

Vision Homes Association

Vision Homes Association - 1C Toll Gate Road

Inspection report

1c 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

1C, Toll Gate Road is a service that provides accommodation and support for up to five people with learning difficulties. There were five people using the service when we inspected.

This inspection took place on 27 April 2016 and was unannounced.

There was a registered manager in post who was on leave at the time of the 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. The registered manager was not managing the service on the day of the inspection. The deputy manager was present on the day of the inspection.

There was positive feedback about the home and staff from people and relatives.

People who lived at the home were kept safe by a staff team who understood how to identify when people were at risk of harm or abuse and prevent it happening. Risks to people's health and well-being were discussed with people and support provided to minimise risks without restricting people's choice or independence.

People were supported by sufficient staff on duty to meet their needs. People were assisted by a staff team who had received training and guidance which enabled them to support people well. New staff received support which identified their personal abilities and allowed them to gain confidence in providing person-centred support. People were enabled to be actively involved in making decisions about their care and support. People were supported to take their medicines as prescribed by a staff team who knew why they were taking the medicines. People were supported to maintain good health and access care and treatment from external healthcare services when required.

People were supported to make their own decisions about what they did each day. Where people were not able to make decisions independently, they were supported by the staff team to do so. People were supported to eat and drink enough to ensure they received a balanced diet. Mealtimes were enjoyable, social occasions.

People received individualised care and support which was dignified, compassionate and respectful. They were encouraged to make their own day to day decisions about what care and support they wanted to receive. People were enabled to take part in activities of their choice, and to develop new interests. People were also encouraged and supported to attend the Vision Homes art studio if they wished.

People were supported to comment about the care and support they received. Their views were sought constantly by the staff team. They were able to complain if they wished to. The provider ensured people had

access to easy read complaints procedures.

People were supported by a management team and provider who were committed to their vision and culture. This was to put people at the centre of the home and provide an enabling environment where each person was supported to reach their full potential.

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 kept safe by a staff team who understood the support each person required to keep them safe.
Risk assessments had been completed where risk had been identified and guidance put in place to reduce them.
People were supported by sufficient numbers of staff.
There were systems in place to ensure the premises and equipment was suitable for the people living at the service.
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 knew them and their needs very well.
People were enabled to make their own decisions and plan their own care.
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 received kind and compassionate care from staff who knew them well.
People were supported to actively make decisions about their care, treatment and support.
People were treated in a dignified, respectful and compassionate manner.

Is the service responsive?

Good ●

The service was responsive.

People received individualised care that was responsive to their needs.

People knew how to complain and were actively encouraged to provide feedback on the quality of the service.

Is the service well-led?

Good ●

The service was well led.

People were encouraged and supported to live the life they chose.

The provider had developed effective leadership.

The provider delivered high quality care which was responsive to people's needs.

The provider works in partnership with other agencies to enhance the experience of people living at 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 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 notification's 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 Report (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 when they used the service. We also contacted the local doctors and the physiotherapist who visited the service. We used this information to help plan our inspection.

We spoke with four people living at the service, two relatives, six support workers and the acting manager. In addition we spoke with the consultant psychiatrist who supports people living at the service. We also reviewed records pertaining to the providers quality assurance systems.

Is the service safe?

Our findings

People who lived at the home were kept safe by a staff team who understood how to recognise when people were at risk of harm and abuse. We spent time talking with four people as a group and they told us that they felt safe and supported. One person said, "I love living here, the staff look after me and make sure I am safe." Another person told us, "[Staff member's name] makes sure I know what to do when we go out so that I am safe." The staff team showed a very clear understanding about the need to protect people from abuse, both within the service and in the community. All the staff members we spoke with were able to tell us what action they would take if they had concerns about people's safety and well-being. Staff knew about whistleblowing and what to do if they had concerns about someone. They all agreed that they would be happy to speak with the acting manager initially if they had a concern about possible abusive practice. They were confident the acting manager would deal with the matter immediately. They also confirmed 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 it was important to help the people to be free from discrimination because of their disability, especially out in the community. One staff member said, "We make sure our service users go where they want, when they want and enjoy themselves. It makes no difference that they need support." Another staff member told us, "Everyone deserves respect, whoever they are."

