

## Gloucestershire County Council

# The 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

This inspection took place on 21 and 25 April 2017 and was unannounced. The Vicarage is a care home which provides short term respite breaks for up to five adults with learning and/or a physical disability. There were three people staying at the home on the day of our inspection. People and their relatives/carers needs were assessed by the local authority and allocated 'an amount of respite days' to be used within a year to have regular breaks from their role as a carer. The breaks were booked direct with the home.

At the last inspection in July 2014, the service was rated Good. At this inspection we found the service remained Good.

People received individualised care which reflected their personal preferences, wishes and routines. People were supported to have maximum choice and control of their lives. Staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People's care records were kept up to date with their changing needs. By closely working with health care professionals the risks to people's health and well-being were reduced. People were supported to eat and drink which met their dietary requirements and preferences. They were encouraged to make choices about their care and support and to be as independent as possible.

People were treated with dignity, respect and kindness by suitable numbers of staff to meet their needs. We saw many warm and friendly interactions between people and staff. Relatives/carers complimented staff and the support they provided.

People were supported by staff who had access to training and support to acquire and maintain the skills and knowledge they needed to meet their needs. Staff felt supported by the managers and helped to develop in their roles through meetings and training.

People's views were sought as part of the quality assurance process to drive through improvements to the service. A range of quality assurance systems monitored the standards of care provided. The registered manager valued the feedback from people, their relatives/carers and staff and acted on their suggestions.

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 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 comprehensive inspection took place on 21 and 25 April 2017 and was unannounced.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also examined other information that we held about the service, previous inspection reports and any notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally required to let us know about.

We looked around the home and saw how staff interacted with people. Most people were unable to communicate with us due to their complex needs.

We spoke with two members of staff, the deputy manager and the registered manager. We looked at the care records of three people and records which related to staffing including recruitment procedures and the training and development of staff. We looked at a selection of records in relation to the management of the home including the quality and monitoring audits. We also spoke with four relatives/carers and three health and social care professionals.

# Is the service safe?

## Our findings

People were cared for by staff who understood their responsibility in protecting them from harm and reporting any concerns. Staff were knowledgeable about safeguarding people and had access to the provider's safeguarding policies and procedures. One staff member said, "I would absolutely flag it up if I thought someone was being harmed. If I didn't get the ideal support or response from my manager, I would call CQC or the police if necessary." Another staff member said, "Staff are great here, people are well looked after. I would report it if I had any concerns."

All the relatives/carers we spoke with told us they were happy that their loved ones were safe and being well cared for while staying at The Vicarage. One relative said, "I can't fault the staff, I know she is safe when she stays there. That is so important to me." Another relative said, "When I leave I know she is safe and I'm completely at ease knowing she is in safe care." An easy read, 'Say no to abuse' brochure was displayed in the home which provide people with information about recognising abuse and where they should report any concerns.

Some people brought money with them to spend during their stay at the home. The money was checked and stored securely by staff. Relatives/carers told us they were given the correct change and receipts of any expenditure at the end of each visit. They were confident that people's belongings and money was well managed and accounted for.

People's medicines were also checked in and out with people's relatives/carers by staff. Staff responsible for administering people's medicines had received the training they required and were aware of the importance of being accountable for the management of people's medicines. Their skills and abilities to manage and administer people's medicines were checked and monitored to help reduce the risks of poor medicines management. Where medicine errors had happened, records showed that the registered manager had acted promptly and carried out an investigation and addressed the concerns with staff during team meetings.

People's medicines were stored in line with current guidance and given to them on time and appropriately. Risk assessments were in place for those people who chose to manage and administer their own medicines. Medicine Administration Records (MAR charts) had been completed appropriately with no gaps in the recording of administration on the MAR charts. Medicines that had been prescribed to be used 'as required' had additional guidance in place for their use, however additional guidance was required to guide staff to consider other interventions before they resorted to administering the prescribed medicine. We checked and found that safe systems were in place to manage and store medicines which could be misused by others.

