremely supportive of everything we do for our residents. The company ethos and values are shared by every person who works here." They confirmed that they worked to give the best care and support possible, in a family environment. The registered manager told us, "Every way is looked at by the whole staff team to ensure that the life of our resident's is what they want. We support them in every way to do as they want." The vision of the provider was to develop a service for people with complex care needs which promoted treating people with respect, dignity, independence and enabling social inclusion. We saw that the registered manager and staff team were working to achieve all values of the provider in their day to day care provision.

People were supported by a long-standing and stable staff team. The staff members we spoke with confirmed that they were very well supported by the registered manager and provider. All agreed that they had confidence in the manager as a leader who led by example. One staff member said, "I trust our manager 100%. They know what they are doing and look after us as well as the residents." This comment was confirmed by the other staff present. The staff we spoke with were able to tell us about whistleblowing and what to do if they felt they needed to report any concerns. They confirmed that they would be confident to go to the registered manager if they were worried about anything.

The registered manager demonstrated that they were aware of their registration requirements with the Care Quality Commission and had made appropriate notifications when required. They had sent us a provider information report (PIR) which gave us information about how the registered manager and provider continued to monitor the provision of support for the people which put the person at the heart of what they did. In addition, they provided a plan for continuous improvement in the service over the next twelve months.

The registered manager was supported by a strong support network from the provider and from their colleagues in nearby services. The provider's management processes to monitor the quality of the service were seen to be effective. Processes were audited to review information. For example, any accidents or incidents were looked at and discussed with staff teams to ensure that all staff were aware of what had occurred. Conversations took place which involved the whole staff team to look at how they could make changes to processes to prevent reoccurrence. It was noted, however, that there were very few accidents and incidents in the service because people were well supported to live safely by the staff team.

Family members confirmed that they receive quality assurance questionnaires and were invited to staff meetings. However, the two relatives we spoke with confirmed that they enjoyed very good levels of communication between them and the staff team. One person said, "I do attend meetings but I am very

happy to just call [registered managers name] or any of the staff team."

The doctor who supported the people living at the service told us, "The staff make great efforts to promote the independence of the residents and are very responsive to their needs and preferences. The culture in the home is that of openness and transparency with a commitment to continuously improving the standards of care".