Risk assessments were completed appropriately where risk had been identified. The provider ensured staff received training to develop their ability to support people to be involved in decisions about how they lived their lives. Risks to people's health and well-being were discussed with people and support provided to minimise risks without restricting people. For example, one person living at the service had a condition which was deteriorating. The staff team worked proactively with the person and their family to consider how the person could be supported to remain independently mobile for as long as possible. The person was not able to tell us how this support had impacted on their life. However, their relative told us, "The staff left no stone unturned in supporting [person's name] to get about. [Person's name] now uses a wheelchair but it was about helping them to do things for themselves for as long as possible. It would have been easier to just go straight to a wheelchair, but [person's name] did not want that so staff worked very hard to keep [person's name] mobile for longer."

The acting manager told us that they reviewed any incidents which affected people and discussed any issues with the staff team. Staff knew what to do in the event of any accident or incident. They were encouraged by the registered manager to be involved in looking at how any reoccurrence could be prevented. The acting manager told us that they would refer people to the doctor or hospital support teams if they identified trends which required more input. It was noted, however, that there were very few accidents or incidents in the home.

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, and staff were able to show that equipment was maintained and safe to use. The provider had ensured that each person living at the service had a Personal Emergency Evacuation Plan (PEEP). This is a plan which identifies for the staff and emergency services each person's specific needs to be moved safely in an emergency, such as a fire.

There were systems in place to ensure the premises and equipment was suitable for the people living at the service. Wheelchairs were assessed for each individual to promote good posture and were well-maintained. Moving and handling techniques were assessed individually with the support of the physiotherapist. Staff received training to ensure that these techniques were used at all times.

People told us that they thought there was sufficient staff on duty to meet people's needs. We saw people being supported to do as they wished during our inspection. Two people went out with their support workers for the morning. These staff members were extra to the staff team in the home. The acting manager reviewed staffing levels constantly to ensure people's needs were able to be met. Staffing would be increased, for example, if a person was ill and needed more care. We spoke with the staff team on duty who agreed that there was enough staff on duty. One relative told us, "There is always enough staff. People never have to wait for support. Keyworkers were able to come in at different times to support people with their external activities so that the core support team was not reduced."

People received support from staff whose background had been checked as part of the recruitment process. The acting manager carried out checks to determine if staff were of good character including references and criminal records checks, through the Disclosure and Barring Service (DBS).

People received their medicines as prescribed from staff who had received training to be able to dispense medicines safely in accordance with national guidelines. In addition, staff were assessed to ensure they were competent to give medicines. Staff confirmed that they were encouraged to learn about people's medicines, including why they are prescribed for the person and how to recognise any side effects of medicines being taken.

Is the service effective?

Our findings

People we spoke with told us that the staff were knowledgeable. One person said, "The staff are very clever. They always help me." People and staff were also able to receive support from external professional teams where possible. For example, one person living at the service had communication difficulties which caused them to become frustrated. This person and the staff team were able to receive guidance and support from the community mental health team. This support enabled them to develop ways of communicating with each other. This initiative had the positive effect of reducing the person's frustration and improving meaningful communication.

All staff we spoke with confirmed that the provider's training programme was in-depth and enabled them to support people well. New staff received support which identified their personal abilities and enabled them to gain confidence in providing person-centred support. They worked with a senior staff member for as long as they felt they needed this support to learn about the care and support required for the people living at the service. The acting manager monitored how relationships between the people and the new staff member developed. They ensured that the staff were competent before being allowed to care for people independently. A staff member told us, "I love working here because it is all about the person, they come first. It is a lovely job and I am very happy. The training is excellent. We get loads of training". They explained to us that they got to know the needs of the people by spending time with them reading their life books. One staff member told us that they were encouraged to research specific conditions which people had and then bring the information back for staff discussions. They said, "I am always looking on the internet for information. It helps all of us to know much more on top of our company learning". Another staff member told us, "We had training to be sighted guides, for people with visual problems. It makes you think about people outside of work as well".

