

The Vicarage (2008) Limited

The Vicarage

Inspection Report

Bradworthy
Holsworthy
Devon
EX22 7RJ
Tel: 01409 241200

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Summary of findings

Overall summary

The Vicarage is a care home registered to provide accommodation with personal care for up to six people with learning disabilities.

The home has a manager registered with the Care Quality Commission.

People we spoke with confirmed that they felt safe and supported by staff at The Vicarage and had no concerns about the ability of staff to respond to safeguarding concerns. Comments included: “I like living here” and “The staff are nice.” We observed staff responding appropriately to people’s needs and interacting respectfully to ensure their human rights were upheld and respected.

Staff demonstrated a comprehensive understanding of the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards (DoLS) and how they applied to their practice. We found the location to be meeting the requirements of the Mental Capacity Act (2005). People’s human rights were therefore properly recognised, respected and promoted.

Staffing was maintained at safe levels. Staff confirmed that people’s needs were met in a timely manner and felt there were sufficient staff on each shift.

Care plans reflected people’s health and social care needs and demonstrated that other health and social care professionals were involved.

Risk management considered the whole person and showed that measures to manage risk were as least restrictive as possible, such as the use of distraction techniques when a person was becoming distressed.

Staff had the skills and support to meet people’s needs. Staff informed us that they received a range of training, which enabled them to feel confident in meeting people’s needs and recognising changes in people’s health.

Staff adopted a strong and visible personalised approach in how they worked with people. There was evidence of commitment to working in partnership with people in imaginative ways, which meant that people felt consulted, empowered, listened to and valued.

The registered manager believed in the importance of creating an open environment to enable the quality and safe delivery of care and support.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

People we spoke with confirmed that they felt safe and supported by staff at The Vicarage and had no concerns about the ability of staff to respond to safeguarding concerns.

There was evidence of learning from incidents and accidents. Investigations took place and appropriate changes were implemented.

One of the ways people felt safe was because staff demonstrated a comprehensive understanding of what might constitute abuse and knew where they should go to report any concerns they may have.

Staff had a good understanding of the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards (DoLS) and how they applied to their practice.

We found the location to be meeting the requirements of the Mental Capacity Act (2005). People's human rights were therefore properly recognised, respected and promoted.

Risk management considered the whole person and showed that measures to manage risk were as least restrictive as possible, such as the use of distraction techniques when a person was becoming distressed.

Pre-employment checks were undertaken before staff began work in line with the organisation's policies and procedures and in order to ensure staff were safe to work with vulnerable people.

People were cared for by staff in sufficient numbers to keep them safe.

Are services effective?

The service was effective because care plans reflected people's health and social care needs and demonstrated that other health and social care professionals were involved.

Other health and social care professionals had been involved in people's care to encourage health promotion and ensure the timely follow up of care and treatment needs.

Staff knew how to respond to specific health and social care needs and were observed to be competent. Staff were able to speak confidently about the care practices they delivered and understood how they contributed to people's health and wellbeing.

Summary of findings

Staff had the skills and support to meet people's needs. Staff informed us that they received a range of training, which enabled them to feel confident in meeting people's needs and recognising changes in people's health.

Staff received on-going supervision and appraisals in order for them to feel supported in their roles and to identify any future professional development opportunities.

Are services caring?

Staff adopted a positive approach in the way they involved people and respected their independence. We heard and saw staff working with people and they demonstrated empathy through their actions, in their conversations with people they cared for and in their discussions with us.

Staff had knowledge of privacy, dignity, independence and human rights. For example, how to maintain privacy and dignity when assisting with personal care.

Before people received any care and treatment they were asked for their consent and staff acted in accordance with their wishes.

Staff at The Vicarage adopted a strong and visible personalised approach in how they worked with people. There was evidence of commitment to working in partnership with people in imaginative ways, which meant that people felt consulted, empowered, listened to and valued.

Staff relationships with people were strong, caring and supportive. Staff were motivated and inspired to offer care that was kind and compassionate. We saw how staff were observant to people's changing moods and responded appropriately. Throughout the inspection, we observed that staff communicated with people in a respectful way. Good relationships between staff and people were clearly evident and the best interests of individuals were seen as a priority.

Are services responsive to people's needs?

Care plans included considerations of the Mental Capacity Act (2005). We saw that where a person lacked capacity, best interest discussions were held with people who knew and understood the person using the service.

Care files showed evidence of multi-professional visits and appointments, for example GP, care manager, consultant psychiatrist, epilepsy nurse and speech and language therapist.

