







# Trident Reach The People Charity Vicarage Road (A)

## Inspection report

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### 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	

### Overall summary

This inspection took place on 26 March 2015 and was unannounced. At our last inspection in April 2013 the provider was meeting the requirements of the regulations we looked at.

Vicarage Road (A) is a residential home which provides care to people who have learning disabilities. The service is registered to provide personal care for up to six people, however at the time of our inspection only four people were using the service. There was a registered manager at this location. 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 and associated Regulations about how the service is run.

We observed staff continually ask people how they wanted their care to be delivered and supported them in line with their requests. People were relaxed with staff and confident to approach them for support. Staff said

# Summary of findings

they enjoyed supporting people and how to assist them to pursue the interests they said they liked. Staff were knowledgeable about the individual support people required in order to maintain their privacy and dignity. People were also supported to be as independent as they wished such as helping with tasks around the home and going out to places of interest.

People were supported to maintain relationships which were important to them. Relatives regularly visited and people in the home had developed friendships with each other. People expressed their views about the service at regular meetings and were involved in discussing the care they received. Relatives told us they were involved in the planning and reviewing their relative's care and were often invited by the provider to comment on the service when they visited or spoke to staff on the telephone. People told that they knew how to make a complaint and were confident that they would be responded to.

The provider had conducted assessments to identify if people were at risk of harm and if so had included guidance about how this could be reduced. The provider had taken action to reduce the risk of harm when people had been put at risk. Records which monitored people's nutritional intake and weight were up to date so that people were supported to eat and drink enough to keep them well. These records however did not always record the quantities people had consumed. We saw that, when necessary, the provider had involved other healthcare professionals in people's care.

All the relatives and staff we spoke with told us that they felt there were enough staff to meet people's care needs. The provider told us they would review their staffing levels when additional people started to use the service to ensure people's needs continued to be met. Staff were able to demonstrate they had the skills and knowledge to communicate effectively with the people who used the

service. They expressed a good knowledge of what people liked to do and their individual preferences. Staff were supported with their personal development and to deliver what was required of their roles.

People were kept safe and staff knew how to recognise when people might be at risk of harm and were aware of the provider's processes for reporting any concerns. Relatives told us that the provider took appropriate action when people had been at risk of harm. Records showed that the provider had worked with other agencies when they had received information of concern in order to keep people safe.

Medication was managed appropriately because staff were aware of the provider's medication policy and people received medication in line with their care plans.

The provider understood their responsibilities under the Mental Capacity Act 2005 (MCA). They had conducted assessments when people were thought to lack mental capacity or held meetings to ensure decisions were made in the best interests of the people who used the service. The provider had ensured that staff were clear about the requirements of the Mental Capacity Act 2005 (MCA) and that people were supported with the least restrictions of their liberties.

Relatives told us the provider regularly sought their views when assessing the quality of the service and that the provider acted on their comments. Staff said the registered manager was approachable and responded to their concerns promptly. There were processes in place to enable staff to express their views and records showed that the provider had taken action in response to issues raised at regular meetings. The provider had ensured that staff were aware of the aims and vision of the service.

The provider had a system to assess the quality of the service and identify how it could be improved. The provider had developed an action plan to implement improvements at the service.

# Summary of findings

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

We always ask the following five questions of services.

### Is the service safe?

The service was safe. People were supported by staff who knew how to protect them from the risk of abuse.

The provider had ensured there were enough staff to meet people's care needs.

People's medicines were managed appropriately. People were protected from the risk of medication errors because the provider had robust systems in place.

Good



### Is the service effective?

The service was effective. The provider had ensured that staff knew how to support people in accordance with the requirements of the Mental Capacity Act 2005 (MCA) and the legal rights of people had been protected.

People received care which meet their needs because staff had the appropriate skills and knowledge.

People's nutritional needs were met because the provider assisted them to eat and drink enough to keep them well.