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 were able to tell us about this legislation and how they used it in their daily work. All the people living at the service were considered to have the mental capacity to make many decisions for themselves but needed support to express their views and make their own decisions. Each person had a 'Giving consent profile' within their private life book. This profile was in picture format and gave staff information about how to support the person to decide whether to give consent. Where required, information was in place about the person's known gestures and words used when discussing specific areas where consent was being sought. This helped each staff member support the person to decide what they wanted to do. One healthcare professional wrote to the service about a specific person who they supported. They wrote, "Despite [person's name] communication difficulties, you have persisted with both time and notable patience in allowing [person's name] to reach informed decisions about their care. [Person's name] feels supported by staff to make decisions." We saw staff asking people's consent to do things during our inspection. For example, we saw one staff member chatting with two people who were close friends. The staff member asked them where they wanted to sit for lunch what they wanted to do after lunch. Both people told us that they were always asked and if they did not want to do something then they did not.

Another staff member approached a person to offer personal care in a very kind and encouraging manner, asking them how they wanted to receive personal support.

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 in the service had a DoL authorisation in place with regard to being able to go out unaccompanied. This was due to their complex support needs. However, people were encouraged and enabled to go out as often as they wished with support. The acting manager showed us the system they used to ensure timely review and renewal of the DoL authorisations.

People were able to choose what they wanted to eat. One person told us that they loved curries. They enjoyed take away curries once a week and the staff made curries for them as well. This made them very happy. People were encouraged to be involved in helping to prepare meals and set the tables. Staff members ate with people at each meal. We saw that this provided a comfortable and companionable environment. People were seen to have conversations with each other and staff about the meal. We saw that this approach enabled the staff to discreetly assist people and monitor how they enjoyed their meal. The staff were also able to prompt people to use their adapted cutlery to eat independently. The staff team were able to support people who had difficulties eating and drinking. One visiting professional told us, "The staff team have an excellent knowledge of each client. They have developed excellent feeding skills and understanding of correct textures and consistency of drinks".

People living at the service were supported to access healthcare services as required. Each person had the opportunity to access proactive health and well-being services such as health screening. One health care professional who was present when two people were supported to attend a health screening appointment with their keyworkers wrote to the manager about the visit. They wrote, "The two care staff who accompanied [people's names] to the clinic were excellent in their support of [people's names]." People were supported to attend the GP surgery when possible. In addition people received support from hospital consultants, community mental health teams, district nurses, Speech and Language Teams, dentists, chiropody and physiotherapy. One healthcare professional stated, "All staff members have a very active and involved knowledge of [person's name] care and have always actively gained support from our team when this has been needed."

The building was designed for the group of people living there, with spacious corridors and rooms. People were encouraged to furnish their room to their personal taste and reflect the things they liked. Two people told us that they loved their rooms. One person said, "I like my room because I can have it how I want to have it." The staff team had developed a sensory garden area with the people living at the service. This provided tactile and perfumed plants which could be enjoyed by people who had visual difficulties. The garden was easily accessible and provided an area for people and their families to spend private time together in good weather.

Is the service caring?

Our findings

We spent time with four people who were having social time in the main lounge. They were enjoying chatting with each other and the staff members. The people also made sure that we were involved in their discussions and were keen to share their views. One person told us, "I have never looked back since I came here. I love living here." Two other people who shared a close relationship told us that they were well supported to do what they wanted to do. They said, "The staff are brilliant. They take us shopping and help us to go out where we want to go. We enjoy ourselves very much." One person said, "Sometimes I don't want to do anything. I like to stay in bed some days. It is not a problem." We saw that people were supported to be actively involved in making decisions about their care and about daily life in the service. We saw a staff team who were motivated and confident in their ability to support people. Staff we spoke with told us that they all subscribed to the provider's vision and the philosophy of respecting each person's right to be an individual and working to develop each person's potential for having as much control and choice as they can achieve.

