

# Home from Home Care Limited

## The Old Vicarage

### 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 ●

# Summary of findings

## Overall summary

The Old Vicarage is registered to provide accommodation and personal care for up to 14 people who may have learning disabilities or autistic spectrum disorder. At the time of this inspection the service was providing accommodation to 13 people. Accommodation is provided over two floors.

The home is situated in extensive grounds alongside a smaller regulated service registered for 3 people and run by the same provider; this service is known as Vicarage Lodge. Each of the services is run independently of each other, with people from each of the services meeting up for planned social events when they chose to do so. Local amenities for example, church, village shop, local public house and the village community centre are all within walking distance of the service.

At the last inspection in March 2014, the service was rated good.

At this inspection we found the service remained good.

People who used the service were supported by staff who understood the importance of protecting them from harm. Staff had received training in how to identify abuse and report this to the appropriate authorities. Staff that had been recruited safely were provided in enough numbers to meet the needs of the people who used the service.

Risks to people were identified and plans were put in place to help manage the risk and minimise them occurring. Medicines were managed safely with an effective system in place. Staff competencies, around administering medication, were regularly checked.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People were able to choose meals of their choice and staff supported people to maintain their health and attend routine health care appointments. The service worked with various health and social care agencies and sought professional advice to ensure individual needs were being met.

People who used the service had access to a wide range of activities and leisure opportunities and were encouraged to continue to participate in activities and hobbies that they had enjoyed prior to accessing the service. A wide range of activities were provided and included involvement and use of the local and wider community based facilities.

The service had a clear process for handling complaints which the registered manager had followed. The provider used an external agency to obtain regular feedback from relatives about their experience of the service.

Staff told us they enjoyed working at the service and felt supported by the registered manager. Quality

assurance processes were in place and regularly carried out by both the provider and the registered manager to monitor and improve the quality of the service.

Feedback was sought from people who used the service through regular 'resident meetings' and feedback forms. This information was analysed and action plans produced when needed.

Further information is in the detailed findings below:

## 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 remains Good.

### Is the service effective?

Good ●

The service remains Good

### Is the service caring?

Good ●

The service remains Good.

### Is the service responsive?

Good ●

The service remains Good.

### Is the service well-led?

Good ●

The service remains Good.

# 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 checked 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 unannounced inspection took place over two days on the 5 and 6 of July 2017. The inspection was carried out by two adult social care inspectors and a specialist advisor (SPA), whose specialist area was that of a Mental Health Act Reviewer. On the second day two adult social care inspectors completed the inspection. An expert-by-experience contacted families and relatives following the inspection to obtain further feedback about their experience of the service. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of service.

The local authority safeguarding and quality teams were contacted prior to the inspection. We also looked at other information we hold about the registered provider. We did not receive any information of concern.

The registered provider had completed a provider information return (PIR). This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. We used this information to help plan for the inspection.

During the inspection we looked at eight care files which belonged to people using the service. We also looked at other important documentation such as accident and incident records and thirteen medicine administration records (MARs). We looked at how the service used the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards code of practice to ensure that when people were deprived of their liberty or assessed as lacking capacity to make their own decisions, actions were taken in line with legislation.

We looked at a selection of documentation relating to the management and running of the service. These included three staff recruitment files, training records, staffing rotas, staff supervision records, quality assurance audits, maintenance of equipment records, cleaning schedules and menus. We also undertook a tour of the building. We also spoke with the registered manager, the deputy manager, seven care staff and three visiting health professionals.

# Is the service safe?

## Our findings

At this inspection we found people continued to be supported in a safe way.

People who used the service told us they felt safe and trusted the staff. Comments included, "Yes, I like all of the staff and they are kind to me." Another told us, "Yes I am safe, I have my own staff looking after me you know and I like living here."

Relatives of people who used the service we spoke with commented, "My relative, my daughter, is absolutely safe at the home. The environment is excellent and the staff are always amenable to my daughter's, and my, needs." Another relative told us, "I feel my daughter is safe, yes. She has been to 2 or 3 different places and this is the best one. I'd be gutted if she had to move and she would be too. She isn't easy to help, with her condition, but the staff there are marvellous with her and give her the kind of life that I can no longer provide for her."

