Inspection Report

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

Holcombe House

Gravel Hill, Ludlow, SY8 1QU

Tel: 01584877166

Date of Inspection: 26 October 2012

Date of Publication: November 2012

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

Consent to care and treatment	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Cleanliness and infection control	✓ Met this standard
Requirements relating to workers	✓ Met this standard
Complaints	✓ Met this standard

Details about this location

Registered Provider	Vision Homes Association
Registered Manager	Mr. Paul Dixon
Overview of the service	Holcombe House is a care agency owned by Vision Homes Association. Domestic and personal care services tailored to individual needs are provided in people's own homes and in the community. The service operates in Telford, Shropshire and Herefordshire for adults with various disabilities.
Type of services	Domiciliary care service Extra Care housing services Supported living service
Regulated activity	Personal care

Contents

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'.

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 26 October 2012, checked how people were cared for at each stage of their treatment and care and talked with carers and / or family members. We talked with staff.

Speaking to Court appointed Deputy

What people told us and what we found

We visited the office and looked at records about staff and the running of the agency. We looked at records of the three people who used the service. We spoke with their representatives as people were unable to tell us their views. We spoke with three managers, the provider's human resource department and three staff.

People's relatives were complimentary about the service and told us that people felt safe with the staff. Relatives were involved in care reviews and meetings to make best interest decisions. They commented, "X leads an active life", "X's home is always clean", "The staff have a good attitude and are well trained", and "Good financial records are kept."

Individual needs were met as people preferred, respecting their lifestyles, interests and beliefs. People's health and wellbeing was monitored and staff had specialist training to meet people's health needs. Managers carried out regular spot checks to ensure that people were appropriately cared for and hygiene standards were maintained.

Staff worked in dedicated teams and people helped to choose their staff. The provider made appropriate checks that staff were safe and fit for their roles before they started to work with people. Staff had ongoing training and were confident about reporting concerns of abuse should they arise, to managers and other agencies. Managers acted upon and staff learned from comments or complaints people and their representatives had made.

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

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

Our judgement

The provider was meeting this standard.

Before people received care or treatment they were asked for their consent and their wishes were respected. Where people did not have the capacity to consent the provider acted in accordance with legal requirements.

Reasons for our judgement

Relatives and staff told us that everyone could make their basic needs and views known by verbal or non-verbal behaviour. However the people who used the service did not all have mental capacity to make care, treatment and financial decisions.

Staff we spoke with supported people to make were daily choices. Spot checks by managers noted that staff sought people's consent and offerred options, for example about food and activities. People had communication aids and newer staff told us that they had gradual introductions to people in order to learn their communication methods.

Relatives of two people were involved in care reviews and separate meetings to make best interest decisions about care and treatment. Records showed that health and social care professionals were also involved. The provider may find it useful to note that an independent mental capacity advocate can be used in care reviews for a person who did not have relatives able to take part.

Staff assisted people to budget and paid bills. People's representatives had legal roles with their finances and told us that staff kept "Good financial records." The provider was working with one person's deputy, the Court of Protection and the person's bank to improve access to their allowance for food and personal shopping.

Relatives said that when people started using the service, account was taken of their past experiences, their lifestyles and relative's views of what had worked well when forming care plans. Relatives said that staff respected what was important to people, for example, "Attending worship" if people wanted to, "Having nice clothing", "Visiting friends and having them over". This respected people's diversity and human rights. We found that staff and the provider worked in accordance with mental capacity law to respect people's rights. Records confirmed that staff received training to do so.

Care and welfare of people who use services ✓ Met this standard

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

Relatives commented, "I have never seen x as happy and contented", "X leads an active life - I have confidence in the way staff have met their needs over the years." People were supported to attend activities and exercise in the community in line with their individual interests and abilities. A relative said that staff had helped a person to lose weight by providing a healthy diet, which had improved their health condition.

We found that care and treatment was planned and delivered in a way that ensured people's safety and welfare. Care plans were kept in people's homes, which meant that they were accessible for relatives and staff to refer to. Staff said they adjusted care plans as people's needs and circumstances changed. Records showed that regular checks were made by managers that people's care, medication and treatment was appropriately delivered.

A relative told us that following a period of illness and recovery, staff now encouraged the person to take part in daily living tasks at their own pace. Records we looked at showed that people were encouraged to take part in their own care. Regular health checks were recorded.

Staff we spoke with had undertaken research about people's health conditions and their prescribed medicines. Any risk identified to their health and welfare had guidance and monitoring measures in place to reduce the risk. Staff monitored people's wellbeing and discussed this at shift handovers and team meetings. This meant that staff were made aware of any changes and took timely action to any patterns or trends.

Managers told us it took six months to train one person's staff, including relief staff to carry out dialysis required several times a day. Staff had training about this, regularly updated by health specialists. They also had direct access to an NHS specialist team, which their relative confirmed had been used when necessary to manage the person's health condition and treatment. Records showed that staff had used their first aid training to manage another person's risk of choking when eating. Staff sought specialist health advice and changed the person's diet. Records showed that the number of choking incidents had reduced. We found that there were effective arrangements in place for forseeable emergencies.

Safeguarding people who use services from abuse ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

People who used the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify and prevent abuse from happening.

