Review of compliance

Vision Homes Association Vision Homes Association - 1A Toll Gate Road	
Region:	West Midlands
Location address:	1A Toll Gate Road Ludlow Shropshire SY8 1TQ
Type of service:	Care home service without nursing
Date of Publication:	June 2012
Overview of the service:	Accommodation and personal care is provided for up to five adults with multiple disabilities, including learning and physical disabilities, autism and sensory impairment.

Summary of our findings
for the essential standards of quality and safety

Our current overall judgement

Vision Homes Association - 1A Toll Gate Road was meeting all the essential standards of quality and safety inspected.

The summary below describes why we carried out this review, what we found and any action required.

Why we carried out this review

We carried out this review as part of our routine schedule of planned reviews.

How we carried out this review

We reviewed all the information we hold about this provider, observed how people were being cared for, talked to staff and talked to people who use services.

What people told us

We visited the service on 24 May 2012. We used a number of methods to help us understand the experience of people who used the service, because people were not able to tell us their views.

We observed the way six staff and the manager interacted with five people, using an observational tool designed for the Care Quality Commission. We spoke with four staff, the manager and area manager. We looked in detail at care records for one person and parts of records for four other people. We looked at a few policies, records about staff training and running of the home.

People we observed were treated as individuals and privacy was respected. People took part in their care in line with their abilities. Individual support was provided for personal care, during meals and for activities people enjoyed in the home and community.

People were unable to make care and treatment decisions, so these were regularly reviewed with families and health professionals. Best interest decisions were recorded and carried out.

Any risks to people's health and welfare were monitored and reduced by the home working in cooperation with others and by arrangements in place to manage emergencies.

The provider and manager ensured that staff had appropriate professional development for their roles and to understand people's conditions. Staff felt well supported and had appraisal to maintain high standards of care we observed.

There were no complaints or safeguarding concerns and few accidents took place. Staff

knew how to recognise and respond if concerns arose, which would involve the local safeguarding process. There was a safe system which accounted for people's money.

Information about the service and how to make a complaint were in accessible formats for use by people's representatives or professionals on their behalf.

What we found about the standards we reviewed and how well Vision Homes Association - 1A Toll Gate Road was meeting them

Outcome 01: People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

The provider was meeting this standard.

People's privacy, dignity and independence were respected.

Outcome 02: Before people are given any examination, care, treatment or support, they should be asked if they agree to it

The provider was meeting this standard.

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

Outcome 04: People should get safe and appropriate care that meets their needs and supports their rights

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Outcome 06: People should get safe and coordinated care when they move between different services

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.

Outcome 07: People should be protected from abuse and staff should respect their human rights

The provider was meeting this standard.

People who used the service were protected from the risk of abuse or unsafe care.

Outcome 14: Staff should be properly trained and supervised, and have the chance to develop and improve their skills

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment to an appropriate standard.

Outcome 17: People should have their complaints listened to and acted on properly

The provider was meeting this standard.

There was an effective complaints system available. Comments and complaints were responded to appropriately.

Other information

Please see previous reports for more information about previous reviews.

What we found for each essential standard of quality and safety we reviewed

The following pages detail our findings and our regulatory judgement for each essential standard and outcome that we reviewed, linked to specific regulated activities where appropriate.

We will have reached one of the following judgements for each essential standard.

Compliant means that people who use services are experiencing the outcomes relating to the essential standard.

Where we judge that a provider is non-compliant with a standard, we make a judgement about whether the impact on people who use the service (or others) is minor, moderate or major:

A minor impact means that 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.

A moderate impact means that 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.

A major impact means that 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.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary changes are made.

More information about each of the outcomes can be found in the *Guidance about compliance: Essential standards of quality and safety*

Outcome 01:
Respecting and involving people who use services

What the outcome says

This is what people who use services should expect.

People who use services:
* Understand the care, treatment and support choices available to them.
* Can express their views, so far as they are able to do so, and are involved in making decisions about their care, treatment and support.
* Have their privacy, dignity and independence respected.
* Have their views and experiences taken into account in the way the service is provided and delivered.

What we found

Our judgement

The provider is compliant with Outcome 01: Respecting and involving people who use services

Our findings

What people who use the service experienced and told us
People had sight impairments and our voice was unfamiliar to them. People were unable or unwilling to talk with us.

Staff told us that people who used the service were unable to take part in daily living tasks. We observed that independence was encouraged in line with people's abilities. For example, some people had finger food which they helped themselves to at lunchtime.

People had choice and were up for the day at different times. Two people had low beds so they could get up when they wanted to. One person we were told preferred a quieter life. They remained in their room until others left for an outing, when staff assisted the person to have their lunch in a communal area.

People we observed were treated as individuals, with their diversity, values and human rights respected. For example, staff supported one person to eat hot food by filling a spoon and together they guided the spoon to the person's mouth. The person banged the table when they wanted food more quickly. This meant that the person remained in control of their support.

We saw that privacy was respected when staff carried out a plan they told us about to teach one person to use the toilet.

