

# Home from Home Care Limited

## Vicarage Lodge

### Inspection report

The Old Vicarage  
48 Church Lane, Stallingborough  
Grimsby  
South Humberside  
DN41 8AA  
  
Tel: 01472882809

Date of inspection visit:  
05 July 2017  
06 July 2017

Date of publication:  
11 September 2017

### 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

Vicarage Lodge is registered to provide accommodation and personal care for up to three people who may have learning disabilities, autistic spectrum disorder and physical disabilities. At the time of this inspection the service was providing accommodation to three people. Accommodation is provided in a purpose built unit catering for the specific needs of people with physical disabilities. This included, spacious living areas which were designed to enable people using wheelchairs comfortable access and overhead tracking within bedrooms and en-suite bathrooms.

The home is situated in extensive grounds alongside a larger regulated service registered for 14 people and run by the same provider; this service is known as the Old Vicarage. 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 December 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 had been recruited in a safe way and all checks were in place before staff started work. The staff had also received a comprehensive induction and essential training at the beginning of their employment and we saw this was followed up by periodic refresher training to update their knowledge and skills. People were supported by sufficient numbers of staff.

Staff had a good understanding of people's needs and were kind and caring. People were treated with dignity and respect and were involved and included in decisions about the way their support was provided. Families and relatives were welcomed by the service.

People who used the service were assisted to have maximum choice and control over their lives and care staff supported them in the least restrictive way. Assessments were carried out to ensure people were protected from potential harm and staff took steps to minimise risks without taking away people's right to make decisions.

Medicines were stored securely and administered safely. Records showed people received their medicines on time and in accordance with their prescription. Staff competencies, for example, around administering medication, were regularly checked.

The service met people's nutritional needs and people were able to choose meals what they wanted to eat. 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 were provided an extensive range of activities to participate in, both in house and within in the local and wider community.

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.

The service had an open and inclusive ethos and people's relatives and staff were positive about the way it was managed. 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.

# 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 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 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 and did not receive any information of concern. We also looked at other information we held about the registered provider.

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 three care files which belonged to people using the service. We also looked at other important documentation such as accident and incident records and the medicine administration records (MARs) for the three people who used the service. 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.

During the inspection we observed how staff interacted with people who used the service. 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 were unable to speak with us. We spoke with two visiting healthcare professional,

the registered manager, the assistant manager and three members of staff. Following the inspection we spoke to two relatives of people who used the service.

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.

# Is the service safe?

## Our findings

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

Relatives of people who used the service we spoke with commented, "Definitely. The Lodge is wonderful. We couldn't have gotten a better place for my son. He is thriving at the Home and I couldn't be happier about it." Another Relative added, "It's a great place, so welcoming. My daughter has high support needs and I'm at an age now where I can't cope as well as I used to. Her safety is of the utmost importance and I can rest easy in my bed knowing that she is getting the best care possible there and I know that she is safe at the home."

Visiting healthcare professionals we spoke with told us they found adequate staffing levels when they visited and there were always staff available to support them. Comments included, "The staff are very proactive and will always act on our recommendations. They support positive risk taking so people can be enabled to live 'normal lives' and have the same opportunities as you or I would."

Staff we spoke with told us they understood people needed to be exposed to some risks as part of their on-going development, as long as it was planned for and they were not put at unacceptable risk. A visiting healthcare professional gave an example of how the staff promoted positive risk taking, they told us, "After seeing people from the service at the 'Glow run' I later received a call from the assistant manager who had been speaking to people following the activity. They had requested to be involved in the forthcoming 'Colour run' and staff wanted to know if the coloured paint would affect people's dysphasia and if so what we could put in place to make the risk manageable. That is positive risk taking!"

We reviewed one person's behaviour support plan, this provided staff with detailed information about how they should respond and support the person when engaging in self-harming behaviour and chewing potential hazardous items. The plan clearly described how staff could divert the person to appropriate alternative sensory activities step by step, dependent on the person's level of arousal at the time. This ensured staff were given the information they needed to keep people safe.

Staff we spoke with told us they had received safeguarding training and received regular updates. They told us how they safeguarded people from the risk of abuse or harm and the action they would take to report concerns. 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.

Robust recruitment processes were implemented by the provider to ensure staff were safe and suitable to work with vulnerable people. We looked at the recruitment files for three staff and saw appropriate checks were completed before staff started employment.

