

Baschurch Care Limited

# The Old Vicarage

## Inspection report

Church Road  
Baschurch  
Shrewsbury  
Shropshire  
SY4 2EF

Tel: 01939260150

Website: [www.selecthealthcaregroup.com](http://www.selecthealthcaregroup.com)

Date of inspection visit:

02 March 2017

03 March 2017

Date of publication:

17 March 2017

## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

This inspection took place on 02 and 03 March 2017 and was announced.

The Old Vicarage provides accommodation and personal care for up to 10 people with learning disabilities. At this inspection they were providing care and support for nine people.

A registered manager was in post and was present throughout this inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were safe as staff had been trained and understood how to support people in a way that protected them from danger, harm and abuse. People had individual assessments of risk associated with their care. Staff knew what to do in order to minimise the potential for harm. People and staff knew what to do in an emergency in order to keep themselves safe.

People were supported by enough staff to safely meet their needs. People received help with their medicines from staff who were trained and assessed as competent to support them safely. The provider followed safe recruitment practices and completed checks on staff before they were allowed to start work.

Staff members had received training appropriate to those they supported and had the skills and knowledge to meet people's individual needs. Additional training and support was provided when necessary to meet people's changing needs.

Staff members were aware of current guidance and legislation that governed their practice. People were supported in a way that maintained their individual rights. People were involved in decisions about their care and were given information they needed in a way they understood. When people were not able to make decisions themselves staff members knew what to do to ensure any decisions made were in their best interests.

People had positive and caring relationships with the staff members who supported them. People's personal histories, likes and dislikes were known by staff who assisted them in a way which was personal to them. People had their privacy and dignity respected by staff members.

People were supported to eat and drink sufficient amounts to maintain good health. People had access to healthcare when needed and staff responded to any changes in needs promptly and consistently.

Staff were supported by a management team who they found approachable and supportive. The provider undertook regular quality checks in order to drive improvements. People were involved in their home and

felt their opinions mattered to the provider. Any suggestions people made were valued. The provider had systems in place to respond to the suggestions of others.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

People were protected as staff had received training and understood how to recognise and report any concerns they had about people's safety or wellbeing. People were supported by enough staff to safely meet their needs. The provider followed safe recruitment practices. People were supported with their medicines by trained and competent staff members.

### Is the service effective?

Good ●

The service was effective.

People were supported by staff members who had the skills and knowledge to meet their needs. People had their rights protected by staff members who knew the current guidance governing their practice. People were supported to maintain a diet which promoted their individual health needs. People accessed healthcare when needed to maintain their well-being.

### Is the service caring?

Good ●

The service was caring.

People were supported by a kind and considerate staff team. Staff spoke about those they supported with warmth and respect. People were supported at times of upset and distress. People were involved in making decisions about their own care and support.

### Is the service responsive?

Good ●

The service was responsive.

People were involved in developing their own care and support plans. Regular reviews took place and accounted for any changes in people's needs. People's individual preferences were known by staff members who supported them as they wished. People and relatives were encouraged to raise any concerns or complaints.

### Is the service well-led?

Good ●

The service was well led.

People felt involved in decisions about their home and their suggestions were valued by the provider. Staff members believed

their opinions and ideas were listened to by the provider and, if appropriate, implemented. The provider had systems in place to monitor the quality of service they provided and where necessary made changes to drive improvements.

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# The Old Vicarage

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 02 and 03 March 2017 and was announced. The provider was given 24 hours' notice because the location was a small care home for younger adults who are often out during the day; we needed to be sure that someone would be in.

The inspection team consisted of one inspector.

We reviewed information we held about the service. We looked at our own system to see if we had received any concerns or compliments about the provider. We analysed information on statutory notifications we had received from the provider. A statutory notification is information about important events which the provider is required to send us by law.

We asked the local authority and Healthwatch for any information they had which would aid our inspection. We used this information as part of our planning.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with five people living at The Old Vicarage and two relatives. We also spoke with two care staff, the shift coordinator, the team leader and the registered manager. We looked at care and support plans for one person including individual assessments of risk and medicine administration records. We looked at records of incident and accidents, compliments and complaints and quality checks completed by the registered manager and the provider. In addition we looked at the recruitment details of two staff members.