Prior to people's stay at The Vicarage, staff contacted their relatives/carers to enquire if there had been any changes in their health and mental well-being and their medicines since their last visit. Any changes were also clarified when people arrived at the home. Records showed that staff had sought additional advice from specialist health care professionals when people had known risks such as mobility problems or

difficulties with swallowing. Their care plans reflected any specialist recommendations.

Staff recorded on body maps if people arrived at the home with an injury or mark on their skin however there was no recorded evidence that staff had investigated the cause of the markings or injuries. We raised this with the registered manager who told us that people's relatives/carers often mentioned any concerns when they arrived at the home but this was not always recorded. Staff did not always record on the body maps where people required their topical creams or medicinal patches on their body. However, the registered manager took prompt action and implemented body maps and forms in relation to people's injuries, creams and medicinal body patches to ensure staff had accurate information.

People were supported by sufficient numbers of staff. The registered manager had reviewed the staffing levels and adapted them to meet the needs of the people staying at the home. For example, the staffing levels had increased when several people who required full support with all their activities of daily living stayed at the home together. We were told that staff rotas were planned in advance to ensure people were supported by a consistent and regular staff team. Where there had not been enough staff to meet the desired staffing levels of the home, staff had picked up extra duties or the home had used bank or agency staff.

The registered manager had implemented a staggered start time for staff in the morning which supported people's choice to get up at different times and to be involved in different activities. Staff told us they were supported by the managers or had access to an on-call system when working out of hours and were confident they would get the support and advice they needed if a manager was not at the home.

People were supported by staff who had been vetted before they worked as part of the team at The Vicarage. Suitable and effective recruitment systems were in place. The managers had completed 'safer recruitment' training and were supported by the provider's human resources department when staff recruitment was needed. Since our last inspection, some staff had transferred from other social care departments within the provider's organisation. We discussed the transfer process with the registered manager who told us they had worked with the head office to ensure that staff's previous employment history was verified and that employment and criminal checks were carried out and up to date. Any queries regarding the employment history of new staff or irregularities in the recruitment process were discussed during their interview although not always documented.

People stayed in a home that was suitably maintained and adapted to meet their needs. Since our last inspection, an overhead ceiling track hoist had been installed in a bathroom to allow those who were dependent on staff with their transfers to have easy access to a bath when they wished. Schedules were in place to ensure the building and equipment was regularly checked, maintained and serviced.

## Is the service effective?

### Our findings

Staff confirmed they had received the training they required to meet people's needs. For example, most staff had received up to date mandatory training in health and social care as well as specialist additional training such as colostomy and percutaneous endoscopic gastrostomy (PEG) training. The registered manager was reviewing the qualifications and training certificates of the staff who had transferred to the home as well as bank and agency staff to ensure all staff had the skills they required to work at the home. The profiles of agency staff were being requested from the employment agency by the deputy manager and an induction programme for agency staff was being implemented. Staff knowledge and skills in managing people's medicines and assisting them with their mobility and transfers were observed and assessed to ensure their skills were current and met the needs of people. The deputy manager shared with us that they would be reviewing and expanding their competency tools to assess the skills of staff.

Relatives/carers told us staff were knowledgeable and skilled to carry out their role. One relative said, "I know that the managers would seek out additional training if they felt the staff did not have the training they required to look after the residents." Although the home had not recruited any new external staff, the managers were aware of the care certificate which assesses new staff against the expected standards of care. We were told that existing staff had used some units from the care certificate to review and update their knowledge in specific aspects of care such as equality and diversity.

People were supported by staff who had supervisions (one to one meeting) with their manager. Staff told us supervisions were carried out regularly and enabled them to discuss any training needs or concerns they had. Records showed that subjects such as people's dietary requirements; the provider's key policies and CQC's key line of enquiries had been discussed during their supervision meetings.

We checked whether the service was working within the principles of the Mental Capacity Act 2005 and whether any conditions on authorisations to deprive a person of their liberty were being met. Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Staff had a basic understanding of the principles of the MCA and applied them to their care practices. For example, we heard staff offering people choices regarding their care or meals and found their decisions were respected. Where people were unable to express their views, staff provided them with care in their best interests based on the knowledge and previous preferences of people such as their choice of drink or food. The managers had assessed if people had the mental capacity to make significant decisions about their care such as to consent to receive their medicines and other treatment.

