Care Quality Commission

Home from Home Care Limited

Vicarage Lodge

Inspection report

Vicarage Lodge, 48 Church Lane,
Stallingborough. DN41 8AA
Tel: 01472 882333
Website:

Date of inspection visit: 29 December 2014
Date of publication: 20/02/2015

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

Vicarage Lodge is registered to provide care and accommodation for a maximum of three people who may have physical disability. It is situated in the village of Stallingborough. The accommodation is purpose built and has three ensuite bedrooms all with their own sitting rooms. There is a large communal open plan kitchen and lounge.

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

This inspection was unannounced and took place on 23 December 2014. The previous inspection of the service took place on 27 January 2014 and was found to be compliant with the regulations inspected.

We reviewed the care records for two people who used the service both of whom could not make decisions for themselves. We found mental capacity assessments had been undertaken and when people needed support to

Summary of findings

make decisions appropriate best interests meetings had taken place and these had involved other relevant people outside of the organisation. We saw care plans were written after consideration of the least restrictive option.

We saw the service was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS) and were aware of recent changes in law. This showed us that staff followed the Mental Capacity Act 2005 for people who lacked capacity to make decisions for themselves.

The registered provider had robust recruitment processes in place which protected people from unsuitable or unsafe staff.

The service met people's nutritional needs; people were supported to ensure they had enough to eat and drink. Although the people who used the service were unable to talk with us, people's gestures indicated they were happy with the quality of the food provided.

Records showed staff had been trained in safeguarding vulnerable adults. The registered provider had policies and procedures in place to protect vulnerable people from harm and abuse. Staff were also aware of the registered provider's whistleblowing policy and how to contact other agencies with any concerns.

Medicines were stored securely and administered safely. Records showed people received their medicines on time and in accordance with their prescription.

Our observations showed people who used the service received regular positive interaction from members of staff. Daily activities were organised for people to promote their independence and to provide stimulation.

People were supported by staff to maintain their privacy, dignity and independence. When possible, staff involved people in choices about their daily living and treated them with compassion, kindness, and respect.

Staff told us they felt supported by the management of the service. The registered provider had put in place an electronic care record system which allowed staff to update people's records instantly and allowed the management to analyse information that promoted people's health and wellbeing.

Since the building had been purpose built for the needs of people with physical disabilities we saw each person's room was ensuite and had its own sitting room, all equipped with ceiling tracked hoists to enable people to move around their rooms. The main lounge and kitchen area was a large open space designed to enable electrically powered wheelchairs and other large pieces of equipment to move around without causing inconvenience or harm to others.

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?

Good

The service was safe. Risks to people and others were managed effectively. People were involved in decision making as much as possible.

People's medicines were stored, handled and administered safely by suitably trained staff.

There were sufficient staff to meet people's needs. Staff were recruited safely and understood how to identify and report any abuse.

Is the service effective?

Good

The service was effective. Staff had a thorough understanding of the Mental Capacity Act 2005 and knew how to ensure the rights of people with limited mental capacity to make decisions were respected.

Staff understood the Deprivation of Liberty Safeguards (DoLS) and worked with the local authority to make applications for all three people who used the service.

Staff had received up-to-date training, induction and support. This meant people at risk were protected from members of staff who did not have the skills or knowledge to meet their needs.

People received a healthy and nutritionally balanced diet. Advice from external professionals such as those form the Speech and Language Therapy team was followed.

The purpose built environment included adaptations such as ceiling track hoists and specially equipped bathrooms which enabled staff to meet people's needs.

Is the service caring?

Good

The service was caring. People enjoyed good relationships with the staff.

People were able to express their views at regular meetings.

People's privacy and dignity was respected. Each person had their own ensuite facilities and staff respected people's own space.

Is the service responsive?

Good

The service was responsive to people's needs. Care plans contained up-to-date information on people's needs, preferences and risks to their care. Members of staff told us they were always made aware of any changes in people's needs.

Information on how to make a complaint was made available to people according to their needs, for example in an easy to read format using pictures.

People enjoyed a variety of activities throughout the day including visits to local football matches and the hydrotherapy pool.

Is the service well-led?

Good

The service was well led. There were systems in place to monitor the quality of the service and to promote continuous improvement.

Summary of findings

The registered provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who used the service and others. Accidents and incidents were monitored and trends were analysed to minimise the risks and any reoccurrence of incidents.

The registered manager promoted a fair and open culture where staff felt they were well-led and supported.