# Is the service safe?

## Our findings

We looked at how people living at The Old Vicarage were protected from harm and abuse. One person told us, "If I was worried I would talk to [staff member's name]." Another person showed us how they were supported to keep their belongings safe. One relative said, "As a parent all you ever want is for your loved ones to be safe. I truly think [person's name] is safe at the Old Vicarage." One relative told us, "I have to say the thing that really matters to me is that [relative's name] is safe and happy. I truly believe they are whilst living at The Old Vicarage."

Staff members we spoke with told us that they had received training on how to identify and respond to signs of abuse or ill-treatment. One staff member said, "If I saw something I didn't think was right I would immediately challenge the person to ensure it stopped straight away. After making sure the person was safe I would report it straight away to my line manager." Staff members told us they knew how to report outside of their organisation if they needed. We saw contact details of the Local Authority and the Care Quality Commission were displayed for people, visitors and staff to refer to if they needed. We saw that the registered manager had made appropriate notifications to the local authority in order to keep people safe. One relative told us, "I have to say the thing that really matters to me is that [relative's name] is safe and happy. I truly believe they are whilst living at The Old Vicarage."

People told us that they were involved in developing risk assessments which were individual to them and their personal circumstances. We saw that people were kept safe from the risks of harm associated with living and receiving care at The Old Vicarage. Individual assessments of risk included skin integrity, mobility and diet and nutrition. One person said, "I went through my own risk assessments. We looked at how I can keep myself safe. This included talking to people I didn't know." We saw staff members followed people's individual assessments of risk when supporting them. For example, one person required support to move around the building. We saw this was provided by a designated staff member throughout this inspection.

People were supported by staff members who knew how to report any incidents or accidents in order to keep people safe. Any incidents or accident reports were reviewed by the registered manager and the area manager. This was to identify any additional actions which needed to be completed in order to further keep people safe. For example, one person's room was adapted to remove the risks associated with their personal needs and to create a safer environment for them to spend time.

The risks to people regarding their physical environment was minimised as regular maintenance checks were completed. Any repairs identified were reported and those identified as a priority were completed without undue delay or disruption to people. For example, following damage to the ceiling in one of the living areas alternative arrangements were made for people whilst the repairs were completed. A relative said, "I have to commend the maintenance team. They acted promptly to make sure the living areas were safe for people."

Plans were in place to respond at times of emergency. People told us they had personal evacuation plans in

place and knew what to do in an emergency. One person told us, "If the fire alarm went off I would go and stand outside. I know where to stand which is safe. We had a practice and everything went fine."

People told us, and we saw, that they were supported by enough staff members to meet their needs. At this inspection we saw some people being supported by staff on a one on one basis. This meant people could take part in activities in and outside of their home. If they chose to stay at home staff were available to support them as they needed. Staff members told us if anyone needed any additional support this would be provided.

Staff members told us that before they were allowed to start work checks were completed to ensure they were safe to work with people. Staff members told us references and checks with the Disclosure and Barring Service (DBS) were completed and once the provider was satisfied with the responses they could start work. The (DBS) helps employers make safer recruitment decisions and prevent unsuitable people from working with people. The provider had systems in place to address any unsafe behaviour displayed by staff members. This included re-training and disciplinary action if required.

We looked at how people were supported with their medicines. People told us they were assisted with their medicines by staff who they believed were competent to do so. One person told us, "If I had a headache I can always ask for a tablet. They (staff) will always help me straight away. I never have to wait." Staff members told us before they were allowed to assist people with their medicines they had to undergo training in the safe administration of medicines. Following successful completion of their training staff members were observed and assessed as competent and safe by another staff member. Regular reassessments took place to ensure staff still followed safe practice when supporting people with their medicines.

We looked at PRN "as and when required" medicines and their administration. People had guidelines for staff to follow and any PRN medicine was only given by trained staff members. When PRN medicines had been given it was reported to the registered manager or the team leader. The circumstances were then explored to ensure the administration was within the guidelines and was appropriate.

We saw staff safely supporting people with their medicines. People were asked if they would like to take their medicines and prompted to collect some water. Staff members confirmed that people had taken their medicines once they had been given. Staff then accurately recorded what people had taken in the individual's medication administration records. People's medicines were stored securely and accessed only by authorised staff members.



## Is the service effective?

### Our findings

People were supported by staff members who had the knowledge and skills to effectively assist them. One person said, "They (staff) are good. They always know what to do when I ask them." Relatives we spoke with believed that the staff were well trained and competent to support those they cared for. Staff members told us when they first started in their role at the Old Vicarage they had a structured introduction to their role. This included training in first aid, manual handling and infection control and prevention. During their introduction they were assigned a mentor who provided them with practical assistance and guidance. One staff member said, "During my first week I worked alongside [mentor's name]. As I got to know people I was able to ask how things were done and more importantly why? This gave me a good understanding of what people expected of me."

