

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: 19 December 2013

Date of Publication: January 2014

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
Safeguarding people who use services from abuse	✓ Met this standard
Supporting 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	Miss Melanie Claire Townsend
Overview of the service	Holcombe House is a care agency owned by Vision Homes Association. It provides support for people with learning disabilities in their own homes.
Type of services	Domiciliary care service Extra Care housing services Supported living service
Regulated activity	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 19 December 2013, talked with carers and / or family members and talked with staff.

What people told us and what we found

Holcombe House is the office from which Vision Homes runs its domiciliary care service for people with learning disabilities. At the time of our visit, the service was providing support for two people twenty four hours a day in their own homes.

We were not able to speak with either of the people who received a service because of their disabilities, but we did speak with the relative of one. They were very pleased with the service. They told us, "It's as good as it gets", and that it was, "An absolutely positive experience".

We found that staff supported people to be as independent as possible. Staff understood the people they cared for very well and respected their decisions and choices.

Care plans were very person centred and had been produced with input from the people concerned and their relatives where appropriate. We saw good evidence of regularly reviewed risk assessments to help keep people safe.

We found that people who used the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent it from happening.

We saw evidence of a good induction programme for new members of staff and a comprehensive package of ongoing training for all staff.

We were satisfied that the provider had appropriate systems in place to monitor and assess the quality of the service it provided.

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.

Reasons for our judgement

The manager showed us an easy to read guide to planning care that had been produced by staff and the people they supported working together. The guide began, 'People have the right to choose how to live their lives'. The guide made it clear that people could choose how to contribute to their own care plan, who they wanted to help them prepare it and how and when it should be reviewed. The manager told us that this reflected the ethos of the company. Staff we spoke with confirmed that they understood the importance of involving people in their own care.

We spoke to a relative of one of the people who received a service. They said, "We call it a partnership because that's how it works". They told us that they met the deputy manager weekly to discuss their relative's care. They confirmed that their relative was able to express their opinions and choices and that these were respected by staff. For instance, people receiving a service were involved in the recruitment of staff to support them.

We saw guidance in care plans for staff to involve people in planning their day. One note said, 'Ensure that (name) is offered choices verbally and is given time to think'. If people were supported to a place or activity they subsequently changed their mind about, staff were instructed to respect that choice and to try another activity or return home.

Care plan contained lots of instructions for staff to encourage people's independence and not to automatically do everything for them. We saw in the mealtime support guidelines for one person that staff were told, 'We do not feed (name)'. This meant that the person's dignity was respected and their independence encouraged. The relative of one person told us that the staff were, "The backbone for (name's) remarkable independent living".

We saw instructions to staff in care plans about protecting people's dignity when delivering personal care. Staff were encouraged to use age appropriate language when talking to people but also to respect people's wishes to hear familiar phrases from their childhood.

Some staff had learnt songs in a foreign language to help one person stay in touch with part of their heritage. The staff also organised country themed activities and meals in recognition of the person's cultural background.

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

We were not able to speak to either of the two people who received a service. We spoke to a relative of one of the people. They told us the provider did, "A pretty remarkable job" and, "I really don't know how it could be improved".

We saw computerised versions of care plans that were kept in people's homes. The plans were very detailed and very person centred. They contained lots of information about people's choices, preferences, likes and dislikes. There were detailed instructions to staff about providing each aspect of care. Staff told us that the care plans were really useful documents that helped them deliver good consistent care.

We saw that plans contained a communication guide for each person. The guides contained words, phrases, sounds, facial expressions and gestures that people used, together with an interpretation of their meaning. This meant that staff were able to communicate with people they cared for in an effective and consistent way.

One person had a medical condition which required constant monitoring and treatment. Staff had undergone specialist training to deal with the condition and use the associated medical equipment. This helped the person remain as independent in their own home as far as possible. The staff continued to be in contact with a specialist hospital team so as to be sure they were providing the best possible support for the person's medical condition.

We saw that each person had a separate health action plan. The plans contained lots of information about every aspect of each person's health. There were also behavioural management guidelines for staff to help them deal with people's occasional challenging behaviours. The manager told us that these strategies had been so successful for one person that a drug prescribed to reduce agitation in such situations was no longer used.

There were a range of personalised risk assessments for both people who received a service. We saw evidence that the assessments were regularly reviewed and updated to help keep people safe.

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

We saw that the home had a comprehensive policy designed to protect people from abuse. Staff we spoke with were familiar with the policy and understood the principles of protecting vulnerable adults in their care. They told us that they had received appropriate training about safeguarding. We saw evidence to confirm this in staff training records. Staff told us that they would not hesitate to alert the team if necessary.

We saw that all staff attended an external safeguarding training session when they first joined the company. After that, staff attended an annual in house refresher course to ensure that their knowledge stayed up to date.

We saw that the manager had the most recent edition of the local multi agency safeguarding policy and procedures. We also saw the provider's own internal decision making tool which was used to identify when an incident met the threshold for reporting to the local authority and CQC.

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

We saw the provider's supervision and appraisal policy. The policy said that supervision meetings would take place every two months. The manager and the staff told us that supervision meetings did not always happen every two months, but all the staff we spoke with were satisfied that the supervision they received was adequate for their needs. We saw a supervision schedule for staff for 2014.

We saw that all staff had been given a guide to 'making the most of your supervision'. Staff had signed a supervision contract which explained the importance of the process and how it worked within the organisation.

We saw completed supervision forms for staff. We also saw how the manager used 'improvement notices' to address performance issues with staff. Staff were issued with a formal notice of how their performance needed to improve if necessary.

The provider employed its own qualified in-house trainer. The manager showed us a training matrix for all the staff produced by the trainer. This showed the dates on which staff had completed training in a variety of subjects. The matrix was colour coded to enable the manager to see at a glance when update training was due.

We saw that the provider used nationally recognised common induction standards to train new staff. We spoke with a member of staff who had recently joined the company. They told us that the induction programme had been, "Very good with lots of ongoing training after it finished".

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

Reasons for our judgement

The manager showed us how they consulted with external professionals to ensure that the care and support they provided continued to be safe and effective. Those consulted included medical professionals and a learning disability consultant.

We also saw how the manager conducted regular spot checks on the care provided by staff to ensure that they met the essential standards of quality and safety. We saw written records of the checks that confirmed they were carried out approximately every two months.

The relative of one person receiving support told us that they had a meeting with the deputy manager every week. This helped to ensure that the quality of the service was maintained.

We saw that the manager had conducted individualised risk assessments in each of the homes where staff supported people. The risk assessments were regularly reviewed and updated. This meant that staff and the people they supported were protected from harm as far as possible.

When incidents did occur, the staff completed a report form and these were reviewed by the manager. We saw that learning from incidents was shared with staff as necessary. This meant that the likelihood of the same incident occurring again was minimised.

We saw that people receiving a service had been given an easy to read guide about how to complain. A relative of one person told us that that staff were, "Very responsive" and that any minor concerns were dealt with immediately.

About CQC inspections

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

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

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

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

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

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

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

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

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

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

How we define our judgements

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

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

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

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

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

How we define our judgements (continued)

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

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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