Summary of findings

These records demonstrated how other health and social care professionals had been involved in people's care to encourage health promotion and ensured the timely follow up of care and treatment needs.

Activities were encouraged at The Vicarage and responsive to people's social needs. For example, people engaged in trips in the local community, sensory sessions and baking.

People were made aware of the complaints system. This was provided in a format that met their needs. We saw a copy of the complaints procedure, which was also displayed in an easy read format on a noticeboard in sight of people living at The Vicarage. It set out the procedure which would be followed if a complaint was made.

Are services well-led?

The service was well-led because staff spoke positively about communication at The Vicarage and how the registered manager worked well with them, encouraged team working and an open environment in which to work in.

We saw that health and social care professionals worked together in line with people's specific needs. We saw that the home notified the local authority and Care Quality Commission of various events. Staff felt that communication between providers was good and enabled people's needs to be met.

The organisation took account of people's views and suggestions. We saw that people living at The Vicarage had completed questionnaires. Responses were all positive and where suggestions had been made, these had been followed up by the registered manager.

We saw that the registered manager conducted quality audits, which were in line with the Care Quality Commission's 'Essential standards of quality and safety.' We saw that where improvements were needed these had been followed up in a timely manner.

We saw that the premises were adequately maintained. We saw that health and safety checks were completed on a daily, weekly, monthly and annual basis by staff employed by the organisation and external contractors. For example, fire alarm, fire extinguishers and emergency lighting checks.

The registered manager believed in the importance of creating an open environment to enable the quality and safe delivery of care and support.

Summary of findings

What people who use the service and those that matter to them say

People we spoke with confirmed that they felt safe and supported by staff at The Vicarage and had no concerns about the ability of staff to respond to safeguarding concerns. Comments included: “I like living here” and “The staff are nice.” We observed staff responding appropriately to people’s needs and interacting respectfully to ensure their human rights were upheld and respected.

We spent time talking to people who lived at The Vicarage and observing interactions between them and staff. Comments included: “I like living here”; “The staff are

nice”; “I am happy here” and “I have my own bike” (which the staff had supported them to purchase). During our visit, we saw that people who could not communicate with us were relaxed and contented.

Staff spoke positively about communication at The Vicarage and how the registered manager worked well with them, encouraged team working and an open environment in which to work in. Staff commented: “The manager is very supportive and approachable. She is a good leader and ensures an open culture” and “You can discuss anything with the manager, at any time, even personal circumstances.”

The Vicarage

Detailed findings

Background to this inspection

We visited the home on 8 May 2014. We spent time looking at records, which included people's care records, and records relating to the management of the home. At the time of our visit there were six people living at the home. We spoke to all six people living at The Vicarage and three members of care staff, which included the registered manager. We reviewed two people's care records, two staff files, a selection of the home's policies and procedures and quality assurance systems and staff training records.

We spent time observing support in the kitchen, which was the social hub of the home and used the short observational framework (SOFI), which is a specific way of observing care to help us understand the experience of people who could not talk with us.

The inspection team consisted of a Lead Inspector.

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 regulations associated with the Health and Social Care Act 2008 and to pilot a new inspection process under Wave 1. Wave 1 is the first testing phase of the new inspection process that we are introducing for adult social care services.

Before our inspection we reviewed all the information we held about the home. We asked the provider to complete an information return and we used this to help us decide what areas to focus on during our inspection. We examined previous inspection reports and notifications received by the Care Quality Commission.

Are services safe?

Our findings

People we spoke with confirmed that they felt safe and supported by staff at The Vicarage and had no concerns about the ability of staff to respond to safeguarding concerns. Comments included: “I like living here” and “The staff are nice.” We observed staff responding appropriately to people’s needs and interacting respectfully to ensure their human rights were upheld and respected.

There was evidence of learning from incidents and accidents. Investigations took place and appropriate changes were implemented. We looked at the incident records and saw that actions had been taken in line with the organisation’s health and safety policies and procedures. Where incidents had taken place we saw involvement of other health and social care professionals and evidence of staff investigating whether any patterns of behaviour were associated with a person’s epilepsy.

People were protected from harm. We spoke with staff about their understanding of what constituted abuse and how to raise concerns. They demonstrated a comprehensive understanding of what might constitute abuse and knew where they should go to report any concerns they may have. For example, staff knew how to report concerns within the organisation and externally such as the local authority, police and Care Quality Commission. This demonstrated that people were protected and if abuse was suspected, staff would know how to respond appropriately.

Staff informed us that they had received formal safeguarding adults training. Staff records demonstrated that staff had received safeguarding adults training and this was refreshed on a regular basis. This showed that the organisation recognised the importance of staff being up to date with current safeguarding practices to protect people in their care.