People were supported by staff members who had access to ongoing training and development in order to meet their needs. For example, it was recognised that additional training in dementia awareness would be needed to support those living at the Old Vicarage in the future. One staff member said, "It was felt by the staff team that we would need this training so that we would know how to support people in the future. After the training we reviewed people individual personal care plans with them. This was so we knew how people wished to be supported if they were no longer able to tell us."

Staff members told us they had received training in the management of actual or potential aggression (MAPA). This is a management and intervention technique to cope with escalating behaviour in a professional and safe manner. Staff we spoke with told us the importance of recognising any potential triggers which could upset or cause anxiety to people. This was so they could support people to recognise and display how they were feeling in a safe and supportive environment. One relative told us, "They (staff) manage very well when [relative's name] gets upset. They support them to show how they are feeling but always make sure they are safe to do so." Following any situations when staff members needed to assist people using any (MAPA) skills it was reported to the management team. This was so the circumstances of the situation could be used to identify any additional actions that may be needed and that the response of staff members was appropriate.

People were supported by staff members who had the skills to effectively communicate between themselves and others involved in their assistance. We saw staff sharing information appropriately between people they supported and other staff members. For example, following a reported problem with one person's vehicles we saw this was discussed with the person and the management team. Options were identified and a decision taken regarding what to do next. The person was involved in this and information relevant to the decision was passed to those who needed it. Relatives we spoke with told us they were informed promptly if there were any changes to people's circumstances that they needed to be aware of.

People were supported to make their own decisions and were given choice. We saw people were given the opportunity to make decisions about what they wanted to do, wear and eat at this inspection. People were given time and space to make a decision and were not rushed by staff. One person told us, "I am going out in a bit. I am someone who does lunch. I can choose what I want to do

each day. If I don't feel like doing anything then that is ok as well."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We checked whether the service was working within the principles of the MCA. The provider had trained and prepared staff in understanding the requirements of the MCA. Relatives we spoke with told us they had been involved in the best interest decision making and that their opinions were taken into account as part of this process.

We saw people's capacity to make decisions was assessed and reviewed when needed. Staff we spoke with had a clear understanding of the principles of the Mental Capacity Act and the process to follow if someone could not make a decision which included the best interest decision making process.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The provider had made appropriate applications and followed the guidance provided. Some decisions on these applications were still pending. However, we saw the provider had taken action to ensure the least restrictive measures were in place for those they supported. The staff members we spoke with were aware of the authorised and pending DoLS applications and how to support people in a way that protected their rights. The provider had systems in place to monitor the time scales for reviews, or a repeat application if necessary, to ensure people's rights were maintained.

People were supported to have enough to eat and drink and to maintain a healthy diet. One person told us, "I love chicken curry. We can decide what we want to eat." We saw that chicken curry was being prepared at this inspection but one person told us they didn't like curry. They went on to say that they did however, love cheese and they would make themselves something different that they liked. We saw that when it was needed people's weights and diets were monitored. This was so staff could seek assistance and guidance if needed. One person showed us their individual weights records and how their weights had stabilised over recent months. They said, "I am happy with my weight. It's nice to see it written down as I can see any changes." Staff members told us that in the past they had needed to seek assistance from Doctors and dietitians regarding individual's diets. One staff member said, "Now we just monitor any changes. If there is a sudden drop or several drops over a period of time we would refer back to the GP for advice."

People had access to healthcare services and were supported to maintain good health. These included doctors and dentists when needed. One person told us they had just attended a hospital appointment to monitor their health. A relative said, "They (staff) are very good. They always act promptly if there is a change in anyone's medical condition." One person told us they were supported by staff members to change their habits and to promote a healthier lifestyle. When needed people were referred onto specialist health professionals for additional medical intervention to promote continued well-being.

# Is the service caring?

## Our findings

People were supported by a staff team with whom they had a positive and caring relationship. Throughout this inspection we saw people and staff members chatting and sharing jokes. One person said, "Staff are good, they make me laugh." Another person told us, "Staff are very kind to me. I like them." At this inspection we saw people being treated as if they mattered to those supporting them. People and staff members were engaged in conversations about things they were interested in.

