

Vision Homes Association

Vision Homes Association - 2 Ouzel Drive

Inspection report

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Ratings

Overall rating for this service	Good ●
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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

Vision Homes Association offers personal care and support to people who have one or more of a variety of conditions. These can include but are not limited to, sensory impairment, learning disability and acquired brain injury. Number 2 Ouzel Drive is staffed by a permanent team of support workers who provide 24-hour care and support to four people. The service is housed in a large bungalow divided into four self-contained one-bedroom flats, a communal area with a kitchenette and a staff office. People had separate access from their flats to a garden area. There were four people receiving support at the time of inspection.

At the last inspection, the service was rated good.

At this inspection we found the service remained good.

Staff and manager were confident in supporting people with medicines.

Staff had regular opportunities to update their skills and professional development. Staff demonstrated an understanding of the Mental Capacity Act (MCA) 2005. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Staff were motivated and worked well as a team, with effective support from one another and from the manager.

Care records contained clear information covering all aspects of people's individualised care and support and staff had a caring approach to working with the people who used the service.

There was a clear management structure and all staff understood their roles and responsibilities.

There was an open and transparent culture in which staff felt valued and able to approach the manager.

Further information is in the detailed findings below.

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 remains good.

Is the service effective?

Good ●

the service remains good.

Is the service caring?

Good ●

The service remains good.

Is the service responsive?

Good ●

the service remains good.

Is the service well-led?

Good ●

The service remains good.

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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 checked 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 was a comprehensive inspection.

This inspection was announced. We gave the provider 48 hours' notice of our inspection as we needed to be sure someone would be in due to the size of the service. This inspection took place on 5 February 2019. It was completed by one adult social care inspector.

Before the inspection we reviewed the information we held about the service, including past inspection reports and notifications about incidents which the provider is required to send us. We also contacted other bodies such as the local authority and local safeguarding team to ask if they held any information about the service. We did not receive any information of concern.

We requested a provider information return (PIR) before this inspection. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with the manager and two care staff. We only spoke with one person who used the service as other people were out in the community during the inspection and one person declined to talk with us. We viewed two staff files, two people's care records and documentation to show how the service was run.

Is the service safe?

Our findings

We spoke to people who told us they felt safe. One person said, "Yes they do their bit. I am safe and they look after me well."

People's care plans contained detailed and well organised assessments of risks associated with their daily lives and care needs, with very clear guidance for staff to follow to minimise risk as much as possible.

Staff were recruited safely, with appropriate background checks in place. These included references from previous employers, checks on identity and information received from the Disclosure and Barring Service (DBS). The DBS is an organisation which holds records of people who may be barred from working in a social care setting.

Staff were present in sufficient numbers to ensure people were safe and well cared for, and we saw there were enough staff on duty to enable people to undertake both planned and unplanned activities as they wished. People who needed the support of more than one member of staff had this at all times.

Staff we spoke with were able to describe their responsibilities for safeguarding people, including knowledge of the kinds of abuse people may be at risk from and how and when to report this. Staff told us they were confident the management team would respond appropriately to any concerns they raised. We looked at records which showed any incidents were thoroughly investigated. Records showed the provider was reporting concerns to bodies such as the local authority safeguarding team and the CQC as required.

All medicines were stored and administered safely, and records relating to this part of people's care were detailed and well maintained. Where people had 'as and when required' (PRN) medicines, for example those for pain or to help manage people's agitation and distress, there were clear protocols in place to show when and how these could be given. Medicines care plans contained very detailed information about ways in which behaviours that challenge could be de-escalated by staff without the need for PRN medicines, which showed the service learnt from each incident. We spoke to the manager about ensuring any over the counter medication was booked in straight away. This was dealt with on the same day as the inspection.

Is the service effective?

Our findings

There were clear systems in place for staff training and support. Staff told us they felt well supported to care for people and the management team worked closely with them to meet people's needs. Staff said they enjoyed training and had regular supportive supervision. They told us managers were available at any time and there was open communication for staff to approach them to discuss any matters. We saw staff freely came to speak with the manager regarding people's needs.

