

Visions (Bristol) Ltd

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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 caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Visions Care Home is a residential care home providing personal and nursing care to four people. The service supports younger adults who have a learning disability. The service can support up to four people. The care home accommodates four people in one adapted building.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

As was applicable at the last inspection people felt safe and they were supported by staff with a good knowledge of safeguarding processes.

People's needs were met by enough staff to support people safely. People's medicines were managed safely. Care plans and risk assessments were up to date and reviewed regularly and clearly showed how to support people.

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. Policies and systems in the service supported this practice.

People were treated with kindness and compassion by very caring staff. People's privacy and dignity was maintained.

People were involved in their care planning and care plans were person centred. People's personal preferences and daily wishes in their life were identified in their care plans.

People were encouraged and supported to go into the community and take part in activities they enjoyed. People were supported to maintain relationships with family and friends.

There were systems in use to effectively monitor the quality and safety of the service provided. There was good involvement with community professionals. People and staff knew how to raise concerns.

The registered manager was very well regarded by people and staff. The home was well run and run in the best interests of people who lived there.

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

Rating at last inspection

The last rating for this service was Good (23 February 2017) .

Why we inspected

This was a planned inspection based on the previous rating.

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

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

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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 Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Visions Care home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information

helps support our inspections. We used all this information to plan our inspection.

During the inspection-

We spoke with four people who used the service about their experience of the care provided.

We spoke with three members of staff including the provider/registered manager, and a support worker. We also spoke to a visiting GP.

We reviewed a range of records. This included two people's care records and two medicines records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were safeguarded from abuse because staff were trained to understand how to protect people from harm and abuse.
- Staff were guided by up to date policies and procedures in place. These were regularly discussed with staff to make sure they understood them.
- Up to date safeguarding information was available and on display on the wall in the home. This information was also available in other formats suited to people's needs. There were descriptions of different types of abuse.

Assessing risk, safety monitoring and management

- Risks were very well managed. Assessments clearly set out people's needs and actions to take to support them and maintain their safety.
- There were detailed risk assessments completed in relation to physical conditions, and certain complex behaviours people had. These explained to staff what action they should take in an emergency.
- We also saw risk assessments relating to the safety of the building and these were all up to date and in order.

Staffing and recruitment

- There had been no new staff recruited to work in the service since the last inspection. There was a robust recruitment procedure in place to ensure only safe staff were recruited to work with people.
- Staff rotas confirmed staffing levels were consistent. People were supported by a small committed staff team.

Using medicines safely

- People's medicines were managed safely this was because staff were trained to administer medicines. Their competency was reviewed to ensure that this was done safely and in accordance with the provider's policy.
- The registered manager and assistant manager completed audits to make sure medicines were managed safely.

Preventing and controlling infection

- The home looked clean and well maintained in areas we viewed.

When needed there were aprons and gloves for staff to use when supporting people with personal care.

- Staff had a clear understanding of infection control procedures in the home they were required to follow.

Learning lessons when things go wrong

- The registered manager and assistant manager talked to staff about how lessons had been learned in relation to previous incidents. For example, a certain person required more intense staff support than had first been assessed for. This had been put in place. This was to reduce the risk of any incidents occurring again and learning had been shared with all staff.
- The registered manager and assistant manager also shared information with the staff from audits, staff supervisions, incidents and other relevant areas. This allowed the registered manager to look for any trends or patterns and identify any shortfalls.

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 the last inspection this key question was rated as Good . At this inspection this key question has now remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed prior to moving into the home. Each assessment clearly set out what sort of care and support people needed.
- People's protected characteristics, as identified in the Equality Act 2010, were included in their assessments. This included people's needs in relation to their gender, age, culture, religion, ethnicity and disability.
- The GP we met told us the staff have a good knowledge of the people they care for.

Staff support: induction, training, skills and experience

- People were supported by a staff team who were competent, knowledgeable and very skilled.
- Staff went on regular training to make sure they had relevant qualifications to meet their needs. Staff told us the training was relevant and useful.
- New staff had completed an induction process and the care certificate where needed. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in health and social care.
- Staff had a clear understanding of their responsibilities and what was expected of them when supporting people.
- Staff received supervision on a one to one basis and as part of team meetings. The staff said this meant they received constructive feedback and were given opportunities for development.

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

- People and staff told us they were well supported to eat a healthy balanced diet.
- Staff encouraged people to complete menu planning, shopping and meal preparation.
- People were supported to eat a healthy well-balanced diet. They were also able to choose what they wanted to eat.

Adapting service, design, decoration to meet people's needs

- The premises had been adapted to meet the needs of the people who lived there.
- The home had safety systems installed to keep people and staff safe.
- People's bedrooms were personalised with their own items. One person kindly showed us their room and this was highly personalised and decorated to reflect their tastes and interests.

