

Vision Homes Association

Vision Homes Association Supported Living Services

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Vision Homes Association Supported Living Services is a domiciliary care agency providing the regulated activity of personal care to people living in their own houses or flats. The service provides support to younger adults who have a learning disability, autistic spectrum disorder, physical disability and/or sensory impairment. At the time of our inspection there were 6 people receiving the regulated activity of personal care.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

People's experience of using this service and what we found

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

Right Support:

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Risks were assessed, monitored and managed with the involvement of people so they were protected, informed and their wishes respected. This meant people were enabled to have appropriate discussions about positive risk taking and enjoy their lives safely. People were supported to access the local community and to do the things they wanted to do.

Right Care:

People received support which was tailored to meet their needs and preferences. People were supported to be as independent as they could be. Staff treated people with respect and ensured their protected characteristics were understood and respected. People were supported by staff who knew them well and who were trained and competent in their role. Staff had been trained in safeguarding adults from abuse and understood when and how to report concerns.

Right Culture:

The registered manager and staff team were committed to achieving the best outcomes for people with a focus on supporting them to live the best life possible. Staff had the knowledge, skills and attitude to provide responsive and compassionate care tailored to people's needs and aspirations. The provider's systems to monitor the quality and safety of the service provided had improved. The views of people, their relatives and staff were valued. The registered manager worked with other agencies to achieve good

outcomes for people. There was an open and honest culture and learning from when things when wrong.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service at the previous premises was requires improvement (published 11 September 2019) and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions safe, effective and well-led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Holcombe House on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Vision Homes Association Supported Living Services

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 15 February 2023 and ended on 22 February 2023. We visited the location's office on 15 February 2023.

What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used information gathered as part of monitoring activity that took place on 16 January 2023 to help plan the inspection and inform our judgements. We used all this information to plan our inspection.

During the inspection

We spoke with 2 people who used the service, a relative and an advocate. We spoke with 6 staff which included the registered manager, deputy manager, care coordinator and care staff. We looked at two care plans and medication administration records. We looked at staff recruitment and training records, records relating to health and safety and the management of the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- At our last inspection safeguarding concerns had not always been completed in a timely manner and staff did not have a robust understanding about safeguarding procedures. At this inspection, improvements were found.
- There were robust systems in place to report and respond to any concerns. Records showed that prompt action had been taken to ensure people were safe and the registered manager had worked closely with other professionals where required.
- Staff had received training about how to recognise and report any signs of abuse. Staff demonstrated a good understanding and said they would not hesitate in raising concerns. One member of staff said, "I have never witnessed anything concerning. If I did, I would report without hesitation."
- People told us they felt safe with the staff who supported them. "One person told us, "I like the staff. I know them well and they are kind to me."

Learning lessons when things go wrong

- At our last inspection there were no systems in place to analyse and identify potential trends in relation to accidents and incidents. At this inspection, improvements were found.
- Where accidents and incidents had occurred, these were regularly reviewed to help identify any trends and consider action to reduce the risk of reoccurrence.
- Where required, care plans were updated following an incident to help reduce the risk of repeat incidents. Changes to people's care and risk management plans were communicated to staff in a timely manner.

Assessing risk, safety monitoring and management

- People's needs, and any associated risks were assessed, monitored, and regularly reviewed. The registered manager and staff had a proactive approach in ensuring people retained their independence where possible and managed their own risks.
- Care and risk management plans provided staff with the information they needed to support people in a safe manner.
- People's care records provided additional information about their health care needs and how these should be managed and met. This helped staff to have a clear understanding of the impact of people's health conditions.

Staffing and recruitment

- People were supported by a staff team who knew them well. One person said, "I have the same staff. I am given a rota so I know who is coming. My staff are really good and kind. They help me with lots of things."

- People were protected from harm because the provider followed safe procedures for the recruitment of staff.
- References and a Disclosure and Barring Service (DBS) check were obtained before staff started working at the service. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- Where required, people were supported to manage and administer their medicines by staff who were trained and competent to carry out the role.
- Following the last inspection, systems had been introduced to ensure staff received regular assessments of their skills and competency in relation to the management and administration of people's medicines.
- For people who experienced periods of distress or anxiety, options other than prescribed medicines were explored to support people. This in line with the principles of STOMP (Stopping over medication of people with a learning disability, autism or both).
- Care plans were person centred and detailed the level of support people needed with their medicines.