Other evidence
We discussed the updated Statement of Purpose with the manager. This had accurate information about the service provided, apart from the age range catered for. The manager intended to rectify this and notify us as required.

Our judgement
The provider was meeting this standard.

People's privacy, dignity and independence were respected.

Outcome 02:
Consent to care and treatment

What the outcome says

This is what people who use services should expect.

People who use services:
* Where they are able, give valid consent to the examination, care, treatment and support they receive.
* Understand and know how to change any decisions about examination, care, treatment and support that has been previously agreed.
* Can be confident that their human rights are respected and taken into account.

What we found

Our judgement

The provider is compliant with Outcome 02: Consent to care and treatment

Our findings

What people who use the service experienced and told us
Staff said they talked with individuals in the morning about plans for the day, but some people could not retain the information. We did not plan to inspect this outcome but the manager said that everyone had been assessed and was found to lack mental capacity to make most care and treatment decisions.

People we observed had opportunity to consent and staff acted in accordance with their wishes. For example, one person was told what to expect before staff moved their limbs in a music and movement class. If the person took their hands away or sat down, their refusal was respected. Staff watched the person's body language to know when they wanted to listen rather than move. We saw that the person enjoyed this experience.

Staff asked three other people whether they wanted more fruit or a hot drink and waited. If no meaningful response was made, staff made decisions for people.

Staff explained what one person liked, which matched their records. Their care plan had photos of their history, preferences and relatives. The manager said that other people's care plans were being developed in a similar manner.

The provider updated policies and procedures in line with mental capacity law and ensured staff were trained. Best interest decisions about care, treatment and people's

finances were regularly reviewed by meetings or consultations with family as well as health and social care professionals.

When, for example occasional use liquid medicine for one person's health condition was changed, options considered and reasons for decisions were noted. This confirmed that policies and the law had been followed.

Other evidence

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.

Outcome 04:
Care and welfare of people who use services

What the outcome says

This is what people who use services should expect.

People who use services:
* Experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

What we found

Our judgement

The provider is compliant with Outcome 04: Care and welfare of people who use services

Our findings

What people who use the service experienced and told us
People were unable to tell us about their experience of care and support. There was evidence that care and treatment was planned and delivered in a way that ensured people's health, safety and welfare.

For example, we observed safe practice as staff prepared to take three people on an outing in the community. People were appropriately dressed for a warm day and had drinks. Sun cream was applied to one person's face. Staff checked that they had all the aids and equipment they would need.

People had individual sensory equipment for stimulation in their rooms. One person had a bed with integral bedrails used to prevent falls from bed. People had personalised aids to mobilise indoors and outdoors.

Everyone had an individual plan for activities in the home and community, including exercise such as swimming or hydrotherapy. During our visit people had music therapy or reflexology with individual support and visiting therapists.

Nutritional risk was identified and addressed with health professionals for two people. Medication was reduced and one person's diet was changed to improve their health. Attention to small details we observed and discussed, helped the person get used to the changes. Another person had thickened fluids and staff followed specialist guidance to prevent dehydration due to swallowing difficulty.

Arrangements were in place to deal with foreseeable emergencies. Staff were trained in first aid and resuscitation. There were specific medicines and guidelines for emergencies in respect of people's health conditions, which staff understood and had recently used.

We were told that a consultant visited the home every month to review people's conditions, medication and protocols with staff, and people saw a specialist dentist. Staff shared information with each other in communication records when changes were made by professionals and used their advice to update care plan guidance.

Other evidence

Our judgement
The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Outcome 06:
Cooperating with other providers

What the outcome says

This is what people who use services should expect.

People who use services:
* Receive safe and coordinated care, treatment and support where more than one provider is involved, or they are moved between services.

What we found

Our judgement

The provider is compliant with Outcome 06: Cooperating with other providers

Our findings

What people who use the service experienced and told us
We did not plan to inspect this outcome however the manager and staff provided good examples of how services worked together to protect people's health, safety and welfare.

For instance, district nurses and the GP regularly monitored one's person's diabetes. Staff tested and recorded blood sugar levels and adjusted insulin pens in line with guidelines provided by district nurses. Nurses had trained and tested the competence of staff to undertake these roles.

We saw a report of one person's life threatening emergency. One staff member said they had accompanied the person to hospital and stayed with them. Hospital staff had the benefit of their detailed knowledge of the person's needs and history so that timely best interest decisions were made about their examination and treatment. The person had reassurance from someone familiar when their condition was stable.

Staff told us that people benefitted from a range of complimentary health therapies, reflected in people's records. Staff had been taught by a physiotherapist to carry out percussion in-between sessions to clear one person's chest to prevent frequent infections.

Other evidence

Our judgement

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.

Outcome 07:
Safeguarding people who use services from abuse

What the outcome says

This is what people who use services should expect.

People who use services:
* Are protected from abuse, or the risk of abuse, and their human rights are respected and upheld.

What we found

Our judgement

The provider is compliant with Outcome 07: Safeguarding people who use services from abuse

Our findings

What people who use the service experienced and told us
People were not able to tell us if they felt safe but we saw that they were comfortable in the presence of staff. The provider had checked and found compliance with safeguarding standards in June 2011.