Good



### Is the service caring?

The service was caring. People were supported to maintain in relationships which were important to them and had developed friendships with other people who used the service.

Staff knew people's personal preferences and supported them to engage in interest they said they liked.

People's privacy was respected and there were care plans to inform staff how to protect people's dignity when receiving personal care.

Good



### Is the service responsive?

The service was responsive. Relatives told us the provider regularly asked them for their views and would take action when necessary.

People told that they knew how to make a complaint and were confident that they would be responded to.

Staff were aware of people's current care needs and the provider had a system to update people's care plans as their care needs changed.

Good



### Is the service well-led?

The service was well-led. The provider conducted regular checks to evaluate the quality of the service and took action to rectify any issues identified.

There was a registered manager in place who knew their responsibilities to the Commission. Staff felt supported by the management who they found to be approachable

The provider had a system in place to ensure that staff were aware of their vision and goals for the service.

Good



# Vicarage Road (A)

## 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 26 March 2015 and was unannounced. The inspection team consisted of two inspectors.

Before the inspection we asked the provider to complete 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 and we took this into account when we made the judgements in this report. We also checked if the provider had sent us any notifications since our last visit. These contain details of events and incidents the provider

is required to notify us about by law, including unexpected deaths and injuries occurring to people receiving care. We used this information to plan what areas we were going to focus on during our inspection.

During our inspection we spoke with two people who used the service. Due to their specific conditions some people were unable to tell us their views of the service however we observed how staff supported people. We spoke with relatives of all four people who lived at the home. We also spoke to the deputy manager and four members of care staff. We looked at records including three people’s care plans and staff training. We looked at the provider’s records for monitoring the quality of the service and how they responded to issues raised. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

The registered manager was not available during our visit however we spoke with them after on the telephone. They supplied us with additional information we had requested during the inspection. We also spoke to two healthcare professionals who supported people who used the service.

# Is the service safe?

## Our findings

All of the relatives we spoke with told us they felt their family members were safe. One relative told us, “[Person’s name] is very safe and well cared for”. Another relative said, “My relative is safe”.

We spoke with four members of staff and they were all able to explain the provider’s policy for keeping people safe. This included an awareness of how to recognise when people might be at risk of harm and the provider’s process for reporting any concerns. We noted this was in line with local authority safeguarding practices. Staff said they received training in how to safeguard people from harm and records confirmed this. A relative told us that they felt the provider had taken appropriate action when a person who used the service was put at risk of harm and action had been taken by the provider to prevent a similar incident from re-occurring. They told us, “They called me straight away” and “I believe they have learnt from that incident”. Relatives told us that the manager and staff were approachable and they were encouraged to raise concerns. Records showed that the provider had worked with other agencies when they had received information of concern in order to keep people safe. There was information about how to raise concerns about people’s safety displayed in the public areas of the home. This protected people from the risk of abuse.

The provider took action to ensure people were supported safely and respected people’s rights to receive care in line with their wishes. During our inspection we observed staff continually ask people how they wanted their care to be delivered and prompted people to engage in interests they had said they wanted to pursue. The provider had conducted assessments to identify if people were at risk of harm and how this could be reduced. Staff we spoke with said care records contained information which enabled them to support people safely and guidance about the risks associated with people’s individual needs. Staff we spoke with were able to demonstrate they knew people’s different communication styles. They could explain what people’s specific movements and gestures meant. A member of staff explained people’s specific

communications needs and we saw that staff responded to people accordingly throughout the day. There were pictorial guides to help people express their concerns, including how the police could support them if they felt at risk.

All the relatives we spoke with told us that they felt there were enough staff to meet people’s care needs. They told us that staffing levels changed in accordance with how many people were using the service. The deputy manager confirmed that they would review the staffing levels when additional people joined the service to ensure that there were enough staff to support people in line with their care plans. During our inspection, some people were supported to go to college and we saw that they were supported by the appropriate number of staff, as identified in their care plans. Staff told us that when people were supported by bank staff, they were usually already known to the person and were knowledgeable about how to meet people’s specific care needs. The provider had ensured that there were enough staff to meet the needs of the people who used the service.