We saw a copy of the multi-agency policy and procedures for safeguarding adults. It set out the measures which should be in place to safeguard vulnerable adults, such as working in partnership with the local authority. The policy included a ‘safeguarding adults’ flowchart, which broke down the actions to be taken if an alleged safeguarding

concern had been identified. It was easy to follow which enable staff to be clear about their responsibilities, such as informing the registered manager, liaising with the local authority and the completion of an incident form.

Staff demonstrated a comprehensive understanding of the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards (DoLS) and how they applied to their practice. We saw evidence of the home liaising with the local authority Deprivation of Liberty Safeguards team to discuss specific practices. For example, we saw that a person required a lap strap when in their wheelchair to ensure their safety. The registered manager had spoken with the Deprivation of Liberty Safeguards team about whether this was depriving the person of their liberty. It was concluded that this situation did not constitute a deprivation of liberty due to the person being able to get out of their wheelchair if they wanted to and it being for their safety. We saw that the person’s care plan had been updated to reflect the conversation with the Deprivation of Liberty Safeguards team. This showed that the organisation recognised the importance of preserving people’s liberty in line with their duty of care to safeguard and protect them.

People’s individual risks were identified and the necessary risk assessments were carried out. For example, we saw risk assessments for behaviour management, accessing the local community and managing a person’s epilepsy. We saw that risk management considered the whole person and showed that measures to manage risk were as least restrictive as possible, such as the use of distraction techniques when a person was becoming distressed. This demonstrated that, when staff were accessing information about a person’s needs through their risk assessments, they would be able to determine how best to support them in a safe and therapeutic way.

Staff confirmed that people’s needs were met promptly and felt there were sufficient staffing numbers. We observed this during our visit when people needed personal care, support or wanted to participate in particular activities. Staff were seen to spend time with people, for example we saw staff chatting with people about subjects of interest and a person was being supported to make a cake.

Staffing was maintained at safe levels to meet people’s needs. We asked the registered manager about the home’s staffing levels. They explained that at a minimum there were two members of staff during the daytime and a sleep in staff member at night. Additional members of staff were

Are services safe?

allocated throughout the week in line with people's specific activities. Staffing levels were reviewed on an on-going basis in line with the monitoring of risk, such as a deterioration in a person's physical or mental health and people's activities. We saw the rotas which demonstrated these staffing levels were adhered to. We asked the registered manager how they managed unforeseen shortfalls in staffing levels due to sickness. They explained that regular staff would fill in and they were always available.

There were effective recruitment and selection processes in place. We saw that pre-employment checks were done, which included references from previous employers, health screening and Criminal Record Bureau (CRB) checks completed. CRB has now been replaced by 'Disclosure and Barring' checks which apply the same principles. This demonstrated that appropriate checks were undertaken before staff began work in line with the organisation's policies and procedures and made sure staff were safe to work with vulnerable people.

Are services effective?

(for example, treatment is effective)

Our findings

The service was effective because care plans reflected people's health and social care needs and demonstrated that other health and social care professionals were involved.

We looked at two people's care files, which gave detailed information about their health and social care needs. Care files were personalised and reflected The Vicarage's values that people living at the home should be at the heart of planning their care and support needs.

Files included personal information and identified the relevant people involved in people's care. The care files were presented in an orderly and easy to follow format, which staff could refer to when providing care and support to ensure it was appropriate. We saw that care files included a personal history for people. There was evidence of people's likes and dislikes being taken into account. This demonstrated that when staff were assisting people they would know what kinds of things they liked and disliked in order to provide appropriate care and support.

Care plans were up to date and written with clear guidance for staff. They were broken down into separate sections, making it easy to find relevant information, for example, physical health, epilepsy management, personal care, communication, eating and drinking, continence and skin care and mobility.

We saw that daily notes were kept. This meant there was a record which enabled changes in people's physical and mental health to be picked up and acted upon promptly. For example, contact with relevant health and social care professionals.

Staff knew how to respond to specific health and social care needs and were observed to be competent. Staff were able to speak confidently about the care practices they delivered and understood how they contributed to people's health and wellbeing. Staff felt that people's care files were really useful so that appropriate care and support was provided on a consistent basis. This demonstrated that staff were both competent and referred to care information in order to ensure the safety and welfare of people in their care.

People had access to appropriate health and social care professionals to meet their needs and ensure they received

effective treatment. We looked at how people were supported to maintain good health, have access to healthcare services and receive on-going healthcare support. We saw extensive evidence of health and social care professional involvement in people's care. For example, GP, care manager, consultant psychiatrist, epilepsy nurse and speech and language therapist. Care records we looked at demonstrated how other health and social care professionals had been involved in people's care to encourage health promotion and ensured the timely follow up of care and treatment needs.