We saw people were given the time and opportunity to do what they wanted and to communicate their needs to staff members. At this inspection one person started to show that they were not happy about something. The staff member supporting them recognised this and gave the person time and opportunity to express how they were feeling. They then spent time together to go through how the person was feeling. The person was able to identify what had concerned them and with the assistance of the staff member took action to rectify the situation to their satisfaction. This approach allowed the person to express themselves and to seek a resolution that they wanted.

People were supported by a staff team who had the skills to communicate with them effectively. At this inspection we saw staff members assisting people's understanding by supporting what they were saying with gestures and prompts. We saw information people needed to make a decision was displayed in an easy to read format with pictorial aids. One person talked us through their personal file which contained pictures. They told us, "I can read but the pictures help when the words are hard."

People were involved in making choices about their own care and support. At this inspection we saw people making decisions about how they wanted assistance and what they wanted to do. One person showed us their personal care plan. They said, "I wrote this. It is all about me and what I want. It is what I like and also what I don't like." They went on to say that staff members respected their wishes and followed what they had written in their personal care plan.

People had access to advocacy services at The Old Vicarage when they needed it. We saw information was available to people advising them of the advocacy service in a format which they could access and understand. One person told us, "I don't need any help but I can phone this number if I do." They went on to show us information of local advocacy services. We saw that advocacy services were used to assist people at times when specific decisions were needed. One staff member told us, "This is so we really do hear what the person is trying to say to us and to make sure they are at the centre of every decision that affects them."

People were encouraged and supported to maintain relationships that mattered to them. One person told us that staff members helped them to go and see their friends regularly and gave them time together. One relative said, "Whenever we visit we are always warmly welcomed. We are always asked if we want a drink and there is private space for us to visit [relatives' name]."

People were encouraged to be as independent as they could. One person told us they were seeking to live independently and that they were being supported to do so at The Old Vicarage. This involved minimal

assistance with personal care. Another person told us, "I do all my own cleaning. This is the dusting and vacuuming. I like doing this and it's something I am good at." Throughout this inspection we saw people received appropriate encouragement with the development of their skills. Staff only assisted people when needed and it was appropriate. For example, One person told us, "I like cooking but I don't do the hot things. It can burn. I leave that for [staff member's name]."

People told us that staff members treated them with dignity and respected their privacy and personal space. One person told us, "They (staff) don't come into my house without knocking or asking. They know it is my place. They do make sure I am safe but don't just come in without my permission." We saw people were treated with respect and their dignity was maintained. We saw staff members knocking on doors and announcing themselves when entering people's rooms. People were asked their permission before any personal care was undertaken with them which was then completed in private.

Staff members respected people's need for confidentiality. We saw staff members confirming people's authority to access information personal to people. Once this was confirmed the staff members shared information which was only relevant to the decision or enquiry. Records personal to individuals were kept securely and accessed only by those with authority to do so. People had access to their personal records which they could look at and go through if they wanted.

## Is the service responsive?

### Our findings

People told us they had personal care plans which detailed the support they thought they needed. People we spoke with told us they were fully involved in the development of these plans including writing individual sections themselves. One person showed us their plan. They showed us what they had written. They said, "This is all my own work. Staff read it and follow what I have put in there." When it was felt appropriate relatives were involved in the development of these plans. One relative told us, "We are fully included. We are asked for our opinion on everything however, this is just our opinion. [Relative's name] is the one who makes the decision but it's good to be asked and included."

There was a keyworker system in place at The Old Vicarage. This was a named staff member who would assist people with their day to day needs but who would also involve them in regular reviews of their care. One person told us, "Every month I go through my PCP (Personal care plan) with [keyworkers name]. We also look at what I want to achieve each month. We saw people were encouraged to identify what they would like to achieve in the forthcoming month. These aspirations were displayed for them to see. One person told us "I go and look at the board. I want to go to the theatre." Staff members we spoke with told us they use these aspirations for people to help motivate them and to try new experiences in life.

All the staff members we spoke with had a detailed knowledge of those they supported. This included people's individual likes and dislikes, what they did that made them happy and what was the potential cause of any anxiety. One staff member we spoke with said, "By knowing people you can support them in a way that they want." We saw one person talking with staff members about things they enjoyed and found interesting. Staff members were engaged throughout this conversation and encouraged the person to expand on what they were thinking and saying. Staff members knew people's individual histories including any family and previous places of residence. One staff member said, "It is good to know about things that have happened in people's lives. It also allows us to build on experiences. For example we know [person's name] hates horses so we won't be going horse riding unless they change their mind."