Visiting health care professionals we spoke with told us they found adequate staffing levels when they visited and there was always staff available to support them. Comments included, "Whenever I visit there always seems to be plenty of staff about."

Staff were able to describe to us how they would protect people from abuse and the signs people may present that might indicate they were being subjected to abuse. Training records we saw confirmed staff had received training in how to protect people from harm. The service user guide also clearly detailed in written and pictorial formats information on what abuse might be and what people or staff should do if they suspected abuse.

The registered manager used a staffing tool to ensure there were the correct levels of staffing in place to meet people's needs effectively. The staffing levels on the day of the inspection were adequate to meet people's needs, with the majority of people being seen to be supported on an individual basis. Staff told us there was enough staff on duty and this afforded them the flexibility should people wish to change an activity or do something spontaneously. Recruitment processes ensured people were not exposed to staff that had been barred from working with vulnerable adults.

Three people using the service told us how they had recently completed a six week course so they could be involved in recruiting new staff.

There were systems in place for the safe management of people's medicines. People's medicines were securely maintained and staff completed relevant training and had their skills assessed to ensure they were competent to administer medicines safely. Medication administration records (MARS) seen had been accurately completed and people's medicines were audited on a regular basis.

The service was well maintained, clean and tidy throughout. We saw the service regularly reviewed environmental risks and carried out safety checks and audits. An external contractor visited the service on a

planned basis to complete 'deep cleaning' of all areas of the service in order to maintain a high level of cleanliness throughout the building.

Staff told us that that they adopted a proactive approach to people's changing behaviours which others may find challenging. This consisted of person centred behaviour support plans in line with current good practice. They told us the service had a positive approach to risk ensuring people's independence could be promoted and gave an example of one person wishing to access the community independently and how this had been planned for and supported. Staff explained the person now accessed the local community and the next town independently and carried a badge with details of who to contact should they require any assistance. Records seen confirmed this process.

One person's risk assessment for an activity required more clarity about the person's skills and abilities and was in need of update. We spoke to the registered manager and staff about this and they explained the person was not currently accessing the activity due to a health condition and offered assurances the risk assessment would be updated immediately.

# Is the service effective?

## Our findings

At this inspection we found people continued to be supported in an effective way.

However, minor inconsistencies in the details of some records were discussed with the registered manager to develop their practice and use of language to demonstrate in more detail the process they had followed. For example, best interest meeting records, showed the registered manager and deputy manager had been present. They did not reflect the process and consultation made with other professionals and family members that had taken place, the records and discussions were recorded in a separate part of the care record. We discussed this with the registered manager who offered us assurances that they would address the issues raised.

People who used the service were positive about the care and support they received and told us staff supported them to develop new skills. Parents we spoke with told us, "Due to my daughter's condition, it is imperative that she doesn't put weight on. Her favourite member of staff cooks her pasta and other healthy foods that she enjoys. On the whole, the food is good. On visits, there are often nice smells in the place."

Another said, "The staff are highly trained. My daughter is very well supported and the activities that she does are fantastic. She can exercise choice in the things that she does. She has an amazing bedroom that is always clean and tidy when I visit and there have certainly never been any odours on my visits to the home." and "I can't speak highly enough of the staff. They are beautifully trained and they have a thorough training programme that is second to none."

Professionals we spoke with at the service told us they considered staff to be skilled and were responsive to their instructions of care delivery. Comments included, "The staff are specialised in this area of care and know what they are doing. The staff adopt good infection control practices and have all equipment in place. With my patient the staff have to be very careful about hygiene, there have been no infections and I have no concerns." Another told us, "The staff are very proactive and will contact us and act on our recommendations. Any changes to care teams, the service will request additional training for them."

People received effective support from staff who were well trained and kept their skills up to date. Staff told us that in addition to mandatory training for example, infection control, moving and handling, food hygiene and safeguarding, they also received specialist training in areas specific to the needs of the people who used the service. This included, autism, Makaton (Makaton is a language programme using signs and symbols to help people to communicate.), safe handling and breakaway, stoma care and epilepsy training. We saw a copy of the staff training matrix that identified when staff training was due for update in the next three years.