Mealtimes were based upon what individuals wanted to eat. Although there was a communal dining table, this was not used to facilitate a social occasion as people ate in their own individual flats with some support if needed from staff. One person said, "They cook my meals for me, sometimes I help. They are good cooks."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who 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 capacity to take particular decisions, any decisions made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. A deprivation of liberty in a community setting must be authorised by the Court of Protection. People's care records evidenced their mental capacity had been considered and assessed, where appropriate.

There was evidence of links with other professionals in support of people's health needs. One person said, "The staff help me if I need a doctor. They are always on hand if I need them."

Is the service caring?

Our findings

People told us they felt well cared for and said staff were kind and respectful. One person said, "Yes the staff are alright; some are better than others." Staff knew each person well and this helped them to relate to them and meet their individual needs. Staff told us they felt they cared well for people and supported their needs.

The manager said they were very satisfied the staff team had the right approach to caring for people in a person-centred way.

Staff were patient and kind when interacting with people and they used communication methods which were individual to each person's abilities and preferences. For example, staff knew if people had difficulty with sight or hearing and so they made sure they used clear facial expressions, pitch of voice and gestures to accompany words.

People's dignity and privacy was promoted and staff were respectful of people's individual rights. Staff made sure people were consulted and permission requested before going into their individual flats and if people requested staff did not enter, this was respected.

Staff we spoke with were very mindful they were working in people's homes, rather than the service simply being considered their workplace. Where people were personally affected by circumstances, such as a family bereavement or personal issues, staff were very sensitive in their approach.

Is the service responsive?

Our findings

Records showed people had their needs assessed before they started using the service. This ensured the service could meet the needs of people they were planning to provide a service for. The information was then used to complete a more detailed support plan which provided staff with the information they needed to deliver appropriate care. We looked at how people who used the service, their families and other professionals had been involved in the assessment and the development of the support plan. We saw clear guidelines of how people were supported by staff.

We looked in detail at the support plans for two people. Staff were aware of the information within the support plans and could describe the care needs of the people they supported. The support plans described how to communicate with people and their preferences how they wanted to be cared for. People told us they were involved in the care planning process. One person said, "Yes [I'm involved] but I am not really interested."

One person told us they were free to do what they wanted to do, and if they needed anything staff would support them. One person said, "I tell them what I want. I don't go out much. I like to watch my tele and look out of the window. I get fed up sometimes as I can hear [name of person] and they are so loud." We spoke to the registered manager who was aware of this and had plans in place to support this.

The service had systems in place to deal with concerns and complaints, which included providing people with information about the complaints process. One person said, "Yes I know how to complain and I would if I'm not happy. Don't you worry about that." We saw many compliments which included; 'Thank you for supporting [name of person] to the theatre and supporting their needs throughout', and 'Thank you for being sensitive to [name of person]'s needs'.

Is the service well-led?

Our findings

There was not a registered manager in post when we inspected the service. However, the manager had completed all the paperwork to become registered with the Care Quality Commission and was awaiting an interview. A registered manager is a person who has registered with CQC 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 manager was visible in the service and very knowledgeable about the individuals who lived there. There was a culture of positive, open communication between the management team and staff, which helped to ensure people's needs were met. Staff told us the manager was approachable and had made a difference since they took the post.

The provider visited the service to support the manager and to help assess the quality of the service. We saw reports produced from these visits which looked at areas for improvement and development and a time scale to complete these.. The manager attended regular meetings with other registered managers to share ideas for practice and stay up to date with any changes to legislation.

We looked at the arrangements in place for quality assurance and governance in all areas. Quality assurance and governance processes are systems which help providers to assess the safety and quality of their services. We saw the manager checked people's care plans, risk assessments and daily logs to ensure they were up to date and completed to a good standard. We saw any actions identified were transferred on to the computer system for discussion with individual staff.

The manager continually checked the staff training records to make sure staff training was up to date, staff were equipped to carry out their roles and responsibilities and any training they needed was booked. They also arranged staff meetings which looked at support and development for people, safeguarding, health and safety, and any issues still outstanding from the previous meeting.

The manager told us they were proud of the way the staff supported people and they understood the strengths of the service and areas in need of improvement. The manager was working on gaining feedback from people and their relatives. This was due to be completed over the next few months.