Vicarage Lodge

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 registered 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 23 December 2014 and was unannounced. It was carried out by one adult social care inspector.

The local authority safeguarding and contracts teams were contacted before the inspection, to ask them for their views on the service and whether they had investigated any concerns. They told us they had no current concerns about the service.

At the time of our inspection two people were resident at the service as one person had gone to their parents' house for Christmas. The two people who used the service were unable to communicate with us; however, we spoke with two care workers and the assistant manager.

We used a number of different methods to help us understand the experiences of the people who used the service. We used the Short Observational Framework for Inspection (SOFI) in two communal areas. SOFI is a way of observing care to help us understand the experiences of people who could not talk with us.

We looked around the premises, including people's bedrooms (after staff had sought people's permission using physical gestures), bathrooms, communal areas, the laundry, the kitchen and outside areas. Two people's care records were reviewed to track their care. Management records were also looked at and these included: staff files, policies, procedures, audits, accident and incident reports, specialist referrals, complaints, training records, staff rotas and any monitoring charts in people's bedrooms.

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Good

Is the service safe?

Our findings

The staff rota showed the three people who used the service were cared for by three care staff during the day including one team leader. The registered manager and assistant manager were supernumerary or in addition to the staffing numbers. One member of staff told us the staffing level was adequate and enabled them to spend full one to one time with each person who used the service. We noted even though one person had returned to their parents' house for Christmas, a full staffing level of three had been maintained.

We saw each person who used the service was cared for by a core team of staff in order to promote continuity of care. The core team comprised four care workers who were given individual responsibilities for the co-ordination of care, documentation and wellbeing/activities. Each person's core team met monthly and we saw the rota was adjusted to allow this.

At night three care workers worked across this building and the adjacent service, the Old Vicarage; although we were told at least one member of staff would be permanently based at Vicarage Lodge. The assistant manager told us that if an emergency occurred at night, a care worker and senior care worker were on call each night. There was also a plan to follow in the event of an emergency. The assistant manager told us, "Vicarage lodge do need two staff to support personal care at this moment in time, 3 staff across the site is adequate. Service and night support levels are reviewed regularly checking against records/ incidents. If in the future extra is needed we would make sure this is in place."

Staff told us they had been recruited into their roles safely. Records confirmed references were taken and staff were subject to checks on their suitability to work with vulnerable adults by the disclosure and barring service (DBS) before commencing their employment.

We looked at how medicines were handled at the service. We saw medicines were stored securely in a locked cabinet within a locked room. We reviewed the medicines administration records (MARs) and found these had been completed correctly without any omissions. Where any person using the service had refused their medicine, this had been clearly documented on the reverse of the MAR. We also noted people's reaction to taking their medicines was also recorded. Medicines were disposed of appropriately. The service had a system of disposing of medicines no longer required. Records showed balances of stock were checked every night by night time staff.

Staff training records showed staff had received training in the safe handling and administration of medicines. We noted staff had received specific training for the administration of epilepsy medicines. We also reviewed records of the annual competency checks carried out on each member of staff.

Each person who used the service had a set of risk assessments which included those for eating and drinking, epilepsy, medicines, fire, personal care, pressure area care, the environment, and accessing the community. The risk assessment was aligned to an individual care plan and identified the risks to be considered in line with supporting the person's needs. Each risk assessment used a traffic light grading system to indicate the severity of the risk and went on to clearly describe the means staff should use to reduce any risk.

We reviewed one person's behavioural support plan and saw it provided staff with clear instructions about how to divert them away from self-harming and chewing objects, which may cause them to choke, to alternative sensory experiences. This meant staff were given information to enable them to keep people safe.

Although there was a set monthly schedule for the formal review of risk assessments, the assistant manager showed us the relatively new electronic care record system which allowed staff to update risk assessments and records at any time to reflect any changes in people's needs immediately.

Records showed all the staff working at the service had received up-to-date training on safeguarding vulnerable adults from harm or abuse. The staff we spoke demonstrated a good understanding of the different types of abuse that could occur and how to report them. Staff told us they were, "100% confident that any safeguarding issue would be investigated thoroughly." The service had no safeguarding investigations currently open with the local authority. The registered manager was aware of their responsibility to notify the Care Quality Commission and the local authority when incidents occurred which affected the safety or wellbeing of people who used the service. Our records confirmed we received these notifications.

Good

Is the service effective?

