

***We are the regulator:** Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

## Vision Homes Association - 1A Toll Gate Road

1A Toll Gate Road, Ludlow, SY8 1TQ

Tel: 01584877737

Date of Inspection: 25 July 2014

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We inspected the following standards as part of a routine inspection. This is what we found:

<b>Consent to care and treatment</b>	✓	Met this standard
<b>Care and welfare of people who use services</b>	✓	Met this standard
<b>Cooperating with other providers</b>	✓	Met this standard
<b>Staffing</b>	✓	Met this standard
<b>Assessing and monitoring the quality of service provision</b>	✓	Met this standard
<b>Complaints</b>	✓	Met this standard

## Details about this location

Registered Provider	Vision Homes Association
Registered Manager	Mrs Caroline Jane Edwards
Overview of the service	Vision Homes Association - 1A Toll Gate Road provides accommodation, care and support for up to five people with learning disabilities.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

*When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.*

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## Summary of this inspection

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### Why we carried out this inspection

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This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 25 July 2014, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with staff.

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### What people told us and what we found

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A single inspector carried out this inspection on 25 July 2014. As part of this inspection we spoke with the deputy manager, the staff and we reviewed information given to us by the provider. We met and spent time with four of the five people who lived at the home. They were not able to communicate with us. They appeared to be happy, relaxed and comfortable with the staff that supported them.

Below is a summary of what we found. The summary is based on our observations during the inspection, observations of people using the service, the staff supporting them and from looking at records. We used the evidence we collected during our inspection to answer the five questions.

Is the service safe?

From our observations and the information we saw set out in care plans, policies, procedures and audits the provider's safety monitoring systems were robust. The staff showed that they had a clear understanding of their role in providing care and in safeguarding the people they supported. The staff demonstrated that they knew the people well and worked to provide the best possible level of care and support.

We saw evidence that when people lacked the capacity to make decisions on important areas of their lives, best interests, safeguarding and deprivation of liberty discussions had taken place.

CQC monitors the operation of the Deprivation of Liberty Safeguards which applies to care homes. We saw that all the people who lived at the home had current deprivation of liberty safeguards orders in place. All the records were correct and up to date with review dates in place.

The staff rotas showed that the management had taken people's care needs into account when making decisions about the number of staff required, the skills and experience staff would need. The night time staffing levels and on call system showed that the provider had

taken steps to ensure the staffing provision was safe out of main hours.

There were systems in place to make sure that management and staff learned from events such as accidents and incidents, complaints, concerns and investigations. This meant that people were benefiting from a service that was taking on board lessons learnt.

Is the service effective?

People's care needs had been assessed and detailed care plans were in place. There was evidence that people and their families were involved in the assessments of their needs and care plan reviews as much as possible.

The staff we spoke with and activity plans showed us that people were supported to participate in activities they enjoyed.

All care, activity plans and risk assessment were reviewed regularly. We saw evidence in care plans that the care provided was constantly adapted to meet people's needs.

We saw evidence that people were supported by a wide range of health and social care professional. This meant their health and welfare needs were being met.

Is the service caring?

We observed that the staff supported each person in a way which met their individual needs. The staff showed warmth and consideration. The staff showed respect and ensured people's dignity was maintained at all times

The staff we spoke with told us they were committed to provide a good caring service to support and look after the people so they could have a good life. They demonstrated that they were aware of potential risks, people's rights and their responsibilities

Is the service responsive?

We saw the care plans were person centred and contained detailed information about people's choices and preferences. We saw in the notes the information showed that each person was supported in an individual way which was adapted regularly to meet their changing needs. We saw that people's health and support plans were regularly updated to reflect people's changing health care needs.

There was evidence of regular support provided from external social care and health professionals. This meant that people's health and welfare was regularly reviewed and monitored.

The staff we spoke with said if they had any concerns, they could always talk with the senior staff, they would always listen and address anything they raised.

The staff said they received regular training which was very good and equipped them with the knowledge to meet people's support needs.

Is the service well-led?

The home had a clear management structure in place. The deputy manager and the staff we spoke with were knowledgeable about the people who used the service, changes to

legislation and developments in care provision.

We saw that senior staff were always around to give advice and support. There were systems in place to provide feedback to staff about changes and developments.

The staff we spoke with said they understood their responsibilities around safeguarding people's welfare. They all said that if they witnessed poor practice they would report their concerns. They had worked with the people who lived at the home for some time and really enjoyed their work. They said that they felt they were supported and involved in the development of the service.

You can see our judgements on the front page of this report.

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### **More information about the provider**

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Please see our website [www.cqc.org.uk](http://www.cqc.org.uk) for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

## Our judgements for each standard inspected

### Consent to care and treatment

✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

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### Our judgement

The provider was meeting this standard.