Staff were able to explain the provider’s medicines policy for reporting medication errors and records showed that staff had received training in how to manage medicines safely. Medicines were stored appropriately to ensure they were safe and maintained their effectiveness. People were kept safe from the risk of poor medicines management.

People received their prescribed medications safely. Care records contained details of the medicines people were prescribed, any side effects, and how they should be supported in relation to taking their medicines. Where people were prescribed medicines to be taken on an “as required” basis, there were details in their files about when they should be used. The manager conducted audits to check that people had received their medicines as prescribed. Appropriate action had been taken when errors had been identified, such as seeking professional guidance to ensure no one came to harm and training for staff to prevent incidences from re-occurring. During our visit, we audited two people’s medicines and noted that the actual quantity of medicines held by the provider matched their own records.

# Is the service effective?

## Our findings

People were supported to maintain their health and welfare. Relatives told us they had regular discussion with the manager about the support people needed and how they could support their relatives to stay well. Relatives were able to tell us about people's specific conditions and how they required to be supported. A relative told us they were supported by the provider to bring in items a person liked to eat. Another relative said, "Every time I've spoken to [person's name] on the phone, it's been a good experience."

People told us that people had access to other health care professionals when necessary in order to maintain their health. Relatives told us that they were notified by the provider when people had health care appointments and that they were supported by staff to attend them. The deputy manager told us that they had a good relationship with the local GP service who would attend the home when people did not want to attend appointments at the surgery. Records included details of visits people received from health providers and how staff were to support people in line with their instructions. This supported people who used the service to access healthcare services and receive ongoing healthcare.

Relatives we spoke with said that staff had the necessary skills to support people. A relative told us, "The staff are well trained" and another relative said, "The staff know what they are doing, they are very professional". Staff told us and records confirmed that they received regular training and supervisions to maintain their skills and knowledge. A member of staff told us, "I wouldn't use a hoist without training." All the staff we spoke with felt they had the necessary skills to support the people who used the service. Staff had undergone additional training when necessary so they could continue to support people as their care needs changed.

Staff told us that they had training and guidance was available in people's care records about how to keep people safe from specific risks associated with their conditions. Staff explained the care they provided to assist a person who was known to exhibit behaviour which could challenge others. This enabled staff to reduce the risk of the person hurting themselves or other people. There were care plans for people who were known to be at risk of malnutrition and up to date records which staff used to

monitor their nutritional intake and weight. When necessary the provider had supported people to access speech and language therapists and dieticians in order to identify healthy eating plans.

Staff respected the rights of the people who used the service to choose how they wanted to be supported. A member of staff told us, "I follow the wishes of the people and their best interests". During our visit we observed staff asking people if they were happy and how they wanted to be supported. Care records identified that people were supported by professional representatives if they were unable to make a decision for themselves. A relative we spoke with confirmed they had the legal power of attorney to manage a person's finances. The deputy manager was able to explain to us how they involved the relative when the person was required to make financial decisions. Other staff we spoke to also knew which people were supported by advocates and when they should be included in discussing people's care needs.

The provider had conducted assessments when people were thought to lack mental capacity. These identified if the care provided was in line with people's wishes or if less restrictive care options were available. When people lacked mental capacity to make their own decisions, the provider had taken action to seek that the care and treatment people received did not restrict their movement and rights under the Mental Capacity Act 2005 (MCA). Staff explained how they supported a person to sleep comfortably in the lounge when they chose not to sleep in their bed. A member of staff told us, "It is their choice, we wouldn't force them to go back to their room. We make them comfortable on the sofa". The care records of a person who lacked mental capacity showed that a best interest meeting had been held between relatives, health professionals, social workers and care staff. This was to discuss the appropriateness of follow up medical treatment for a specific health need. The provider's training records showed that most staff were due refresher training in the MCA.

