

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: 12 April 2013

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

| | |
|--|---------------------|
| Respecting and involving people who use services | ✓ Met this standard |
| Care and welfare of people who use services | ✓ Met this standard |
| Management of medicines | ✓ Met this standard |
| Requirements relating to workers | ✓ Met this standard |
| Assessing and monitoring the quality of service provision | ✓ Met this standard |

Details about this location

| | |
|-------------------------|---|
| Registered Provider | Vision Homes Association |
| Registered Manager | Mrs. Caroline 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 |

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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

Why we carried out this inspection

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.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 12 April 2013, observed how people were being cared for and talked with people who use the service. We talked with staff.

What people told us and what we found

Although we met most people living in the home, no one was able to express their views about their experience in any detail. However, everyone we met appeared happy in the home. They all seemed comfortable with the staff and their surroundings.

We found that the people who received a service were not able to be involved in the planning and delivery of their care to any great extent because of their learning disabilities. However, we saw that the staff had involved people's families whenever appropriate. We also saw that one person had an independent advocate.

We found that care plans were very person centred and contained lots of information about people's choices, preferences and their likes and dislikes. We saw people being treated with kindness and respect by the staff.

We found that medicines were safely stored, handled and administered. Medicine records were accurate and doctors' instructions were properly acted upon.

We were satisfied that the provider made all the appropriate checks on staff before their full employment started.

We found that the provider regularly monitored quality and performance, although they did not always formally record this.

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

More information about the provider

Please see our website 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

Respecting and involving people who use services ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care. People's privacy, dignity and independence were respected.

Reasons for our judgement

We found that people were not able to be very involved in the planning and delivery of their care because of their learning disabilities. Wherever appropriate, the staff had consulted people's families to help them make decisions and choices for the people in their care.

We saw the results of a survey the provider had used to collect the views of relatives of people living in the home. The survey included questions about people's privacy, dignity and independence. The results were very positive.

We saw that relatives were involved in a full annual review of their family member's needs. The reviews noted the extent to which the person themselves attended or participated in the review.

We saw that care plans included a section called 'How I Communicate'. This gave guidance to staff about how each person indicated consent. It also explained how people expressed a preference when given a choice.

Because most people living in the home also had a visual impairment, the care plans included a guide to staff about touch as an aid to communication.

We saw evidence that the staff used best interest meetings to make bigger decisions on people's behalf.

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

Although none of the people we met were able to express their views about their experience in any detail, everyone we met appeared happy in the home. They all seemed comfortable with the staff and their surroundings.

Throughout our visit we saw staff treating people with kindness and respect.

We looked at three care plans and found that they were very person centred. The care plans were produced as if each person had written them themselves. This gave the plans a very personal feel. The plans were updated regularly and were comprehensively reviewed once a year. We saw that people's relatives attended the annual care reviews.

The plans contained lots of information about people's likes and dislikes and their choices and preferences. They also contained information about people's abilities and the level of support they needed in each area of their lives.

We saw comprehensive guides to staff about people's daily personal care routines. The guidance emphasised that staff should always explain to people what they wanted to do and, as far as possible, to obtain the person's agreement to everything they did. The staff had all signed the daily routines to indicate that they had read them. This helped to ensure that people were cared for in a consistent way in line with their choices and preferences.

We saw that each person had a separate health care plan. This contained details of the person's medical conditions, regular health monitoring notes and details of any medical appointments. The outcomes of each health care appointment were recorded in the plan. Staff were alerted to check new entries in the plans by way of the home's communication book, which staff consulted at the start of every shift. The staff we spoke with told us that this system worked well.

The staff we spoke to told us that they felt well trained to provide appropriate care to people. They also said they were well supported by the manager.

We saw details of the activities that people were able to participate in. These included trips out to music therapy sessions and hydrotherapy. We also saw that people sometimes received visits in the home from a hairdresser. One person was supported to

attend a local church service.

One member of staff told us that there were fewer staff on duty at weekends. Although the numbers did not put anyone at risk, it meant that it was harder to take people out at the weekends.

People should be given the medicines they need when they need them, and in a safe way

Our judgement

The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

Reasons for our judgement

We found that medicines were safely stored and handled. We also found that medicines were properly administered.

We medicines were kept in a locked trolley that was attached to the wall. Only staff who had received appropriate training were permitted to handle and administer medicines.

We saw that medicines in the trolley we sampled were in date and matched people's current prescriptions.

Appropriate arrangements were in place in relation to the recording of medicine. We checked the medication records and audited a sample of medicines for people living at the home. We found that the written records were accurate.

Changes to people's prescriptions were clearly recorded in their medicine records. We found that a doctor's recent instruction to discontinue a drug for one person had been accurately recorded and followed. However, we found that lists of current medications in people's care plans were not always updated at the same time as their records in the medicines trolley. Although staff told us that they always used the records in the medicines trolley when they were administering drugs, there was a small risk of confusion.

We saw that there were good records of medicines given to people on an 'as required' basis. We also found that the home correctly stored medicines that were no longer required before safely returning them to the pharmacy.

Requirements relating to workers

✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

Reasons for our judgement

We found that staff recruitment was handled by the provider's head office in Birmingham. We saw the provider's recruitment and selection policy.

The manager told us the regional office sent them a form for each new member of staff to confirm that all the necessary pre employment checks had been completed. The checks included obtaining a CRB check and at least two references for each person. The form also confirmed that new staff had demonstrated their entitlement to work in the UK and that they were physically fit for work.

We saw examples of the completed forms on the staff files we looked at.

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

We saw that the manager had recently begun an audit of care plans in the home. We saw one care plan with a series of notes attached where information had been identified as missing or out of date. The staff were in the process of updating the plan.

We saw that the manager conducted a monthly audit of medications in the home to ensure that medicines were being administered safely.

We also saw that the manager carried out a monthly health and safety audit that included a visual inspection of all the home's mobility aids.

The staff we spoke with told us that they had all attended a meeting to suggest improvements to the service. We saw a list of initial suggestions that emerged from the meeting. The manager told us that the ideas were still being considered.

We saw that the annual reviews for each person living in the home considered each of the CQC essential standards of quality and safety in turn. This helped the staff ensure that the home remained compliant in each area.

We also met the provider's Operations Manager. They told us that they visited the home on a weekly basis and discussed any problems identified with the manager on an informal basis. The provider may wish to note that there were no formal records of the Operations Manager's audits.

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 dentists and other services at least once every two years. 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 but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

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. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

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.

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.

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

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)

(Registered) Provider

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'.

Regulations

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

Responsive inspection

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

Routine inspection

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

Themed inspection

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

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