Preventing and controlling infection

- The provider's COVID-19 protocol was reflective of current government guidelines.
- Staff confirmed they had access to sufficient stock of personal protective equipment (PPE) to help keep them and the people they supported safe.
- Staff had completed training in infection, prevention and control. Their competencies were regularly assessed to ensure practices remained in line with current guidance.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance

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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

At our last inspection we recommended the provider review their understanding of the MCA and its application to a domiciliary service. The provider had made improvements.

- Assessments of people's capacity to consent to their care and treatment and make certain decisions had been completed. Where required best interest discussions had taken place to ensure any decisions were made in the person's best interests.
- People told us staff supported them in the least restrictive way. One person said, "I decide what I want to do, and staff help me."
- Staff had been trained in the principles of the MCA and understood the importance of ensuring people's rights were respected. A member of staff told us, "We are here to support people to live their lives as they want."

Staff support: induction, training, skills and experience

- Improvements had been made to ensure all staff received training to meet the needs of the people they supported. This included training to support people with a learning disability or autistic people in line with current guidance.
- Staff were positive about the training they received. A staff member said, "The training is excellent. We get everything we need, and we get reminders when refresher training is due."
- People and their relatives spoke highly about the staff who supported them. One person said, "The staff

are really good. I can't fault them." A relative told us, "[Name of person] has a really good staff team. Without a doubt, they get the care they need."

- Staff told us they received a period of induction which provided them with the skills and training they needed to carry out their role. This also included shadowing more experienced staff.
- Staff with no previous experience in care completed the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People were assessed before a package of care was agreed. This helped to ensure the agency could meet people's needs, preferences and aspirations.
- People's care plans showed their diverse needs such as religion and sexual preferences were discussed with them. These were understood and respected by staff.
- People's care was planned and delivered in accordance with best practise and current guidance. For example, the provider liaised with and followed the guidance of healthcare professionals.

Supporting people to eat and drink enough to maintain a balanced diet

- Where required people were supported to plan, shop and cook their meals. One person said, "The staff are there when I cook, and they are helping me with my confidence."
- People's care plans were person centred and provided staff with information about any risks, preferences and how to promote people's independence.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The registered manager and staff team worked in partnership with other professionals to ensure people's healthcare needs were understood and met. These included GP's, district nurses and occupational therapists.
- People's care plans showed that they were supported to see healthcare professionals when needed. We also saw any recommendations were acted upon in a timely manner.
- People had individual hospital passports which gave detailed information about the person should they need to attend hospital. There were also health action plans for people.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At our last inspection the provider's systems had failed to identify and address issues which could affect the quality or safety of the service. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- There were effective systems in place to monitor and improve the quality and safety of the service provided.
- Action plans were developed to address any shortfalls, and these were addressed in a timely manner. Learning was shared with staff to help drive improvements.
- The care practices of staff were regularly checked through spot checks and competency assessments.
- The provider was aware of their legal requirements to inform relevant agencies and CQC of any concerns in a timely manner.
- Staff understood the whistleblowing policy and were confident to raise any concerns where needed.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People were at the heart of everything the agency did. The registered manager and staff team were committed to ensuring the best possible outcomes for people and people were supported to have fulfilling lives. One person said, "I am really happy. [name of registered manager] and staff are wonderful. I can't fault them." A person's representative told us, "I have always observed an excellent level of care and professionalism towards [name of person] from the staff. The support they receive is centred around their individual and complex needs thus enabling them to live independently in their own home."
- People's views were sought on a daily basis and through feedback questionnaires, which had been produced in an easy read format for them. Results of a recent survey had been very positive.
- People and where appropriate, their representatives were involved in planning and reviewing the support they received. Care plans showed that people's protected characteristics were discussed and respected and people received the support they needed and wanted.

- Staff felt engaged, supported and valued by the management. One staff member said, "[Name of registered manager] is exceptionally supportive and encourages us to have open and frank discussions." Another member of staff told us, "I have regular supervisions and feel really well supported. I honestly can't think of anything they could do better."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider had informed professionals when concerns about people had been identified. They had also communicated with people's relatives where there had been concerns about people's care or well-being. This was in accordance with the Duty of Candour.

Working in partnership with others

- The service worked in partnership with health and social care professionals to achieve good outcomes for the people. These included the local authority, GP's, and specialist health professionals.