We looked at how medicines were managed within the service and found them to be securely stored in a locked cabinet within a locked room. Medicines administration records (MARS) were found to be completed correctly without any omissions. 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.

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.



# Is the service effective?

## Our findings

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

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.

Some 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 only showed the registered manager and deputy manager had been present. They did not always 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.

Relatives we spoke with told us, "My son has very basic communication, but the staff have really worked hard with him. He can't really make choices, but they don't just leave him. They try different things with him and judge how he likes it. I also like the fact that if he can't do a certain thing, they don't just cancel it. They always try and do something else in its place and I find that very good." Another relative said, "When I've gone for my daughter to pick her up, the staff tell me what she's eaten. They are very good at keeping me informed. It's always something healthy that she's had, meat or cheese or fish and she really enjoys the food she gets here."

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, "I would definitely recommend here for one of my relatives, there are so many opportunities for people it is really good."

People received effective support from staff who were well trained and kept their skills up to date. We reviewed the training matrix which showed were provided with and completed mandatory training and specialist training in areas specific to the needs of the people who used the service. For example, Makaton levels 1 and 2, positive behaviour support, epilepsy and oral health. The staff training matrix identified when staff training was due for update. Staff also confirmed they completed an in depth induction, records seen supported this.

Staff supervision records showed all staff had regular supervision and appraisal with their line manager. Staff were further supported by regular team meetings and twice weekly core meetings. When we spoke to staff they told us, "It is a fantastic company, family driven. Morale is really good. The directors visit monthly and attend our meetings too." Another told us, "Yes there is enough training; it's really good and in-depth."

We have interactive training as well as that done on line."

The registered manager told us that the staff team were further supported by experienced staff with 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 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.

People who used the service had complex health needs and received regular input from healthcare professionals including, physiotherapy, speech and language and dietetics services. Professionals told us that staff were receptive and implemented their recommendations. They told us staff were responsive to people's changing needs and would contact them for advice.

Care plans contained detailed information about people's individual nutritional needs and their preferences. Eating and drinking plans had been developed with input from Speech and Language Therapy (SALT) services and included detailed information about positioning people, suitable textures of food and adapted crockery and cutlery. We observed that during these mealtimes food was freshly prepared, well presented and people were offered choices. Instructions detailed within care plans were seen to be followed when supporting people with their meals.

We observed that because information was being maintained in different areas about people's intake, one person's fluid consumption record intake looked to be lower than expected. When we looked throughout their records we could see that additional fluids, ice cream and jelly had also been offered and consumed. We spoke with the registered manager who agreed the fluid intake chart could be revised further to provide space for all fluids taken. She offered us assurances this would be done immediately. The remaining people's records were found to be complete.

The service had been built to provide accessible, fully equipped accommodation for people with physical disabilities. Bedrooms had their own en-suite and sitting room, all with ceiling tracking in place to support people to move easily within their rooms.

## Is the service caring?

### Our findings

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

Speaking about the caring approach of the staff a 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."

Another Relative told us, "As my daughter has gotten older, her care needs have changed somewhat. There are regular care plan reviews and I am involved at each necessary stage. It is a really in-depth, detailed care plan and I'm happy with the way the Home inform me of her changing needs each Friday as we agreed." Another relative added, "We have six monthly meetings. If they do update my sons care plan we are always immediately sent a copy. Letting my son go to Home from Home was one of the hardest, but one of the best decisions of my life."

Professionals we spoke with were also complimentary about the staff, commenting, "The staff manages [Name's] care needs very well. They have small care teams who all communicate well and follow any advice given." And "They really go above and beyond with people which makes my job easy."

All of the staff we spoke with had an in-depth understanding of the people they supported, their personalities, their particular interests and their preferred routines. Care plans seen were detailed and supported what staff had told us about people's preferences. Communication care plans were in place which provided staff with detailed information about how people communicated and expressed themselves.

Staff were trained to use a person centred approach to support and enable people to develop their individual plans. We saw staff were well motivated and interacted well with people who used the service, consulting them about all aspects of their lives through their preferred method of communication.