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 Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take 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.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA <, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- There were mental capacity assessments and best interest decisions completed where needed.
- Staff were trained in MCA and DoLS and supported people to have maximum choice and control of their lives.
- Staff were observed to involve people in choices, for example, what they ate, what activities they did and whether they spent time in the communal areas or their bedrooms.
- Staff had a good knowledge and understanding of the MCA and understood what DoLS were in place for people. There was information in people's care plans around likes, dislikes and choices.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has now remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People said they felt well supported and listened to by the staff team.
- Staff treated people with kindness and compassion and we observed positive interactions between staff and people throughout the day.
- People's records included details of life histories, religious beliefs and wishes and preferences. This enabled staff to use this information to provide personalised care.

Supporting people to express their views and be involved in making decisions about their care

- People were involved in their care planning.
- People received very person-centred care. People were encouraged by staff to make day to day decisions. These included what they ate, what they wore and what they did. This demonstrated staff delivered individualised care.

Respecting and promoting people's privacy, dignity and independence

- Staff supported people to maintain their independence. One person had set a goal to cook more.
- People's records were stored in a secure cabinet. The staff made sure information relating to people was communicated in a private setting, this ensured confidentiality was maintained.
- Staff treated people with dignity and respect. We observed staff knocking on people's bedroom doors and asking if it was acceptable to enter.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has now remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care plans detailed information about how they liked to be supported. They included how a person may feel and what support they may need on a good day and on a more difficult day. This enabled staff to tailor the support they offered to people on a day to day basis.
- Care plans included information about each person's personal preferences, life history, religious beliefs and people who were important to them. This enabled staff to have up to date information about people's support needs. .
- People accessed the community when they wanted too. One person told us they were just about to go into town to meet a friend and go shopping.
- Staff could tell us how they ensured people had choice and control. For example one person identified in their care plan they wanted to develop life skills. Staff were helping them to achieve this goal.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff told us they used various communication methods to support people.
- There were pictures and photos in care records. These were to support certain people to understand how they were feeling and to know what was in their care records.
- There was information was available to people in different formats. This enabled people to access and understand information.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to maintain relationships with families and develop friendships with each other where appropriate. One person had set a goal in their care plan to build a friendship with a person who they knew from another home.

Improving care quality in response to complaints or concerns

- People told us they would talk to the registered manager or to any of the staff if they were unhappy about anything.
- The provider had a complaints policy and procedure

- Staff could tell us the signs to look out for to identify if people were happy or not. There had been no formal complaints since the service opened.

End of life care and support

- No one was receiving end of life care at the time of inspection.
- The registered manager knew possible end of life preferences and this was being recorded.

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 the last inspection this key question was rated as Good. At this inspection this key question has now remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager and staff demonstrated a person-centred approach for the people they supported. We saw people had choice and control and were involved in decisions made about their care.
- Staff were able to tell us about training courses they had attended and what they had learnt from these sessions. They were able to tell us how they used this learning in their day to day practice to support people to achieve positive outcomes.
- Staff said they felt supported by the registered manager and could raise concerns if needed.
- Staff practice, culture and attitudes were monitored. This enabled positive working relationships between the team and in turn good delivery of care.
- The registered manager was clearly always looking for ways to further develop person-centred care at the service.
- Staff put people at the centre of the service and reflected the provider's values. Staff valued people's views and encouraged us to talk with as many people as we could during our visit.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Staff understood their responsibilities and what was expected of them. They told us they participated in team meetings and received supervision and appraisal and we saw schedules reflected this. This gave staff the opportunity for learning and development.
- The registered manager had notified The Care Quality Commission (CQC) of events which had occurred in line with their legal responsibilities.
- The registered manager told us, and records confirmed, audits were completed on a wide range of areas including care plans, health and safety, medicines and infection control. Action plans were in place following audits, to ensure the management team were working towards the same goals. Information gathered from audits was used to develop the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People met with their key workers regularly. This was to provide feedback regarding the care they received.

People were also able to provide feedback on staff's performance.

- The philosophy of the home was to ensure that there was a consistent high level of constructive engagement with staff, relatives and people.
- People and their families were asked for feedback during reviews and from six monthly surveys. This was used to drive improvements.

Continuous learning and improving care

- The registered manager met the team daily to discuss the improvements required for the service. For example, introducing a new digital care planning system.
- Staff told us the registered manager welcomed suggestions for improvements. A staff member said they were receptive to changes and improvements.
- The registered manager communicated areas for improvement in monthly staff meetings. This helped to enhance the quality of care people received.