People were supported to maintain a healthy and well balanced diet. Staff knew people well and knew people's preferences and choices with their meals. Relatives/carers told us people enjoyed the food and staff went out of their way to ensure people food likes and dislikes were catered for. Staff explained that people could always opt for an alternative meal if they didn't like the meal provided on the day. Staff

supported and monitored people who were unable to express their choices of meals. For example, photographs of food were available to help people to choose their meals and people's food and fluid intake was monitored to ensure they received adequate nutrition and fluids.

People who had special dietary needs or risks around their eating and drinking were supported and catered for. Records showed staff had sought advice from the speech and language team when people had difficulties with swallowing.

People's health care needs were monitored and any changes in their health or well-being prompted a referral to their GP or other health care professionals. Health care professionals spoke highly of the care and support people received in the home. One health care professional wrote to us about one person who used the service and said, "The Vicarage team listened to our advice and followed recommendations we had provided, they responded to any situation pragmatically and always prioritised aspects of deteriorating health to maintain his safety." Relatives/carer also confirmed that staff has contacted with them if they had concerns about their loved ones well-being. One relative said, "They always phone me if they feel that she is not well or settled."



# Is the service caring?

## Our findings

Relatives/carers were positive about the care people received. They complimented the staff and said comments such as "All the staff there are lovely. (Person) has known them (staff) for a long time. They certainly do give good quality of care. I know she is happy when she stays at The Vicarage" and "You wouldn't find a better place. (Person) is over the moon when I tell her she is going to stay at The Vicarage."

People were at the heart of the service. Staff focused their care on each individual and adapted their approach according to people's needs and preferences. We observed staff interacting with people throughout our inspection. We saw many warm exchanges between people and staff. Staff addressed people by their first names in a friendly and respectful way. Some people had requested to be called by an alternative name. We observed staff respecting this decision and referred to them with their preferred name.

People could chose to sit in the lounge or dining room throughout the day or chose to have time in their bedroom. Some people had chosen to bring in personal objects from home to decorate their bedrooms and make the rooms feel more like home. A staff member bought one person a poster of their favourite singer to decorate their bedroom. The person was thrilled and asked the staff member to help them put the poster on their wall. Relatives and carers also commented on the homely environment of the home. One relative said, "My son is very happy here. It's like home from home for him." They went on to explain the importance of the care and support that The Vicarage provided to their family. They said, "We would struggle without the support The Vicarage provides."

People's privacy and dignity was promoted and respected. Staff spoke to us about their understanding of treating people with respect and dignity and how this was applied in their approach when caring for people. One staff member said, "I treat people as I would like to be treated. We always give people's choices, give them privacy and respect their lifestyle and opinions." We saw staff talking to people respectfully and encouraging them to join in conversations. Staff were passionate about their role and told us they enjoyed seeing people staying at The Vicarage and the progress they were making. One staff member said, "I love working here, getting to know people and seeing them each time they come here. I love it." Some people were encouraged to retain their levels of independence while staying at the home whilst others enjoyed being in an alternative environment and having the support of staff.

We discussed with the managers how they supported people's human rights to ensure people were free from discrimination. They understood that people's diversity and beliefs was important and something that needed to be upheld and valued. However they recognised that this was an area which was not always explored with people but would consider how they could support people to share their views and beliefs in a safe and non-discriminatory environment.

## Is the service responsive?

### Our findings

People's stay at The Vicarage was generally planned in advance. People and their relatives/carers had been assessed and allocated a number of nights per year to be used for short term respite breaks at the home. The respite breaks were booked direct with the home and provided relatives/carers with a regular break from their role as a carer. We were told that staff always contacted the person's relative/carer prior to their stay to enquire if there have been any changes in their health and care needs.