We spoke with two relatives of people living at the service. One relative told us, "It is a great place. [Person's name] is very happy. The care is second to none. There is a positive and happy atmosphere all the time." Another relative said, "The place is brilliant, first class. The level of care, commitment, competence, professionalism and dedication from all the staff is amazing. We never worry about [person's name] because they are very contented and we know that they are with people who care so much."

The doctor who supported the people using the service told us, "I am very impressed with the staff attitude and knowledge of their client's needs. The clients here have exceptionally good care". Another healthcare professional said, "I think the reflective and compassionate nature of the care I have observed for [person's name] needs commendation."

The service has 'view and review' days for each individual person. These days are led by the people and their keyworkers. This initiative was an opportunity for the person to reflect on their experiences and support, identifying areas which they would like to change. The people also had the opportunity to talk with the oncoming staff team about what they had done and what they wanted to do on their shift. We saw people telling the staff team what they wanted to do and it was arranged. The provider employed an advocate for the locations in the area. The advocate would visit anyone who needed extra support.

The staff we spoke with were very knowledgeable about the need to provide care which was dignified and compassionate. They told us that they worked to ensure that the people were able to have choice in their daily lives. We also saw staff supporting people in a very respectful and dignified manner. People were asked what they wanted to do at all times. If the staff member saw that a person needed help with personal needs, this was dealt with in a discreet way to preserve the dignity of the person. A visiting professional told us, "All staff are very respectful of clients' needs and wishes". Personal care and support was carried out privately in people's own rooms.

Is the service responsive?

Our findings

We spoke with one person who told us that they made the choice to come to live at 1C Toll Gate Road. They said, "The staff team helped me to move from the other home." They said that, when they moved in, they had many health and mobility problems. This meant that they spent much time in a wheelchair. They were supported by the staff team to develop a new eating regime and attend a local support meeting as they wanted to do something about their health problems. With the staff's support they had lost a significant amount of weight and no longer needed their wheelchair. They told us that they were delighted with the positive changes in their life. They said, "I could not have done this without the staff here, they are great".

The staff team were able to demonstrate that they were alert to any issues which may cause the people living at the service difficulty. They actively sought solutions to problems which had a negative impact on the person. For example, one person who relied on a Percutaneous Endoscopic Gastrostomy (PEG) for their nutrition frequently caught the tubing and pulled it out. PEG is a method of providing required nutrition for people who are unable to swallow safely. The staff researched a more suitable PEG and liaised with the multi-disciplinary team to enable the new PEG to be fitted. As a result of their actions, the person no longer needed to return to hospital on a regular basis to have the PEG re-sited.

The service worked to ensure that people were enabled to take part in activities of their choice, and to develop new interests. The provider had an art studio in the local area. This facility was, initially, provided for people living at their services in the area. The facility was now providing activities and social occasions for any people in the locality who had disabilities of any type. All the people living at the service were able to access the facility. As a result of opening the studio to others, the people were able to make new friends in the local community. We were able to see many paintings and crafts throughout the home which had been made by the people. One person told us that they had made pottery presents for their close relative, including signs for the house. They told us that they were involved in all aspects of the pottery including the painting and firing. This person's relative told us how proud and pleased they were at this achievement. Another person showed us a project they were working on which involved researching woodland areas for a picture. The staff member supporting them explained that they supported the person to look for a specific scene they wanted which was then made into a picture for their close relative. We spoke with a staff member who had organised a cinema day on the day of the inspection. This involved bringing together the people from the three services on the site. They had bought popping popcorn to be made at the beginning of the event. The staff member explained that this was to provide the sounds and smells of the cinema for the people attending who had visual difficulties. In addition, the staff member showed us how they made diary dates and worked with the people and staff to organise activities they were interested in. They had arranged trips to the theatre which needed much pre-planning to ensure transport, suitable seating in the theatre and individual support. The acting manager and provider worked to ensure people were able to take part in their preferred pastimes and outings by providing transport and extra staff as required.