Staff were supported by regular team meetings supervision and appraisal and staff commented, "It's one of the places where they care about staff too." And "I really enjoy it here it is the best company for training, you have to do so much training before they put you in a home." The staff team were further supported by experienced staff that had lead roles in different areas for example, positive behaviour support and care planning. These individuals spent time in services observing, auditing and supporting staff to develop their



practice.

The service had a comprehensive induction and training process in place with trainers also spending time in the service supporting staff practice. Probationary staff received a full induction and were supported and mentored by an allocated human resources representative. The human resources representative meets with the probationary staff member twice during their induction period. Staff had a mentor within the service as a point of contact for their induction. All staff completed reflective diaries to help improve the experience.

The service had achieved Investors in People Gold Award (The Investors in People Standard is the benchmark of good people management practice) and staff completed National Vocational Qualifications relevant to their roles and personal development.

We observed staff demonstrated a sound understanding of their duty to promote and uphold people's human rights. People who lack mental capacity to consent to arrangements for necessary care and treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We found the registered manager had submitted DoLS applications appropriately and maintained records for when these needed to be reviewed.

People who used the service told us they enjoyed their meals and participated in regular meetings to plan their meals and ensure their nutritional needs were appropriately supported. Staff took their meals with people who use the service, making mealtimes a sociable event.

There was evidence the provider was continually assessing the needs of people who used the service to ensure the environment and equipment supported them, for example one person had a non-touch assisted technology in their room to enable them to summons staff and activate their shower and lighting.

# Is the service caring?

## Our findings

At this inspection we found people continued to be supported in a caring way.

People told us that care staff promoted their individual needs and well-being in a respectful way and that staff were kind and considerate. People commented, "Staff always knock on our doors and wait until we say they can come in." Another told us, "The staff always ask us what we want, but they don't rush us and give us time to think about things before we answer."

Relatives we spoke with told us, "Every person at the home is an individual. Their needs are individually tailored and bespoke to that person. My daughter likes horses, she rides, she swims and she has a better social life than me! We have a six monthly review. The staff or manager also telephones me once or twice a week to keep me fully abreast of what she (daughter) is up to. They also email me telling me of her progress. My daughter has a life now that we could only dream of before she moved to Home from Home." Another told us, "We are contacted by the home on a regular basis. There is a minimum a six monthly review but we are regularly in contact with the staff and management. We are invited to Birthday parties and gatherings and we are really made welcome at the home and made to feel a part of things."

Speaking about the caring approach of the staff another relative commented, "The standard at Home from Home is the highest in my daughter's life. I speak to her Liaison Officer weekly and I can vent any fears or questions to them. It's a really well run place."

Professionals we spoke with were also complimentary about the staff, commenting, "I would definitely recommend here for one of my relatives, there is so much going on and real opportunities for people, it's really good. The staff are so considerate and caring."

During the inspection we observed a calm and comfortable atmosphere throughout the service. We found that a person centred approach was considered with people who had difficulty communicating their needs verbally. For example, we observed staff using intensive interaction with one person throughout the day. (Intensive Interaction is a practical approach to interacting with people with learning disabilities who do not find it easy communicating or socialising).

People had a communication passport that they took with them on visits to their GP or to attend an outpatient appointment. We noted that one person's passport translated what different sounds meant to them. In addition, people had an "accident and emergency" grab sheet that went with them if they were admitted to hospital in an emergency. The grab sheet provided hospital staff with information that the person would be unable to share.

The registered manager and staff knew people well and were able to describe people's individual likes and preferences for their delivery of care, as well as their personalities and personal qualities. Staff were also observed throughout both days of the inspection, asking people what they would like to do and how they would like to be supported. Care plans we looked at showed people who used the service had been involved

with planning their care and support. Meetings had been held where the person's care needs had been discussed and their input was recorded.

People who used the service without family, were supported to access external advocates. The RM was also clear about where external advocates could be accessed and in which circumstances they may be used for example, if there was a conflict between people using the service and their relatives about their preferences for care delivery.

## Is the service responsive?

### Our findings

At this inspection we found the people continued to be supported in a responsive way.