Staff had completed induction as part of starting work at the home, which included training. The induction required new members of staff to be supervised by more experienced staff to ensure they were safe and competent to carry out their roles. The induction formed part of a three month probationary period, so that the registered manager could assess staff competency and suitability to work at the home. This demonstrated that the home believed in the importance of having the right staff to meet the needs of people living at The Vicarage.

Staff had the skills and support to meet people's needs. Staff informed us that they received a range of training, which enabled them to feel confident in meeting people's needs and recognising changes in people's health. They recognised that in order to support people appropriately, it was important for them to keep up to date in line with best practice. One staff member commented: "We get lots of training which is very good." We saw that staff received training on safeguarding vulnerable adults, the Mental Capacity Act (2005), epilepsy, fire safety, health and safety, moving and handling, first aid, risk management and infection control. Staff had also completed National Vocational Qualifications (NVQs) in health and social care in order for them to develop their skills when working with people with a learning disability. Staff also told us that they had identified additional courses they would like to complete during their most recent appraisal, for example end of life care. The registered manager was currently in the process of finding out about end of life care training in the local area. This showed that care was taken to ensure staff were trained to a level to meet people's current and changing needs.

Staff received on-going supervision and appraisals in order for them to feel supported in their roles and to identify any future professional development opportunities.

Are services effective?

(for example, treatment is effective)

Supervision was completed on an on-going and informal basis due to the size of the staff team. The registered manager recognised that supervision was not formally documented due to the way the home ran and how a team approach was adopted by staff. We spoke to staff and asked them whether they felt supported in their roles and if they would benefit from formalised supervision. Staff commented: "I feel well supported by the manager and

prefer informal supervision. Support is there on an on-going basis. I find my job rewarding" and "Formal supervision would work, but I like how the team support each other. We are able to reflect on practice and brainstorm new ideas. I love working here." Staff files we saw and staff we spoke with confirmed that appraisals took place.

Are services caring?

Our findings

Throughout our visit we saw staff involving people in their care and supporting them to make decisions. Staff were seen to give choices to people, such as what they wanted to eat and drink to ensure their nutrition and hydration.

We spent time talking to people who lived at The Vicarage and observing interactions between them and staff. Comments included: “I like living here”; “The staff are nice”; “I am happy here” and “I have my own bike” (which the staff had supported them to purchase). During our visit, we saw that people who could not communicate with us were relaxed and contented.

We spent time observing support for people in the kitchen, which was the social hub of the home and used the short observational framework (SOFI) to help us understand the experience of people who could not talk with us.

We observed staff treating people with dignity and respect when helping them with daily living tasks. Staff told us how they maintained people’s privacy and dignity when assisting with intimate care, for example by knocking on bedroom doors before entering and gaining consent before providing care. We saw that staff adopted a positive approach in the way they involved people and respected their independence. We heard and saw staff working with people and they demonstrated empathy through their actions, in their conversations with people they cared for and in their discussions with us.

Before people received any care and treatment they were asked for their consent and staff acted in accordance with their wishes. Throughout our visit we saw staff involving people in their care and allowing them time to consent to

care through the use of individual cues, such as looking for a person’s facial expressions, body language and spoken word. Staff were seen to give information to people, such as what time trips out were due to take place. People’s individual wishes were acted upon, such as how they wanted to spend their time.

Staff at The Vicarage adopted a strong and visible personalised approach in how they worked with people. There was evidence of commitment to working in partnership with people in imaginative ways, which meant that people felt consulted, empowered, listened to and valued. For example, staff were seen to work with people individually on activities of their personal interest. Staff spoke of the importance of empowering people to be involved in their day to day lives. They explained that it was important that people were at the heart of planning their care and support needs. We saw evidence of family and professional involvement to ensure that consent was sought by people who had sufficient knowledge about the people living at The Vicarage and the care, treatment and support options they were considering. This ensured that people using the service could make informed decisions.

Staff relationships with people were strong, caring and supportive. Staff were motivated and inspired to offer care that was kind and compassionate. We saw how staff were observant to people’s changing moods and responded appropriately. Throughout the inspection, we observed that staff communicated with people in a respectful way. This demonstrated that staff recognised effective communication to be an important way of supporting people, to aid the development of therapeutic relationships.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

The service was responsive because it took account of people's individual needs.