Staff we spoke to knew about the requirements of the MCA and had received effective training in respect of the MCA and any decisions related to deprivation of liberty safeguards (DoLS). A member of staff we spoke to explained the principles of the DoLS and that people were

## Is the service effective?

assessed to ensure they were receiving care with the least amount of restrictions. They told us, “People have the right to choose to go out or not. We support them but we don’t nag people to do things.”

Staff expressed a good knowledge of what people liked to eat and if they had any dietary preferences. Staff knew how people’s food needed to be prepared in order to keep them safe from the risks associated with their individual health and care needs. There was guidance available for staff and we saw people were presented with meals which were prepared in line with this guidance. We saw that staff recorded what people ate in order to identify if anyone was at risk of malnutrition. We saw that although staff had recorded what people had eaten they had not always identified the quantities consumed. This was raised with

the deputy manager during our visit. Staff told us that they kept regular weight records and if a person refused to be weighed; they would monitor any changes to how their clothes fitted them. This enabled the provider to ensure people received enough nutrition to keep them well.

We saw that menus were based on what foods people said they liked to eat and during our visit people were able to help themselves to snacks throughout the day. We saw how people were supported at lunch time and how staff supported people to choose what they wanted to eat and drink. We observed a member of staff offer a person a choice of drinks and they took the one they wanted. Staff prompted people to eat and encouraged them to slow down when they were eating too fast.



# Is the service caring?

## Our findings

All of the relatives we spoke with told us that staff were kind and caring. One relative told us, “They have a lovely bedroom. They have everything they want.” Another person’s relative said, “They give me a lot of information about [person’s name] condition and help them speak to me on the phone. They are very good”. And another relative said, “The staff are very kind and caring. They are very good.”

We saw positive interaction between staff and people who were relaxed with staff and confident to approach them for support. All the staff spoke affectionately about the people and how they enjoyed supporting them.

Most of the staff had worked at the service for several years which had enabled them to build up close relationships with the people who lived there. Care records identified how people wanted to be addressed and we heard staff calling people by their preferred name. Staff knew how people wanted to be supported and we saw that staff had supported them to enjoy the interests they said they liked. A member of staff explained how they supported a person to buy magazines and DVDs and take trips out to pursue a specific hobby they enjoyed. During our inspection we saw staff sat with people; prompted them to express how they were feeling and talk about their hobbies and interests. Care records contained details which enabled staff to deliver care in line with people’s wishes and preferences.

People were supported to express their views about how they wanted their care to be delivered. Staff were knowledgeable about people’s different ways of communicating and took time to understand what people were expressing. There were photographs of people enjoying various interests and staff told us they used these to help people choose the activities they wanted to take part in.

People were supported to be as independent as they wished. We saw that people were encouraged to help prepare snacks and staff supported people to clear their plates away after lunch. A person told us that they enjoyed helping to dust and vacuum around the home. During our visit two people who used the service were supported to attend college. Records showed that people regularly attended college and other activities in the community. This supported people to learn life skills and to live how they wanted.

Staff we spoke with said they had received training in how to respect people’s privacy and dignity and there was guidance available in people’s care records. Staff respected a person’s choice to stay in bed during our visit. We saw that staff regularly spoke to the person to ensure this was how they wanted to spend their day and offered alternative activities. We saw that staff knocked on the person’s bedroom door and introduced themselves before they entered.



# Is the service responsive?

## Our findings

All of the relatives we spoke with told us they were involved in the planning and review of their relative's care. One relative told us, "The home will give me a call if there were any health concerns or other issues". Relatives we spoke with also said they were confident that the service would respond to their comments and those of the people who used the service.

The provider responded to people's wishes when supporting them with care. Relatives told us and records showed that people were supported to do the things they said they liked. These included train spotting, visiting college and going on holiday. We saw examples when the provider involved relatives in supporting people to choose how they wanted their care to be delivered and saw that people received care in line with their expressed preferences.