We observed safe working practices and staff who had regard for people's welfare and safety. For example, windows were closed if bees were nearby. Staff checked on people in their rooms and in communal areas. The home was tidy and one person who crawled around the unit encountered no hazards. Staff undertook domestic tasks when it was safe to do so, and securely stored cleaning equipment.

Records showed that accidents rarely happened and were learned from. Staff said that sometimes people banged into things when getting up or sitting down too quickly, and care plan guidance had been reviewed.

Staff were trained to avoid undue restrictions on people's lives. A listening device was determined to be necessary along with regular night checks for one person. People and families had staff support to visit each other. We saw that one person used an electric wheelchair independently to move around freely in the home and enclosed garden.

Staff we observed used distraction to protect one person from self-injurious behaviour. The person became calm when staff made them comfortable and gave reassurance. Policies, training and oversight made sure staff managed behaviour without restraint.

Records showed all staff had training or induction about safeguarding. Staff we spoke with knew how to recognise and report possible abuse or poor practice within the service and to outside agencies, although no concerns arose in the past year. The safeguarding policy and procedure was accessible to staff when needed, and had links with the local safeguarding process.

The provider acted as appointee for people who used the service. We checked and found an effective system to manage people's money safely with daily checks by staff and weekly management audits.

Other evidence
No safeguarding concerns were reported by the public or other agencies.

Our judgement
The provider was meeting this standard.

People who used the service were protected from the risk of abuse or unsafe care.

Outcome 14:
Supporting staff

What the outcome says

This is what people who use services should expect.

People who use services:
* Are safe and their health and welfare needs are met by competent staff.

What we found

Our judgement

The provider is compliant with Outcome 14: Supporting staff

Our findings

What people who use the service experienced and told us
People we observed had individual attention from staff that understood their needs and had skills to meet them. Staff received appropriate professional development to provide high standards of care we observed.

For example, all staff other than a new worker had senior roles and additional care qualifications. Staff said that they had good quality training and felt well supported by managers and the provider.

Training records showed that all staff updated knowledge and skills through mandatory training and refreshers from the provider or the local authority. Staff had undertaken additional courses from the provider and local health professionals to understand relevant conditions, such as epilepsy and dementia.

Four staff with many years experience at the home said they could talk to managers at any time. They had bi-monthly supervision, annual appraisal and regular staff meetings all of which were planned in the home's diary. Staff competence in handling medicines was regularly assessed.

Staff told us that there were enough staff to meet people's needs consistently, including cover for staff absence. Rotas over four weeks confirmed this.

A new staff member, not included in the rota, was working alongside more experienced staff. They were shown, for example how to put on a person's shoes. We were told that new staff were introduced gradually so that people became used to their name and

then their voice, which put people's needs first. Records showed a formal induction programme, with observed practice and assessment of competence before new staff worked alone with people.

Other evidence

Our judgement
The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment to an appropriate standard.

Outcome 17:
Complaints

What the outcome says

This is what people should expect.

People who use services or others acting on their behalf:
* Are sure that their comments and complaints are listened to and acted on effectively.
* Know that they will not be discriminated against for making a complaint.

What we found

Our judgement

The provider is compliant with Outcome 17: Complaints

Our findings

What people who use the service experienced and told us
People who used the service were unable to make complaints or to understand the complaints process.

The provider's complaints policy was available in picture and audio formats. It was comprehensive and included complaints about the quality of service and staff practice. A visitors' complaints book was kept by the signing in book so that comments could be made on people's behalf by visiting relatives or professionals.

The manager said that no complaints were made in the past year, which the home's log confirmed. The area manager told us they had apologised to neighbours and resolved two complaints about parking on the road and trees, in respect of three Vision Homes on the site.

Other evidence
No comments or complaints were raised by the public or other agencies.

Our judgement
The provider was meeting this standard.

There was an effective complaints system available. Comments and complaints were responded to appropriately.

What is a review of compliance?

By law, providers of certain adult social care and health 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 Care Quality Commission (CQC) has written guidance about what people who use services should experience when providers are meeting essential standards, called *Guidance about compliance: Essential standards of quality and safety*.

CQC licenses services if they meet essential standards and will constantly monitor whether they continue to do so. We formally review services when we receive information that is of concern and as a result decide we need to check whether a service is still meeting one or more of the essential standards. We also formally review them at least every two years to check whether a service is meeting all of the essential standards in each of their locations. Our reviews include checking all available information and intelligence we hold about a provider. We may seek further information by contacting people who use services, public representative groups and organisations such as other regulators. We may also ask for further information from the provider and carry out a visit with direct observations of care.

Where we judge that providers are not meeting essential standards, we may set compliance actions or take enforcement action:

Compliance actions: These are actions a provider must take so that they **achieve** compliance with the essential standards. We ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

Enforcement action: These are actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers are set out in the law and mean that we can take swift, targeted action where services are failing people.

Information for the reader

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