Our findings

Members of staff told us they received good training and support that equipped them well for their roles. One member of staff told us, "The level of training is excellent; we are always kept up-to-date. Also, the support we receive is really good. I have supervisions every month and they are quite detailed. We also have a staff meeting each month and we are required to attend at least 10 a year."

We reviewed the training matrix which showed all staff had received training in moving people safely, health and safety, infection control, safeguarding vulnerable adults from abuse, medicines, food hygiene, and breakaway techniques.

Staff supervision records showed all staff had a supervision meeting with their line manager every month.

Staff had a good understanding of the Mental Capacity Act 2005 and its principles and were able to describe how this was embedded in people's care. We saw mental capacity assessments had been carried out for numerous aspects of daily living including the use of bed rails.

The Care Quality Commission is required by law to monitor the use of Deprivation of Liberty Safeguards (DoLS). DoLS are applied for when people who use the service lack capacity and the care they require to keep them safe amounts to continuous supervision and control. DoLS ensure where someone may be deprived of their liberty, the least restrictive option is taken. All three people who used the service were subject to Deprivation of Liberty Safeguards (DoLS) authorisations and appropriate applications had been made to the supervisory body. We reviewed records of relevant mental capacity assessments and best interests meetings in support of the applications. We saw care plans had been written in way the showed the service had considered what was to be the least restrictive option wherever a person's liberty was deprived or restricted. This showed people were protected by systems which were intended to safeguard them and promote what was in their best interest.

Whilst meeting records showed the best interests assessor from the local authority had indicated the DoLS applications would be approved, the official outcome was yet to be received by the service.

We saw each person who used the service had a specific eating and drinking plan which clearly identified their individual preferences. One person's plan stated they especially enjoyed home cooked puddings and that staff needed to ensure they drank between 2 to 3 litres of water each day. We saw eating and drinking plans had been developed with input from the Speech and Language Therapy (SALT) service who had given specific advice on food textures, adapted cutlery, and positional considerations.

During our inspection visit lunch was being prepared by the care staff in the main kitchen. We saw fresh ingredients were being used and we observed the meal was wholesome and looked and smelt appetising. We noted each person's intake of food and fluid was recorded in the paper records and the electronic recording system. This meant the care staff could produce reports of each person's food and fluid intake against their weight on a daily, weekly and monthly basis to identify trends or changes in need.

The three people who used the service had complex health needs and received regular input from external healthcare professions. Records showed people had been supported to receive input from the GP, SALT, dentist, chiropodist, and physiotherapy services.

We noted Vicarage Lodge had been purposely built for the care of three people with complex physical disabilities. Each person's room was ensuite and had its own sitting room, all equipped with ceiling tracked hoists to enable people to move around their rooms. The main lounge and kitchen area was a large open space designed to enable electrically powered wheelchairs and other large pieces of equipment to move around without causing inconvenience or harm to others.

Good

Is the service caring?

Our findings

We saw people who used the service were supported to be as independent as possible. Although people who used the service had limited communications skills, care plans were written with maintaining and developing independence in mind. For example, one person's eating and drinking plan described how staff should encourage the person's independence at meal times as they were trying to feed themselves with minimal support.

Records showed each person who used the service was invited to the monthly meeting of their core team of care staff. During this meeting the staff would use pictures with the person to gauge their feelings about food, activities and their care. In addition, staff told us a weekly 'residents' meeting' was held in the main lounge. Again, pictures were used to discuss food, activities and the environment. A further monthly 'Our Voices' meeting was held between representatives of all the registered provider's similar services in the area to address more generic issues.

We saw records of the 'My review my say' meetings which took place for each person who used the service, their relatives and other external agencies such as commissioners and social workers every six months. Records showed the preparations for this meeting had been conducted by the person who used the service and their core team. The planning included who they would like to attend the meeting and the things they would like to talk about. We saw minutes from the meetings which showed what the person liked to do or not do, what new things they would like to do, and the people they would like to support them were discussed. This showed the service involved people who used the service as much as possible in making decisions and planning their care.

Each person's care plan had a section called 'helping me get my message across' which gave staff detailed information about the non-verbal reactions they may give if they were unhappy or happy about anything.

We observed high levels of interaction from staff who never left people unattended. We observed staff speaking with people in a calm, sensitive manner which demonstrated compassion and respect. We observed staff using non-verbal communication methods as described in people's care plans.