People who used the service, told us they enjoyed the planned activities provided both within the service and the local community which gave them the opportunity to try new things or do things they enjoyed, socialise and meet up with friends. Community based activities included riding lessons, water ski-ing, attending clubs, workshops, cinema visits, bowling, swimming and other various extensive activities. In house activities were more based on the development of independence skills for example, cookery, laundry skills and room management as well as manicures, watching films, accessing the sensory area and gardening. Further activities were arranged through the micro community of Home from Homecare, where further community based workshops for example small animal management and other activities could be accessed. This gave people the opportunity to access a varied programme of activities in line with their personal preferences.

One person told us how they and their friend regularly visited their local fire station where the fire fighters were very helpful and open to teaching them about the different fire engines and equipment they used. They told us they had even been able to use the fire hoses.

Relatives we spoke with told us, "The staff are good, they seem very well trained. They just seem to know what to say to her (daughter). I can't do anything with her at times. She can be very stubborn but the staff seem to know how to deal with her. The training they receive must be very good. My daughter has had problems at other places and they have just thrown her out. Even [Name of provider] just got rid of her, but Home from Home has been fantastic. The staff are so patient with her and they really pull out all the stops to help her." Another relative told us, "The activities are fantastic. My daughter is always doing something. She can make the decisions about what she does. She goes to the beach, or the Wildlife Park....I mean, she's been on holidays. There is no way that I could provide all that for her at my stage in life so it's been a godsend that she's got Home from Home."

When we asked relatives if they knew how to raise complaints they told us they did, but very few had ever had any reason to do so. They explained that as well as key staff contacting them regularly to discuss their family member, an independent company also contacted them monthly to ensure they were happy with the service or wanted to raise any issues they may have.

The registered manager told us that both systems worked very well and had contributed to the development of positive relationships where families were confident to raise any queries with them. Comments included, "I can visit anytime and there have never been any restrictions. The only thing I have ever complained about and I think it was when relief staff were on, was they sent my daughter home not dressed very well and they'd forgotten to put in a change of clothes. It's the only difference of opinion I've ever had with them. I said to them though, 'would you send your child out dressed like that?' and since then there hasn't been a problem."

The care plans we looked at showed people's needs were assessed prior to moving into the service to ensure their needs could be met. Transitions took place over a planned period of time, so that people had the opportunity to be introduced to the service and to meet staff and peers before moving in.

We saw that the information in the assessment documents helped develop care plans, which identified people's preferred routines and how they needed to be supported with their care. People's care plans were also based on positive behaviour support. (Positive behaviour support is a way of improving the quality of life and reducing challenging behaviour in people with autism and learning disabilities). Care plans contained detailed information, for example, on how staff could recognise signs when people were settled and happy or starting to become anxious and any potential triggers which could escalate certain behaviours.

There was evidence the service continued to involve people in making decisions about their lives and empowering them. The provider has a discussion group called "our voices" for people who live in their services.

Monthly "Our Voice" meetings were available for all users of the service to attend. Two people, who lived at the service, regularly represented their peers at these meetings. We saw that the meeting minutes were accessible to all and were recorded in word and picture format. The discussion group had been involved in creating a "resident" satisfaction survey. The survey used pictures and words to help people understand the questions asked and people gave their response through "yes, no and don't know" smiling faces. In addition, the service held resident meetings twice a month. The purpose of "our voices" and the residents meetings were to empower people who lived in the provider's services to have a say in the running of their service and give their feedback on areas for improvement.

A complaints policy was available to ensure people's concerns could be listened to and addressed. People told us they knew how to make a complaint and were confident any raised would be followed up when required in line with the registered provider's policy. People who used the service told us, "If I wasn't happy I can tell staff or the manager." And "Staff always help us to sort things out if there is something wrong."

# Is the service well-led?

## Our findings

At this inspection we found people continued to be supported by a well led service.

Staff told us that they found the registered manager approachable, supportive and knowledgeable and said they could go to them at any time. One staff member told us, "The management team are very supportive; they discuss issues with and get us extra support when we need it. They make me feel at ease." Another told us, "As well as the support and information we get from our own manager, we also get regular updates through the company's newsletter which keeps us up to date with all changes and forthcoming events and training, so we are always in the loop."