We saw people engaged in a range of activities at this inspection. These included shopping, meals out, puzzles, art and creative writing. People also told us they could identify what they wanted to do and would receive support from staff members to achieve this. One person told us they had recently started voluntary work at a local farm shop. They told us they were able to work alongside their colleagues at their place of work. As part of their work they were learning new skills. They said, "When I go to work I work mainly in the kitchen. I have learnt how to do different things like how to clean properly." People told us and we saw that they were involved in activities they found interesting and stimulating.

People had information on how to raise a concern or a complaint in an easy to read format. One person showed us where they kept this information and told us what they would do if they had a concern or a complaint. They said, "I would go tell [staff member's name] straight away. If they were not around I would tell [team leader's name]." We saw that the registered manager and the provider encouraged people, families and advocates to raise any concerns. The registered manager told us they had not received any formal complaints in the last 12 months up to this inspection. However, we saw they had processes in place

to effectively address any concerns raised with them. This included oversight from the area manager to ensure a proper response was given to the complainant.

## Is the service well-led?

### Our findings

People we spoke with knew who the management team were at The Old Vicarage and told us that they saw them regularly. One person told us who the registered manager was and then showed us a picture of them in their personal care plan. They said this picture was so they knew who to contact if they wanted.

The registered manager had an understanding of the day to day culture and was up to date with any changes in people's needs and wants. People told us they were involved in developments and decisions regarding their home. One person told us about repairs to the ceiling following a water leak. They said, "The room had to be redecorated. We knew all about it. There was a big hole and I chose what colour the walls were going to be." People told us they were involved in regular house meetings where they could discuss things they wanted. One person showed us a copy of the latest house meeting minutes. They told us at this meeting they spoke about the menu and changes to the keyworker system. They were also informed at these meetings about any new staff members who would be coming to work with them in the near future.

People, and those that mattered to them, were encouraged to provide feedback on their experiences at The Old Vicarage. We saw people had filled out questionnaires about where they lived. These highlighted what people liked and things that could be improved. One person told us "I filled out a questionnaire. It asked what I liked and what I wanted to change. I don't want to change anything. It also asks if I would like a meeting with the manager to chat about things which I don't."

Relatives we spoke with told us they are regularly asked for their feedback. One relative said, "I have just returned a yearly survey. I am completely happy with everything and could not make any suggestions. If I needed to suggest a change I would contact [registered manager's] name and not wait for the survey."

Staff members we spoke with believed they were valued by the provider and supported to do their jobs. Staff members were involved in regular discussions about The Old Vicarage and felt their opinions and ideas mattered. For example, one staff member suggested the inclusion of an aspirations board where people's individual goals could be displayed. Following this people were asked for their thoughts and we saw this board was in place. Another suggestion from staff members included using a secure social media site for staff members to identify any shifts which needed to be covered. The registered manager told us this idea had been successful in covering shifts meaning people received consistent support from staff members.

Staff members told us there were appropriate policies in place to guide their practice including a whistleblowing policy. Staff understood the whistleblowing process and felt they would be supported by the provider should they ever need to raise a concern. Staff understood what was expected of them and were supported to complete their role. Staff told us they felt the management team was supportive and approachable for advice and guidance when they needed.

We asked staff members about the values the provider demonstrated. One staff member told us, "I think it is all about the person and how they wanted to be supported. Not how we want to support them." Throughout this inspection we saw people being asked how they wished to be assisted and allowed time and space to

do things for themselves.

At this inspection there was a registered manager in post. The registered manager maintained their personal and professional development by attending regular training and support sessions appropriate to their role. As part of their role they identified best practice in the providers other homes. If appropriate they would then introduce these systems into The Old Vicarage. For example, following one such meeting they introduced a system of cascaded one-on-one support sessions for staff members. This was so staff members received support from those who worked alongside them on a regular basis. The management team understood the requirements of their registration with the Care Quality Commission. The provider had appropriately submitted notifications to the Care Quality Commission. The provider is legally obliged to send us notifications of incidents, events or changes that happen to the service within a required timescale.

The provider and registered manager had systems in place to monitor the quality of service provision. The registered manager told us they assessed information from quality checks, incident and accidents and feedback from people and staff which they used to drive improvements. For example, following a quality check on medicines it was found that an administration error had occurred. No harm occurred as a result but the registered manager and area manager introduced extra daily checks to ensure clear and accurate recording took place.