The provider had responded as people's health and care needs changed. The relative of one person told us that the provider had arranged with another health provider to supply additional equipment. The relative told us that the provider had continued to involve them in regular reviews about how the person was to be supported. We saw that the provider had updated a person's care plan when they started to regularly sleep in the lounge. This plan ensured the person was supported to remain safe and comfortable.

A relative we spoke with told us that a person at the home was regularly supported to speak with them on the telephone. Other relatives told us that they were always

made welcome when they visited the service. The provider held regular social events which they could attend. People were encouraged to participate in activities such as, attending college, visiting restaurants and the theatre. This helped people to maintain relationships which were important to them and avoid social isolation.

People who used the service were supported to comment about the service they received at regular meetings. Staff told us how they supported people to express their preferences. We saw that daily records showed people had been supported in line with the wishes expressed in their care plans. Relatives told us they were regularly asked for their views on the care people received and felt the provider responded appropriately to their comments. These had included arranging activities and how people's rooms were decorated. The provider told us that they were in the process of redecorating some areas of the home and people would be presented with a choice of finishes so they could choose a style they liked. The provider had responded to people's views about the service.

People told us they felt comfortable to complain if something was not right and they were confident that their concerns would be taken seriously. A relative told us, "I will complain," and explained how the provider supported them to comment on the specific support a person received. The relative told us that the provider responded positively to their comments. Relatives had received information about the provider's complaint policy when they joined the service. We saw that this information was also available around the home in easy read formats which met people's communication needs.

# Is the service well-led?

## Our findings

Relatives we spoke with said that they were happy with the care people received and how the service was managed. Relatives told us that the manager and staff made them feel part of the service and valued the contribution they made to people's care and wellbeing. A relative told us, "I am very happy with the service and had every confidence in them." Another relative said, "The manager is superb, they have been great." A member of staff told us that the registered manager was, "The best manager I've ever had."

The service had a registered manager who understood their responsibilities. This included informing the Care Quality Commission of specific events the provider is required, by law, to notify us about and worked with other agencies to keep people safe. Although the registered manager was away during our inspection, the deputy manager was knowledgeable about their responsibilities as the most senior member of staff onsite. Staff told us there were regular staff meetings and individual supervisions with the registered manager. Staff said they were supported to express their views about the quality of the care and promote their own personal development. Records showed that the registered manager provided regular training and updates to staff about the service's philosophy and best practices within social care in order to improve the quality of the care people received.

Relatives also said that the provider actively encouraged them to express their views. Relatives told us the registered manager was approachable and responded promptly when they raised concerns about the quality of the service. A relative told us that the registered manager responded when they raised concerns about how a person was supported to stay safe. For example people told us and

records showed that the provider had reviewed how people's care was delivered and how the environment was maintained when concerns had been raised. This ensured that people and staff were actively involved in developing the service.

The provider had a clear leadership structure which staff understood. Each person at the home had a key worker and co-key worker to help ensure they received continuity of care. Key workers also contributed to a review of each person's care needs so that other members of staff would know the individual care needs of each person, if a key worker was unavailable. Key workers were members of staff designated to take the lead to ensure that all aspects of the service met the person's individual needs. Each shift had an identified lead who staff could approach for guidance. Staff told us that there was a system for contacting the registered manager or a senior member of staff from within the organisation to ensure they were fully supported and could get advice in the event of a difficult situation occurring. Staff confirmed that they had always received support from a senior member of staff when they requested it.

The provider had a system to assess the quality of the service and identify how it could be improved. Information from investigations and complaints was used to improve the service and we saw that the provider had improved the quality of medicine management in order to reduce adverse events. The provider conducted regular audits and we saw evidence that the provider took action when they had identified how the quality of the service people received could be improved. This included improving training records and improved record keeping. Monitoring the quality of the service supported the provider to improve the care people received.