

# Review of compliance

Vision Homes Association Holcombe House	
<b>Region:</b>	West Midlands
<b>Location address:</b>	Gravel Hill Ludlow Shropshire SY8 1QU
<b>Type of service:</b>	Domiciliary care service Supported living service Extra Care housing services
<b>Date of Publication:</b>	August 2011
<b>Overview of the service:</b>	Holcombe House currently provide domiciliary care services to three people with a learning disability living in their own homes or with their family. The service caters for both male and females with a range of complex needs providing support with personal care, meal preparation, activities, shopping

	and housework.
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# Summary of our findings for the essential standards of quality and safety

## Our current overall judgement

**Holcombe House was meeting all the essential standards of quality and safety.**

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, checked the provider's records, talked to staff, reviewed information from stakeholders and talked to people who use services.

### What people told us

Due to the needs of three people using the service not everyone was able to share their experiences of the service that they receive. We spoke with one person who receives a service, two relatives of the other two people and four staff. People were very positive about the service. One person indicated that he likes the staff and they help him to maintain his independence. People we spoke with told us that a full needs assessment was undertaken prior to their relative being offered a service. They said they were fully involved in the development of the support plan, which is regularly reviewed in accordance with the person's changing needs. One person told us, "They do a really good job. The staff team are very good and they have a great deal of expertise in my relative". Another person said, "They are meticulous about my relatives care and diet. He is looked after absolutely fantastically. I've not seen him so happy in years, they are wonderful". People confirmed that staff respect privacy and dignity when providing personal care and any concerns are swiftly dealt with in the best interests of the people using the service. They described communication between them and the agency as "excellent". One person said, "They are very approachable, it works wonderfully. I'm chuffed to bits".

Staff told us that they enjoy working for the service and that they are provided with lots of training opportunities to develop their skills and knowledge to effectively support people. They considered people's needs are well met and they have sufficient time to undertake their duties. They told us that support plans are reflective of people's needs and are regularly updated. They told us that they receive good support from the management team and have developed positive working relationships with the people they support, their relatives and professionals. One person said, "I love it, I have a fabulous job. The organisation treats individuals as individuals and support the staff to maintain that. I'm proud to say who I work for". Another person said, "It's the best company I have ever

worked for in terms of training, which has developed my confidence. They promote independence and allow service users to take control of their own lives".

## **What we found about the standards we reviewed and how well Holcombe House was meeting them**

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

The service has a comprehensive assessment and care planning system in place that ensures people receive care and support that is consistent and reflective of their individual needs. People's privacy, dignity and independence are promoted enabling them to feel valued and respected.

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

Staff receive training so that they have an understanding of adult protection to ensure people they support are protected from abuse.

### **Outcome 16: The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care**

The provider has effective systems in place to monitor and review the quality of the service provided to ensure people benefit from safe quality care and support.

## **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.

A **minor concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard.

A **moderate concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard and there is an impact on their health and wellbeing because of this.

A **major concern** means that people who use services are not experiencing the outcomes relating to this essential standard and are not protected from unsafe or inappropriate care, treatment and support.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary improvements are made. Where there are a number of concerns, we may look at them together to decide the level of action to take.

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

## 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 we spoke with told us that their relatives' needs were fully assessed prior to being offered a service. One person said, "They spent hours talking to us to gain all of the background knowledge of my relative". They told us that they were fully involved in developing the support plan and that this is "constantly" reviewed and updated when needs change. One person said, "There are several files full of information and a very impressive protocol in place for every given situation. It has very much been a partnership and everything is very person centred around X's needs". People considered support plans to be an accurate reflection of their needs and that support workers carry out the tasks detailed in their support plan. People were very positive about the care that they or their relative receive and described the staff as "very good" and considered that staff have the skills and knowledge to meet people's complex needs. They said they generally receive the same regular support workers ensuring their continuity of care although there have been some difficulties with staff recruitment, which the provider is addressing.

##### Other evidence

Discussions with staff evidence that the care and support people receive is very much tailored around their individual assessed needs. Staff shared their experiences of how they respect and promote the privacy, dignity and independence of the people they support. They spoke positively about their work and discussions evidence that they very much adopt a person centred approach.

We spoke with a member of staff at length about the assessment process. They

demonstrated a clear knowledge of the assessment procedure and confirmed that people are only offered a service if they are confident they are able to meet their assessed needs. Other staff spoken with considered they have enough information for the delivery of care and support. One person said they were developing a communication profile to assist new staff to communicate with the person they support effectively. They told us that the provider is, "really good at prioritising people who use the service by enabling them to take the lead and promoting their independence". Another person said that staff work very hard to meet people's needs ensuring their care and welfare.

The provider told us in their self assessment, "VIEW days (Valuing Independence, Evaluating Wellbeing) have been implemented in order to provide the opportunity to focus on all aspects of an individual's service including, person centred planning, support needs, plans for the future, health and wellbeing, celebrating successes, finance, the views of individuals, families or friends. It also affords a structured opportunity for a member of the senior management team to monitor that all required / appropriate systems in support of the person are in place and reviewed by the manager".

Discussions evidence that people's health and wellbeing is effectively monitored and people are supported to attend routine and health specific appointments. The provider told us, "Health Action Plans are in place for each service user, with the most recent service provision still being developed with the individual and their family. They are discussed with appropriate health professionals e.g. GP and with social work teams at VIEW days. These plans detail all the input from health and medical professionals over the previous 12 months as well as any plans for the following year".

All three people currently receiving a service require support to take their prescribed medications. We were told that medication profiles are in place for each person and are regularly reviewed. Profiles include known interactions, side effects and contra-indications ensuring staff are provided with detailed information to effectively support people. We were advised that all staff who administer medications have received appropriate external accredited 'safe handling of medications' training and that their competency is assessed. This was confirmed in discussions held with staff.