The home occasionally supported people in an emergency. For example one person had been referred to the home in an emergency due to difficulties in their accommodation and health needs. Staff were working with health care professionals to find alternative housing for the person and supporting them to improve the health and mental well-being. For example, we were told that staff had supported the person to improve a skin condition on their legs. A health care professional had emailed the home and acknowledged the improvement of the person's skin due to the support staff had provided. During our inspection, we observed staff sensitively helping the person to sort through their belongings at their own pace and discussing their accommodation options.

The deputy manager shared with us examples of how the service had been responsive when people's needs had changed when they stayed at the home. For example, mobility equipment had been supplied to one person who had difficulty mobilising at the home; another person had been supported to apply topical creams during their stay as their skin had appeared sore when they arrived and those people who required a hoist to help them transfer and had been issued their own slings to use at the home.

People's care plans provided staff with information about their backgrounds and things which were important to them such as music and favourite meals as well as their support requirements. Staff were knowledgeable about the people who stayed at the home. They told us they had developed a good understanding of people's preferred routines, dislikes and likes and adapted their approach accordingly. People's care records were regularly reviewed to reflect any changes in their support. However some people's daily notes did not always record people's mental well-being and the support staff gave people with their emotional needs and reassurances. Staff supported people to manage their risks, however the details of the agreed controlled measures put in place to manage their risks was not consistently recorded. However, detailed handovers at the beginning of each shift provided staff with an update of the needs of people.

People enjoyed arrange of activities both in the home and in the local community. Activities were discussed with people individually when they arrived at the home as well as in groups. Staff told us the types of activities people enjoyed were determined by people's personal interests and needs. For example, we were told people enjoyed going swimming and to the local shops and cafes.

People and their relatives/carer's day to day concerns and issues were addressed immediately. People's relatives/carers told us the home was very responsive to their concerns and views. One relative said, "There is nothing to moan about. I have no complaints but the office door is always open and I know I can speak to

any of the staff if I have any worried. At the end of each visit, people were asked to complete a pictorial survey about their views and experiences of their stay at the home. Relatives/carers had also recently been asked to complete a questionnaire on the views. The registered manager had carried out an analysis of the results which indicated that people and their relatives/carer's views of the service provided were generally positive and complimentary.

## Is the service well-led?

### Our findings

The Vicarage had a registered manager in post who was supported by a deputy manager. 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. The registered manager managed two locations for the provider. They met with other registered managers working for the provider to discuss best practice and changes in legislation and other guidance. We were told a system of visiting and peer reviewing each other's services had helped them to share ideas and implement new systems to improve the service. The registered manager told us they felt supported in their role. They were in frequent contact with a representative of the provider and could ask for advice and guidance at any time. The registered manager was aware of their responsibility to notify the Care Quality Commission about notifications and incidents affecting the well-being of people living in the home. The provider has recently been reviewing their short breaks services and had been in consultation with people, their relatives/carers and staff about the future of The Vicarage and their other short break services. Records showed that people's relatives/carers had met with the provider to share their thoughts and concerns about the proposals. The registered manager and deputy manager complimented the staff's attitude and approach during this period of uncertainty and said, "The staff morale has remained surprisingly good. They have not let it affect their work." Staff told us they felt supported by the registered and deputy manager. They told us they had a 'hands on' approach to the running of the home and knew staff and people well.

People's care and support was at the heart of the service. The provider's vision and values were displayed for people, their relatives/carers and staff to read alongside the complaints and feedback procedures. Staff had discussed the home's vision and aims at a recent team meeting and identified areas that could be improved and areas of good practice. People relatives/carer's told us they were able to speak with the registered manager and deputy manager about any concerns and issues and were confident that the managers and staff were knowledgeable in the role.

The registered manager and deputy manager overviewed the quality of the service being provided. Regular internal monitoring and checks took place within the home to ensure it was running effectively. These checks covered various areas of service provision including the safety of the premises, staffing and risk management. Any shortfalls or areas of concern found in the checks were acted on but not consistently recorded to show that the work had been completed. People's accidents and incidents had been recorded, acted on and monitored to ensure there were no reoccurring incidents.