The service had a complaints procedure which was given to people and their families as part of the pre-admission process. The procedure was also available in an easy to read format. Each person had a communication book for all people to write in, including families and other visitors. Everyone was

encouraged to write comments, complaints and compliments in the books. This was in addition to the provider's complaints procedures and enabled people to express any small concerns at the time. The acting manager ensured they used every opportunity to talk with people, their relatives and staff on a daily basis. This improved confidence that everyone's views were listened to and acted upon. One family member told us, [Person's name] is able to raise issues and lets staff know if they are not happy. The staff team support [family member] to air their views. Another relative said, "We never worry about [person's name]. The staff contact us at any time if there are any changes. We have never needed to complain but if we did, we are confident that it would be dealt with properly." The service had not received any complaints in the last 12 months.

Is the service well-led?

Our findings

People told us they found the acting manager to be very helpful. One person told us, "[Managers name] helped me to settle in here. [Manager] is great!" The people living at the service were able to live happy and fulfilling lives because the provider and manager had ensured that the vision and culture of the service was to provide an enabling environment where each person was supported to reach their full potential. The staff team told us, "The company and manager expect that we care for our service users in line with the company philosophy. It is easy to do this because we believe in it." Families were encouraged to be involved in the care and support of the people living at the service. One relative told us, "We can walk into the home anytime and [person's name] always looks cared for. We are encouraged to help [person's name] with anything they want us to help with." They also told us that they were confident that the acting manager would ensure they were always kept informed about their family member. They said, "We have very open relations and communication with [acting manager]. they always let us know if [person's name] is unwell, or even if they are doing well."

We saw that the acting manager spent much time with the people and supported the staff. This was confirmed by the staff on duty who told us, "We are treated with respect and kindness by the manager. This motivates us to be the same towards everyone. When you feel valued then you want to do your best for the service users. They are the most important people here." We saw that there was an open door culture where staff members felt able to share concerns, ideas and practice issues. One staff member told us, "The manager and the company encourage us all to be involved. They listen to what we think and never make us feel wrong." They said that felt involved in the day to day running of the service and that their opinions were sought by the manager and acted upon. For example, information gained in staff supervisions showed staff felt that, occasionally, the staffing levels on the late shift meant that people had to wait a short while for care. As a result of this, the staffing was increased for the evening period. People no longer had to wait at all. One staff member said, "The issue was only now and again, not regularly and not for long, but nobody living here should have to wait at all. We are pleased that everyone can get what they want straight away now. It is good to be listened to and our opinions respected". The effective and kind leadership was confirmed by one relative who told us, "The manager has staff who are kind, committed and dedicated. They respect and praise them as they should." We saw the acting manager talking with the relative of a person living at the home. This person was unwell and the doctor had been called. We observed the relative being supported in a very kind, compassionate and caring manner.

The acting manager was supported by the provider's senior management team, as well as the managers from nearby services. They were being supported and funded by the provider to undertake a senior level management diploma.

Quality assurance systems were in place to review all areas of the support provided and any audit information received. The views and ideas of people and their families were actively sought and taken into account when planning future care and support.

The provider had systems in place to assist the acting manager to deal appropriately 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.

The acting manager explained to us how they worked to develop good relationships with healthcare professionals. This was confirmed by some professionals who told us they enjoyed trusting relationships with the acting manager and all the staff. One hospital specialist wrote to the acting manager to express their views on the support being provided to a person living at the service. They wrote, "it has been our observation that the compassion and resourcefulness of your staff in handling the care for [person's name] has been exceptional." One doctor who provided support to the people living at the service told us, "We are very happy with the service at 1C Vision Homes. The team listen to advice and implement all advice efficiently".