### **Our judgement**

The service has a comprehensive assessment and care planning system in place that ensures people receive care and support that is consistent and reflective of their individual needs. People's privacy, dignity and independence are promoted enabling them to feel valued and respected.

## 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 we spoke with expressed no concerns about the protection of people. They told us if they had any concerns they would contact the manager and were confident that they would be listened to and their concern acted upon. People told us that they are fully involved and consulted with about all aspects of their relative's care.

##### Other evidence

The provider told us in their self assessment, "As a result of service user's particular learning difficulties and communication issues it is likely that they would have to rely upon their support staff and families to advocate on their behalf within any safeguarding process. To this end Vision Homes Association ensure, through induction, adult protection training, on-gong National Vocational Qualification / Qualifications and Credit Framework and knowledge of individual service user, that staff are aware of their professional obligations to report and record potential situation of abuse. Policies and procedures, communication and support guidelines are in place, reviewed and signed annually by staff to ensure staff knowledge and competency". The provider also stated that their recruitment procedure incorporates an adult protection question for all interviewees in order to assess their understanding and knowledge of their personal responsibility for the protection of vulnerable adults.

Staff spoken with all confirmed that they had received training in adult protection so that they can identify, report and respond appropriately to suspected or actual abuse. Staff confirmed that they attend regular team meetings and receive formal supervision to discuss their work and training needs. They confirmed that they had not observed any

poor practice that placed people at risk of harm. They said if they did they would immediately report it to a manager.

We were advised that the service has not received any complaints or made any referrals into safeguarding in the last 12 months. A referral made prior to this was appropriately managed in the best interest of the person concerned and recommendations made have since been addressed.

**Our judgement**

Staff receive training so that they have an understanding of adult protection to ensure people they support are protected from abuse.

## Outcome 16: Assessing and monitoring the quality of service provision

### What the outcome says

This is what people who use services should expect.

People who use services:

\* Benefit from safe quality care, treatment and support, due to effective decision making and the management of risks to their health, welfare and safety.

### What we found

#### Our judgement

The provider is compliant with Outcome 16: Assessing and monitoring the quality of service provision

#### Our findings

##### What people who use the service experienced and told us

People described communication between them and the provider as "excellent". They told us that they are fully involved in planning and reviewing their relative's care. One person said that they had received a survey to complete about the service to gain their views. People were very complimentary about the quality of service that their relative receives and said they were "very satisfied". They told us that the provider is open to suggestions for improvement and if staff are ever unsure about anything they don't hesitate to contact them. Comments included: "They are very approachable. I don't have to worry one bit about him. He is happy, the staff are happy and as a family we are happy". One person told us that the only criticism they had was staff having to work long shifts due to the delay in staff recruitment which can impact on continuity of care. This was fully acknowledged in the self assessment completed by the provider who advised that interviews for new staff are imminent.

##### Other evidence

The provider completed and sent us their provider compliance assessments (PCA's) for the outcomes of essential standards of quality and safety that we requested. These self assessments very detailed and completed and returned within the required timescale. They declared they were fully compliant against the outcomes that we requested them to submit.

The service has varied systems in place for the gathering, recording and evaluating information about the quality and safety of the care and support they provide. These include, VIEW days that have been implemented in order to provide the opportunity to

monitor all aspects of an individual's service. Using the PCA tool devised by CQC to monitor the effectiveness of the service and identify any shortfalls. Regular team meetings within services provide opportunity for team discussions around health and wellbeing of people. Weekly meetings between the registered manager and support manager / deputy in order to discuss what has been happening for each person, their health, activity, support needs etc as well as any staffing issues. Weekly health and safety checklists are in place and used within services to ensure the safety and suitability of the premises and equipment. Family questionnaires are carried out annually to gain people's views about the service provided and general discussions held. We saw that feedback gained from the most recent survey was very positive. We were advised that managers are within services on a very regular basis in order to provide continuity of care as is required at the present time due to staffing issues. A health and safety committee is also in place to monitor safety across services within the organisation. The service is also monitored by funding authorities. We were told that a recent desktop review undertaken by one local authority in relation to their domiciliary provision made no requirements. A recommendation was made that they include information on 'infection control' on their statutory training records and to ensure staff receive refresher training in this area.

We were advised that the provider has not received any complaints in the last year and neither has CQC. Staff spoken demonstrated an awareness of the complaints procedure and considered the provider has effective systems in place to monitor the delivery of service. They said they would raise any concerns with managers and felt confident that these would be acted on.

### **Our judgement**

The provider has effective systems in place to monitor and review the quality of the service provided to ensure people benefit from safe quality care and support.

# 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.

When making our judgements about whether services are meeting essential standards, we decide whether we need to take further regulatory action. This might include discussions with the provider about how they could improve. We only use this approach where issues can be resolved quickly, easily and where there is no immediate risk of serious harm to people.

Where we have concerns that providers are not meeting essential standards, or where we judge that they are not going to keep meeting them, we may also set improvement actions or compliance actions, or take enforcement action:

**Improvement actions:** These are actions a provider should take so that they **maintain** continuous compliance with essential standards. Where a provider is complying with essential standards, but we are concerned that they will not be able to maintain this, we ask them to send us a report describing the improvements they will make to enable them to do so.

**Compliance actions:** These are actions a provider must take so that they **achieve** compliance with the essential standards. Where a provider is not meeting the essential standards but people are not at immediate risk of serious harm, 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

<b>Document purpose</b>	Review of compliance report
<b>Author</b>	Care Quality Commission
<b>Audience</b>	The general public
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