We found that although the registered manager of the Old Vicarage was also the registered manager for Vicarage Lodge (a smaller registered service on the same site). Strategies were in place to ensure that they were supported in their role by assistant managers and team leaders. The registered manager was aware of the CQC guidance of 'Registering the Right Support' (CQC's policy on registration and variations to registration for providers supporting people with learning disabilities). They understood the principles of the guidance and told us there were no plans to increase the current provision, but planning applications were being considered to provide personal living rooms, to make en-suite bedrooms into apartments for people.

Relatives and members of staff told us that the annual events such as, the summer fayre and barbeque, to which they were invited, offered them good opportunities to speak with each other. They told us the provider also sent out a monthly magazine 'One Team', which shared news about events, activities, and updates on how the provider was working and implementing best practice initiatives within the services. A pictorial version was also available for people who used the service. Parent updates were also provided.

The provider had also introduced a new system called 'Aspire 10.' This is a ten minute call to staff regarding their development and well-being. Similarly, confidential calls were made to relatives, from a consultant that the organisation had employed. The consultant's callers interacted and guided families through any issues or queries they may have. These calls aimed to ensure continued communication and inclusiveness. Whilst the calls were confidential any matters which may have a bearing on services were fed back to the provider so they could be addressed.

The registered manager told us how people were encouraged to be part of their local community and gave an example of how two people visited the local fire station two nights a week and where the fire fighters would talk to them about the different vehicles and equipment they used. This not only promoted people's confidence but also their understanding of the dangers of fire and how to react to them. Other people used the local shop and post office and were regular visitors to the local pub.

Monthly staff team meetings were held with the registered manager and a member of the human resources department. Human resources attended so that any employment issues could be addressed immediately. Staff were expected to attend a minimum of ten meetings a year. Topics discussed included quality assurance, training and development and health and safety. Core team meetings also took place at least

monthly to discuss each individual person in the service and any changes in their needs and their progress.

The registered manager attended compliance meetings where information they submitted to the provider on a weekly basis was analysed and the findings discussed, so lessons could be learnt and actions implemented to reduce further occurrences where possible. They told us the senior management meetings were also used to share good practice and keep up to date with changes in legislation.

They were further supported to develop their skills and knowledge base through undertaking training and best practice being shared by specialist leads within the organisation and professionals on a consultancy basis, including psychology, speech and language therapist and a positive behaviour support manager.

Micro community site meetings were also held weekly to share best practice, ideas and concerns with fellow managers to further their knowledge. The registered manager also received regular emails documenting updates from CQC, and local commissioners of services, to ensure up to date information was available. They also worked in partnership with external consultants to develop best practice initiatives. Similarly, on a monthly basis, senior management (including registered managers, heads of departments and locality managers) would gather at a "One Team" meeting. This meeting gave further opportunities to discuss changes, best practice and the effectiveness of changes.

Staff had access to policies and procedures on a range of topics relevant to their roles. For example, we saw policies on safeguarding, infection control and guidance, least restrictive practice and behaviour support. Staff spoken with were aware that policies were available and where they could be located when needed.

The provider was also signed up to the 'The Driving Quality Code' (The code was developed following the Winterbourne review that identified abuse of people with learning disabilities at Winterbourne View. The government and many other organisations that support people with learning disabilities are taking action to make sure that this never happens again). The Driving Up Quality Code outlines good fundamental practices and behaviour that organisations that support people with learning disabilities need to be committed to. Signing up to the Code is a public commitment from organisations that they believe in these good practices and are achieving or actively working towards them. Signing up to the Code is also a commitment from organisations to be transparent about how they operate. Providers are encouraged to carry out a self-assessment and report how they are working towards meeting the code. The organisation was also a member of BILD (The British Institute of Learning Disabilities).

A comprehensive quality assurance system was seen to be in place. This consisted of the registered manager and senior staff completing audits throughout the service on a regular basis. This was further supported by a system driven by the provider which consisted of the registered manager and their senior staff completing a monthly audit of the service. Following this, an unannounced visit from a quality assurance representative took place, who then completed a further audit of the service. The results were then compared and action plans developed to address any shortfalls. Results from each audit were shared with the staff team and detailed in the monthly magazine to show how services were performing.

Similarly the collated results and feedback from surveys completed by people who used the service, their relatives and staff were also shared within the magazine.

We reviewed the accident and incident records held in the service and found that the service had notified the Care Quality Commission (CQC) of notifiable incidents as required.