# Is the service responsive?

## Our findings

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

Each of the relatives we spoke with confirmed their family member received a six monthly care review. When asked about the service's activities and opportunities for their family member relatives told us, "My son is constantly out and about doing activities. Plus, if they cancel something, they pick another activity rather than him losing out. He's so busy I have to make an appointment to see him! Seriously, the home has been great for him; he has come on so much. He has a better life than I could give him. They took over everything and he has flourished as a result."

The registered manager told us how a sensory memorial garden had been created following the death of one of the people who used the service. This gave people a place to go to reflect and remember their friend. Once completed the person's relatives had been invited to come to open the garden.

A complaints policy was available to ensure people's concerns could be listened to and addressed. People told us they were confident any raised would be followed up when required in line with the registered provider's policy. 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, "The staff speak to me regularly and I know if I need to speak to the manager, they will always get back to me if they aren't there when I call." Another told us, "Up to now, I've never had the need to complain about anything, on the contrary really."

Care records were found to be person centred and detailed the levels of support each person required. Individual's personalities and personal qualities as well as their likes and dislikes had been recorded. Staff were seen to respond calmly and confidently to people's behavioural support needs.

Care plans detailed information of how staff could best support people in all aspects of their identified care, based on the principles of positive behaviour support. A care plan document supported people's identified assessed needs and provided clear information for staff. They also detailed how people could be supported to develop including positive risk taking. For example two people had been supported to participate in a water skiing activity.

Staff spoken with told us that following any accident or incident a de-brief always took place and discussions were held at handovers, team meetings and staff meetings to identify possible triggers and how they could reduce the risk of any further re-occurrences.

Care records we looked at confirmed that people's needs were assessed prior to moving into the service to ensure they could be met. A transitions team was involved in planning transitions into the service over a planned period of time, once identified needs had been considered and agreements made that the person's needs could be met. This included planned visits to the service leading up to overnight stays, in order to give people the time to be introduced to the service and to meet staff and peers as well as on-going assessment.

Using information in the assessment documents, care plans were developed 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 (PBS). PBS is a person centred framework for providing long-term support to people with a learning disability, and/or autism, including those with mental health conditions, who have, or may be at risk of developing, behaviours that challenge. It is a blend of person centred values and behavioural science and uses evidence to inform decision-making. Behaviour that challenges usually happens for a reason and maybe the person's only way of communicating an unmet need. PBS helps us understand the reason for the behaviour so we can better meet people's needs, enhance their quality of life and reduce the likelihood that the behaviour will happen. 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.

Two people who live at the service represented their peers at monthly meetings called 'Our voice'. Although all users of the service were welcome to attend, these two people would attend each month. 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 symbols. In addition, the service held 'our voices' meetings twice a month. The purpose of 'our voices' was 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.

# 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 and senior staff were approachable, supportive and knowledgeable and said they could go to them at any time. One staff member told us, "They are very open in the team to suggestions, new ideas for the service users and the staff, I feel listened to." Another told us, "We have monthly staff meetings where we can raise issues, but we don't have to wait, we can approach the manager at any time. We are very vocal at meetings and we do raise issues and these are addressed."

We found that although the registered manager of Vicarage Lodge was also the registered manager for The Old Vicarage (a larger 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.

Relatives and members of staff told us that the annual events such as the summer fayre and barbeque offered them good opportunities to speak with each other. They told us the provider also sent out a monthly magazine 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.

The provider had also introduced a new system where a confidential call was made to relatives from a consultant that the organisation had employed. The consultant's callers interacted and guided families through any issues they may have. 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.

"Aspire 10" calls were made to staff. These ten minute calls aimed to care for staff well-being and development.

The registered manager told us how people were encouraged to be part of their local community and gave an example of how people who used the service visited the local shop, post office as well as different activities within the wider community and surrounding areas. This gave people the opportunity to be part of their local community.

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 incidents had occurred. They told us the senior management meetings were also used to share good practice and keep up to date with changes in legislation.

The registered manager was further supported to develop their skills and knowledge through additional training and best practice being shared by specialist leads who worked on 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. Following the Micro meetings One Team Meetings were held monthly which included assistant managers, registered managers, heads of departments, locality managers. The purpose of these meetings were to further discuss changes, best practice, what's working or not working. There were also Senior Team Meeting (SOT) held which included senior teams, directors, gatekeepers, locality and registered managers. 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.

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 the content of policies 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.