Reasons for our judgement

We did not plan to inspect this outcome. People were vulnerable as staff worked alone with them night and day, over three shifts. We looked at the safeguarding systems because a complaint had been made about staff, and we had not been notified about one hospital admission a relative told us about. The provider may find it useful to review when statutory notifications are required.

Relatives told us that two people felt safe with their current staff and got along with them. Relatives said that occasionally people felt uncomfortable with new staff, if the staff were not confident in their approach. We were told that people were satisfied with improvements or changes made by managers when this arose. Two people had sight impairments and another person did not have road safety skills. We confirmed that staff had training to guide people safely in the community.

One person had repetitive and obsessive behaviour which posed challenges for staff. Staff and managers told us that their behaviour had improved with a more consistent team approach. Records confirmed this and occasional use medication was now rarely needed. Staff described managing behaviour using distraction techniques and records showed they had training to do so.

A manager said the need for waking or sleeping night staff had been determined by trials to establish people's night time needs. Records supplied showed that accidents and incidents seldom took place but were recorded by staff and were reviewed by managers. Adjustments to care had been made when necessary to prevent recurrence.

Staff we spoke with were confident about recognising and reporting any concerns of abuse should this arise to managers or other agencies. We confirmed that staff received training and had local contact details to do so without delay. No concerns had been reported to us by other agencies or the public, and no concerns were raised with us or found during our inspection.

Cleanliness and infection control ✓ Met this standard

People should be cared for in a clean environment and protected from the risk of infection

Our judgement

The provider was meeting this standard.

People were protected from the risk of infection because appropriate guidance had been followed.

Reasons for our judgement

Two relatives commented, "X's home is like a show home, it is that clean" and "X's home is immaculate. There were a few hiccups but experienced staff taught newer staff how to clean and how to wash clothing."

One person was prone to infections as a result of their condition and treatment. Staff told us they followed care plan guidance about hygiene and sought medical advice when they observed changes. Relatives and records confirmed this. Managers said that NHS specialists prescribed antibiotics rapidly and advised staff on any changes in the hygiene regime at these times.

There had been no outbreaks of infection. Staff said they had enough protective equipment for personal care, such as aprons, gloves and handwashes. They had the equipment, cleaning and hygiene checklists for people's homes. Some tasks were undertaken daily, weekly or monthly. Managers documented regular checks they had made at people's homes.

The provider had a system to receive and share national safety alerts with staff, such as about flu epidemics. Staff were aware of company policies, such as recommended innoculations and circumstances when they should not attend work in order to prevent the spread of infection.

The provider may find it useful to note that staff were aware of training they needed to undertake to have up to date knowledge of hygiene, but were waiting for dates to do so. Records supplied showed that only seven out of 22 staff had been trained about infection control. Three staff needed training in the safe handling of food, and 19 staff have not refreshed their food handling training for several years.

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

Relatives told us that staff were, "Hard working, had a good attitude and were well trained", and "X has never been put in the position of having a relief worker turn up that they didn't know." Staff worked in dedicated teams, recruited for individuals. Records showed that people took part in interviewing their staff. Managers said that where possible they arranged for consistent relief staff to work with people for a few hours each week.

There had been a recent turnover of staff. Some staff were worried that replacements may be hard to find in a rural area. Managers told us of creative ways they had advertised and had a good response. Interviews were shortly to be held, after which recruitment checks were to be made. Staff wanted managers to communicate more about this. We were told that team meetings were scheduled each month, but sometimes managers needed to cover for absent staff.

Staff and managers told us that recruitment checks were undertaken by the Head Office. We looked at personnel records held at the agency office for three of the newest staff. Appropriate checks had been made with the Independent Safeguarding Authority and Criminal Records Bureau. There was evidence of full employment histories with explanations of any gaps and health declarations. Start dates had been delayed until references from previous employers could be verified. This meant that there were effective recruitment and selection processes in place.

Managers told us that any missing information was with the human resources department. We followed up one matter and confirmed that a missing work permit check had been made by the provider. The registered manager, who is the head of service based at the agency office, had routinely sampled staff records to check compliance. We confirmed that appropriate checks were undertaken before staff began work.

Newer staff said that at first they worked alongside experienced staff and completed induction workbooks. One staff member's induction training took place two months after they started work. We were told that this was because staff completed training in blocks of a week, twice a year. Staff told us they could not handle medicines until they were trained and observed by senior staff. Records of competence checks confirmed this. Evidence was supplied showing staff had ongoing and specialist training to meet people's needs.

Complaints ✓ Met this standard

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

People and their relatives were made aware of the complaints system. The complaints policy was available in formats which met their needs. Some people were unable to make complaints or understand the complaints process and one person did not have a relative able to comment or complain on their behalf.

Records showed that managers observed and followed up changes in people's behaviour or comments they had made. Managers had provided support and had arranged an independent befriender for people to express their views or to make a complaint.

We asked for and received a summary of complaints and the providers' response. One person had made a recent complaint. This had been investigated and resolved to the satisfaction of the person and their relative, which we confirmed with them. Records demonstrated that managers had taken proportionate action, and managers said they had planned to share learning with the staff concerned. We found that the provider's complaints system operated effectively to protect people's rights.

We were told that comments of people and relatives were sought by surveys prior to annual "view day" meetings held with the registered manager. The provider may find it useful to note that there was no evidence of surveys in "view day" records we looked at. One person's annual "view day" meeting with the registered manager had been cancelled. Staff were aware that this needed re-arranging.

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.

Contact us

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