Where people did not have the capacity to consent, the provider acted in accordance with legal requirements

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### Reasons for our judgement

We reviewed the support and health plans of two people who lived at the home. The support plans included information on 'How I Communicate'. This gave clear guidance to staff about how each person indicated consent. It also explained how people expressed a preference when given a choice.

We observed that care staff understood each person's wishes although the person had only limited ways to communicate their needs. The staff told us that they knew each person well and had learnt to understand what they wanted or did not want. The staff we observed provided support that was very caring, supportive and enabled each person to maintain a level of independence, however limited.

We saw records that showed people's relatives, social workers and/or health professionals had been consulted about their support needs and important decisions. These included best interest meetings which had been held in respect of people's medical care needs.

We saw in each person's care plan that an assessment of people's mental capacity had been completed and had been kept under review. The assessments gave information where people lacked the capacity to make decisions in some areas of their lives. We saw there were records of decisions that had been made in people's best interests. These are a requirement of the Mental Capacity Act 2005 (MCA).

CQC monitors the operation of the Deprivation of Liberty Safeguards which applies to care homes. We saw that all the people who lived at the home had current deprivation of liberty safeguards orders in place. All the records were correct and up to date with review dates in place.

The deputy manager told us that the home had good support from the safeguarding team and the Independent Mental Capacity Advocate (IMCA) regularly visiting to support the people and the staff.

This meant that the provider had procedures in place of the decision making process for people who had limited ability to give their consent to their care and support with regular monitoring and review arrangements.

**People should get safe and appropriate care that meets their needs and supports their rights**

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**Our judgement**

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The provider was meeting this standard.

Care was planned and delivered in a way that was intended to ensure people's safety and welfare.

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**Reasons for our judgement**

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The two care plans we looked at showed each person's care and support requirements were clearly documented. The care plans reflected people's individual needs and preferences; they provided clear guidance to staff about each person's support needs. There were systems in place to ensure staff were aware of any changes to people's care plans or health care needs.

We saw the care plans had been reviewed and updated each month or as issues arose by the senior staff. Appropriate clinical monitoring tools were in place which included the monitoring of people's weight, fluid and nutrition intake. The deputy manager told us that support was readily available from professionals within health and social services. These included psychiatrist, speech and occupational therapists, dieticians and specialist nurses. We saw in the health care plans that people had regular attention which supported their complex health needs. This showed that the health and social care needs of the people were being supported and monitored.

Within each person's care plan detailed up to date risk assessments were in place. There was evidence that incidents and accidents had been recorded, reviewed and actions had been taken where possible to prevent reoccurrence. We saw that staff discussed and reviewed incidents and changes to people's care needs at their staff meetings and during supervision. This showed that there was learning from events or incidents.

We were told by the deputy manager that people were supported by staff from the home when a hospital admission was required. When a person went into hospital they took with them detailed notes in the form of a hospital passport, which would give the hospital staff information about the person and their support needs.

The deputy manager told us about the activities which were organised to support the social and motivational needs of the people. We saw the activities included hydro-therapy, swimming, art and sound activities, and other community activities appropriate to the interests of the people. We saw that days out were organised. People were also supported to visit their families.

The deputy manager told us they regularly attended meetings and liaised with their peers

to ensure their information and knowledge was kept up to date. They were advised and supported by the local safeguarding and their professional networks on an on-going basis. This showed the manager had a good level of knowledge of the current changes in legislation to ensure they were providing safe care and that people's human rights were being met.

We saw on the staff training matrix that all the staff mandatory training, including safeguarding, the Mental Capacity Act and the deprivation of liberty safeguards (DoLS) was up to date. The staff we spoke with said they understood their responsibilities around safeguarding people's welfare. They all said that if they witnessed poor practice they would report their concerns. This ensured that people received care which met their needs and which sought to protect their human rights.

## Cooperating with other providers

✓ Met this standard

People should get safe and coordinated care when they move between different services

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### Our judgement

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The provider was meeting this standard.

People's health, safety and welfare was protected when more than one provider was involved in their care and treatment, or when they moved between different services. This was because the provider worked in co-operation with others.

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### Reasons for our judgement

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We were told by the deputy manager that they worked closely with local health care professionals, community and hospital social workers to meet the people's health support needs. The consultant psychiatrist, specialist nurses, doctors and community teams were readily available to give advice and support.

We saw in people's health care plans that people were supported to attend health care appointments with professionals included doctors, nurses, dentist, chiropodists and opticians were in regular contact with the people either at the home or at the various local medical centres. Everyone had their medication reviewed on a regular basis. The involvement of other health and social care professionals meant that people's health, safety and welfare were protected as the provider worked and co-operated with other services.