Care plans included considerations of the Mental Capacity Act (2005). We saw that where a person lacked capacity, best interest discussions were held with people who knew and understood the person using the service. For example best interest discussions had been held to discuss a person's medical treatment. These discussions included the person's family, members of their care team and members of staff working at The Vicarage. This demonstrated that the home valued the importance of other people's involvement in the decision making process. In addition, people attended a local advocacy group which demonstrated that the home valued the importance of people having access to support to make decisions.

We saw evidence of people being involved in making decisions about their care and treatment through discussions with staff. We saw that staff had supported a person to develop a personal money management agreement in order for them to budget their money more effectively. We also observed staff spending time with people, supporting them to make decisions about their future care and treatment. For example, a person was planning to get a tattoo within the next few days and they were discussing this with staff.

People were encouraged to join in activities. Each Sunday people came together to plan activities for the following week and for activity plans to be written. People went on trips, there were sensory sessions and baking. On the day of our visit, people had been out shopping and had visited a garden centre for lunch. Staff within the home were seen to respond appropriately to people's needs. For example, a person was being supported to bake a cake and another person was enjoying the use of sensory equipment. Staff were not rushed and therefore able to respond to people's needs.

People were made aware of the complaints system. This was provided in a format that met their needs. We saw a copy of the complaints procedure, which was also displayed in an easy read format on a noticeboard in sight of people living at The Vicarage. It set out the procedure which would be followed by the provider and included contact details of the provider and Care Quality Commission. This demonstrated that the home ensured that people were given enough information in order for them to raise any concerns and valued their comments to improve the quality of care provided and the overall running of the service.

We were told by the registered manager that the home had not received any formal complaints but if they did the organisation would follow these up as a matter of importance.

Are services well-led?

Our findings

One of the ways the service was well-led was because staff spoke positively about communication at The Vicarage and how the registered manager worked well with them, encouraged team working and an open environment. Staff commented: “The manager is very supportive and approachable. She is a good leader and ensures an open culture” and “You can discuss anything with the manager, at any time, even personal circumstances.” Staff confirmed that they attended staff meetings and felt their views were taken into account.

We saw that health and social care professionals worked together in line with people’s specific needs. We saw that the home notified the local authority and Care Quality Commission of various events. Staff felt that communication between providers was good and enabled people’s needs to be met. Care records showed evidence of professionals working together.

The organisation took account of people’s views and suggestions. We saw that people living at The Vicarage had completed questionnaires. Subjects included: Do people feel safe, choices of food, how staff treat people, activities and what staff could do better. Responses were all positive and where suggestions had been made, these had been followed up by the registered manager. For example, one person liked really spicy food and so it was agreed that they would go out for a curry every couple of weeks. Another person wanted their bedroom redecorated and this was now in the process of being sorted out with a local decorator.

We saw that the registered manager conducted quality audits, which were in line with the Care Quality Commission’s ‘Essential standards of quality and safety.’ Areas covered included, health and safety, staff training, care plans and risk assessments, medicines management, safeguarding and the Mental Capacity Act (2005) and environment issues. We saw that where improvements were needed these had been followed up promptly. The

extent of auditing carried out demonstrated that the home recognised the importance of ensuring that people receiving a service were safe and cared for in a safe, supportive and therapeutic environment.

There was evidence of learning from incidents and accidents. Investigations took place and appropriate changes were implemented. Where incidents had taken place we saw involvement of other health and social care professionals, for example where staff considered whether any patterns of behaviour were associated with a person’s epilepsy. This demonstrated that The Vicarage was both responsive and proactive in dealing with incidents which affected both people living at the home and staff.

People were protected because the organisation took safety seriously and had appropriate procedures in place. We saw the fire log book and systems records. These showed that fire safety tests were completed on an on-going basis. We saw the procedure in the event of a fire, which clearly outlined staff responsibilities for the evacuation of the premises. However, people did not have personal emergency evacuation plans (PEEPs), which are individual plans, detailing how people will be alerted to danger in an emergency, and how they will then be supported to reach safety. We discussed this with the registered manager and they agreed to develop these plans as a matter of priority.

We saw that the premises were adequately maintained. We saw that health and safety checks were completed on a daily, weekly, monthly and annual basis by staff employed by the organisation and external contractors. For example, fire alarm, fire extinguishers and emergency lighting checks. We saw that staff had received health and safety and fire safety training to ensure they knew their roles and responsibilities when protecting people in their care.

The registered manager was open and approachable. We also observed that the registered manager made herself available to people and staff at times throughout our inspection. This demonstrated that the registered manager believed in the importance of creating an open environment to enable the quality and safe delivery of care and support.