We saw care plans provided staff with good information about how people who used the service wished to be treated, particularly in relation to personal care, so their dignity and privacy was preserved.

Staff told us people's relatives were free to visit at any time. They also told us people were supported by staff to visit their relatives at their homes. We saw each person had a 'my family and friends' care plan. One person's plan stated they liked to see and communicate their family on a weekly video call which staff facilitated. We were told none of the people who used the service used advocacy services although information was provided in easy to read formats.

Good

Is the service responsive?

Our findings

Staff we spoke with were able to describe people's life histories and clearly knew and understood people well. Staff told us the care plans gave them sufficient information about people.

We saw each set of care records had a section called 'all about me'. This provided staff with a summary about the person they were supporting including communication methods, diagnoses, allergies, and relations' birthdays. Following this, each specific care plan started with a simple summary of what that particular plan was aiming to achieve. Following the summary an in-depth support plan which described how the person should be supported and what care workers needed to do to in order to care for each person's individual needs. An appropriate risk assessment followed in order to show the staff how to achieve this level of support in a safe way. Each of these three documents was dependent on each other and provided a complete and comprehensive plan of how to deliver individual care to each person. Furthermore, the use of electronic care records meant all care plan documents could be updated as and when necessary thus ensuring staff delivered the most up-to-date levels of care. We saw this information was replicated in the manual care files and available to people who used the service in easy to read formats using pictures.

We reviewed two care plans both of which were written around the very specific and detailed levels of care each person required. We saw a daily diary was kept for each person on the electronic care record; this included what time they chose to get up, what they had to eat and drink, and what medicines they had received.

We saw a handover diary was maintained during each shift. This was entered directly onto the electronic care record so that all staff could see how people who used the service had been throughout the day and night. This meant people who used the service received care that was relevant to their needs at that time.

Staff told us people who used the service were supported to participate in a number of activities which included visits to the cinema, hydrotherapy pool, watching the local football team, shopping, and going to discos. We were shown pictures of people participating in the local 'Race for Life'. We saw each person had an activity plan which had been discussed with them at their monthly meeting.

People's participation in activities were recorded in the electronic care record system and reports allowed this to be analysed on a weekly and monthly basis. Activities were recorded as to whether they were intensive or relaxing. Within Vicarage Lodge itself we saw significant amounts of activity equipment including sensory and soft play equipment.

The registered provider had a complaints policy in place which was displayed in pictorial format around the service and was issued to people's relatives. We reviewed the service's complaints file and saw there had been no complaints for over a year. The complaints file showed there was a system in place to record investigations and outcomes.

Good

Is the service well-led?

Our findings

Members of staff told us they were supported well by the registered manager and assistant manager. One said, “This is an excellent company to work for, I feel so well supported and trained. The management are all very approachable and I have full faith in them should any safeguarding issues come up. I think the care people get here is excellent.”

We found there were systems in place to monitor the quality of the service. We reviewed monthly audits for medicines management, pressure care, infection prevention and control, and care plans. We saw actions plans had been created to address any shortcomings. We saw the electronic care record system allowed the management to analyse all aspects of people’s care with up-to-date information. Changes to people’s health and wellbeing over time were displayed in graphical format meaning that it was easy for staff to identify even the smallest change in a person’s needs.

The assistant manager showed us the detailed assessment framework used by the registered provider’s own internal assessors on their monthly quality assurance visits. This framework was broken down in to the five key questions used by CQC in this report and provided percentage scores on topics including infection control, medicines management, safety of equipment, nutrition, and effectiveness of management. We noted three of these assessment visits were unannounced. The assistant manager told us they were required to complete an action plan to address any shortfalls; records confirmed this.

Staff told us meetings for all staff were held monthly in which the care for each person who used the service was discussed. Training requirements and the sharing of best practice were also discussed. Records showed learning from incidents and errors took place during the meeting in an open and transparent manner. Copies of the minutes were made available to staff who were unable to attend in person.

Records showed people who used the service and the relatives were frequently asked for their views at the various monthly meetings and the ‘my review, my say’ meetings held every six months. Notes from the meetings showed people and their relatives were actively involved in all three people’s care.

We saw there were monthly records of accidents, incidents, injuries, and safeguarding referrals. We saw, where appropriate, investigations had taken place and trends had been identified. We saw any issues were discussed at staff meetings and learning from incidents took place. We confirmed the registered provider had sent appropriate notifications to CQC in accordance with CQC registration requirements.