## Staffing

✓ Met this standard

There should be enough members of staff to keep people safe and meet their health and welfare needs

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### Our judgement

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The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

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### Reasons for our judgement

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There were clear staff structures in place with the registered manager, deputy and care workers in post. On most shifts there was a senior of staff on duty or available close by to provide supervision and support. We were told by the deputy manager that staff worked as a team to cover absences. We saw there was an out of hours on call system in place. This meant that the home had contingency plans in place in case of an emergency or staff absence.

We saw on the rota there were sufficient staffing levels in place to meet the needs of the people. Staffing levels were increased where events required additional staff input. While we were undertaking our inspection, we saw staff worked closely with the people to constantly provide monitoring or assistance. This meant that there was sufficient staff on duty to meet people's support needs.

We were told by the staff we spoke with that the provider had comprehensive induction training that covered all areas of mandatory training. The deputy manager told us training was kept under review and new training was introduced regularly, this included diabetes care, peg feeding, autism and training on values in practice. We saw on the training records that all staff were supported to undertake their national vocational qualifications. All the mandatory training was up to date. We saw that the people who lived at the home received care from staff that had the appropriate levels experience, skill and training.

## Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

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### Our judgement

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The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who use the service and others.

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### Reasons for our judgement

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We saw that the provider had systems in place which assessed and maintained the quality of service provided for the benefit of people who lived at the home. The deputy manager told us that they and the registered manager undertook daily checks on the standards of care provided which included the environmental and record keeping. We saw that regular audits were undertaken on health and safety, the environment, people's finances and medication. We saw that the provider's managers regularly visited the home and undertook quality checks. We saw that actions had been taken where required.

The records we looked at showed that other agencies regularly visited the home to check on quality of the environment and services. These included environmental health, water testing, and infection control teams. This showed that the provider had effective systems in place to regularly assess and monitor the quality of service that people received.

During our inspection we saw that the building was well maintained and provided a comfortable and safe environment for the people. We saw that the bath and shower rooms had recently been refurbished to a high standard. All the people had their own rooms which were furnished and equipped to meet their individual needs.

The deputy manager told us how incidents/accidents and near misses were reviewed on an on-going basis to monitor for trends or issues which needed attention. They told us how monitoring had provided improvements in care and health and safety. One example was the change made to the type of needles used which had prevented needle injuries.

We saw from the notes of staff meetings that the team was kept up to date with any changes in people's support needs or changes within the service. We saw in the minutes that staff was regularly reminded to ensure they maintained accurate and up to date records. The minutes showed that staff were kept informed of changes to legislation or care practice.

The deputy manager told us that the provider undertook an annual service satisfaction questionnaires issued to families of people who used the service. The responses were very positive.

The staff we spoke with said the management regularly discussed quality issues with them and asked for their feedback on changes or improvements which might enable standards to be maintained or improved. The deputy manager told us that they had recently met with the provider's board members to discuss with them the support needs of people while in hospital. This meant that the provider ensured that quality standards were maintained and any issues raised were addressed.

**People should have their complaints listened to and acted on properly**

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**Our judgement**

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The provider was meeting this standard.

There was an effective complaints system available.

Comments and complaints people made were responded to appropriately.

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**Reasons for our judgement**

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We saw that the home had a compliments/complaints book where anyone could write comments. The comments we saw were all very positive. One family member had said, 'He is very happy, he loves it here'. A health care professional had commented 'The care is really as good as it can get'. There were no complaints in the book and the deputy confirmed that no complaints had been received.

We saw that the home had complaints procedure available for people and their families to use. The complaint procedure set out what people should do if they were unhappy with the service provided. The procedure gave names and contact details people could use. However, the provider may wish to note that people may find it helpful to have a up to date simplified 'easy read' version of the complaints procedure which may be easier to understand.

The deputy manager told us that the provider and the home had an open door policy. Families visited at any time when they could and people were supported to visit their families. Families were notified immediately if there were any concerns or changes. They were invited to people's reviews and they were always asked if they had any concerns.

This meant that complaints processes and other systems were available for people to use if they wanted to raise an issue.

## About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

## How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

**✓ Met this standard** This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

**✗ Action needed** This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

**✗ Enforcement action taken** If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

## How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

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**Minor impact** - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

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**Moderate impact** - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

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**Major impact** - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

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We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

## Glossary of terms we use in this report

### Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

### Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

## Glossary of terms we use in this report (continued)

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### **(Registered) Provider**

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There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

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### **Regulations**

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We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

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### **Responsive inspection**

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This is carried out at any time in relation to identified concerns.

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### **Routine inspection**

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This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

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### **Themed inspection**

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This is targeted to look at specific standards, sectors or types of care.

## Contact us

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