

Baschurch Care Limited

The Old Vicarage

Inspection report

Church Road
Baschurch
Shrewsbury
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Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

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

About the service

The Old Vicarage is a care home providing personal care to nine people with mental health conditions, learning disabilities and/or autism at the time of the inspection. The service can support up to 10 people in one adapted building. This is one of three care homes located on one site, within the village community of Baschurch, outside of Shrewsbury.

The service has been developed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

The service was a large home, bigger than most domestic style properties. It was registered for the support of up to 10 people. Nine people were using the service. This is larger than current best practice guidance. However, the size of the service having a negative impact on people was mitigated by people's integration into the local and wider community, as well as the planning and delivery of person-centred support. The service needed to ensure that consistent staffing ensured this, as we have noted below. When we visited, staff were not wearing uniforms, which helped to create an atmosphere of partnership working.

People's experience of using this service and what we found

The Secretary of State has asked the Care Quality Commission (CQC) to conduct a thematic review and to make recommendations about the use of restrictive interventions in settings that provide care for people with or who might have mental health problems, learning disabilities and/or autism. Thematic reviews look in-depth at specific issues concerning quality of care across the health and social care sectors. They expand our understanding of both good and poor practice and of the potential drivers of improvement.

As part of thematic review, we carried out a survey with the registered manager at this inspection. This considered whether the service used any restrictive intervention practices (restraint, seclusion and segregation) when supporting people.

The service used some restrictive intervention practices as a last resort, in a person-centred way. We found that review of restrictive practices, as well as the application of Positive Behaviour Support (PBS) principles to promote proactive support, could at times be improved. We made a recommendation regarding this.

The effective planning and deployment of staff required review to ensure a consistently safe service that was supportive of and flexible around people's needs. We received mixed feedback around this and made a recommendation.

People told us, or showed us in their own ways, that they felt safe and liked living at The Old Vicarage. People and relatives spoke positively about the staff team, felt listened to and gave examples of what had been achieved with their support. One person told us, "They do a good job". A relative said, "It is nice to be able to say [my relative] is in a 'safe haven'."

Staff felt that despite some staffing difficulties, the team worked well together. Staff described a family-like atmosphere, gave examples of how well people and staff knew each other and how staff ensured people were always put first. We heard examples of how the service applied the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People, relatives and staff were involved in the development of the service through regular meetings and reviews.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk.

Rating at last inspection

The last rating for this service was good (published 17 March 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

The Old Vicarage

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

The Old Vicarage is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because people are often out, and we wanted to be sure there would be people and staff available to speak with us.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with five people who used the service and two relatives about their experience of the care

provided. We spoke with seven members of staff in total, including care workers, senior care workers and the registered manager. We spoke to some staff on the day we visited and telephoned others a few days later.

We reviewed a range of records. As this was an inspection to check whether the service had maintained its good rating, we looked at a smaller number of records than usual. This included two people's care records and multiple medication records. A variety of records relating to the management of the service, including recruitment, supervision, training and procedures were reviewed.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant that some aspects of the service were not always safe.

Staffing and recruitment

- We received mixed feedback about the service's staffing levels. Staff felt there were enough of them to keep people safe and meet their needs. However, this at times relied on staff working longer hours and more shifts than usual.
- Some long-standing staff members had left over recent months. Recruitment was ongoing and new staff had started. However, staff shared concerns that it would take some time for new staff to get to know people and their specialist support needs well.
- At times, staffing issues had meant that people needed to wait to go out, for example if required staff were not available until the afternoon. This meant staffing was not always flexible around people's needs. However, people and relatives told us they had not experienced this as a major issue.

We recommend the provider review staff recruitment, planning and deployment to ensure consistently safe, person-centred care.

- Staff continued to be recruited using appropriate employment checks. One person using the service was involved in staff recruitment interviews.

Assessing risk, safety monitoring and management

- People had a variety of risk assessments in place, based on their individual needs. We discussed with the registered manager that in line with Positive Behaviour Support (PBS) principles, people's behaviour support plans needed to be developed to become more proactive.
- We also identified that the use of restraint was not always clearly supported by relevant risk assessments. A PBS specialist was available in one of the adjacent services and the registered manager explained they would support the service's development in this respect.

We recommend the service utilise the expertise of an appropriate specialist to develop assessment, planning and practice of support in line with PBS principles.

- Regular checks took place to help ensure the safety of the environment. The service was addressing required repairs.

Systems and processes to safeguard people from the risk of abuse

- People told us or showed us in their own ways that they felt safe living at the service. People knew who to speak to if they were worried about something and their concerns were investigated.
- Relatives told us they felt their family members were safe with the support from staff.

- Staff were aware of safeguarding responsibilities. Staff we spoke with had confidence in managers to address any concerns.

Learning lessons when things go wrong

- Accidents and incidents were reflected on, as well as analysed regularly to identify any patterns.
- We discussed the need to robustly record incidents and debriefs to reflect and prevent occurrence, as well as reducing need for restraint-based interventions. Following our inspection, the registered manager changed the incident forms to support this.

Using medicines safely

- People told us staff helped them well with their medicines.
- Stock levels of people's medicines we checked matched records. We discussed with managers a few small areas to review to ensure consistently good record-keeping.

Preventing and controlling infection

- The service appeared clean and hygienic. Personal protective equipment was available for staff to use, such as gloves or aprons.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Adapting service, design, decoration to meet people's needs

- People had a pre-admission assessment completed prior to moving into the service, to identify support needs. People's bedrooms were decorated to their own tastes and preferences.
- Relatives told us staff were very supportive. They explained staff had helped people to become more settled and had also helped individuals to develop their own strategies. One relative told us, "Staff are helping [my relative] to do better all the time."
- We heard a positive example of how staff had worked with a person and stakeholders, to support successful transition to a different setting when their needs changed.
- A Positive Behaviour Support (PBS) specialist was available in one of the adjacent homes, to help the service develop their support. PBS is a best practice model that aims to develop people's skills and improve their quality of life, through reducing the need for staff intervention.

Staff support: induction, training, skills and experience

- Staff felt well supported overall. Staff received inductions and training to guide them in their role. Staff felt at times training could be improved, for example to support staff to keep people and themselves safe during incidents. The registered manager was addressing this.
- Some training needed to be updated, however we saw that relevant sessions had been booked to ensure this.
- Staff received regular supervision. The registered manager was also available for supportive conversations when staff needed them.

Supporting people to eat and drink enough to maintain a balanced diet

- People were involved in menu planning and food preparation. One person told us, "We have nice food here."
- Staff encouraged people to eat healthily. Staff supported people's dietary needs and food preferences.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The service worked with a variety of health professionals to promote people's health and wellbeing. People were supported to have an annual health check, in line with best practice.
- Exercise activities took place to promote people's wellbeing.

Ensuring consent to care and treatment in line with law and guidance

The 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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met. We found that they did.

- Mental capacity assessments had been completed for specific decisions and appropriate applications made to the local authority.
- Staff sought people's consent before providing care and promoted people's choice-making. People had an Independent Mental Capacity Advocate (IMCA) when they needed someone to speak up on their behalf.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were happy to live at The Old Vicarage. We heard this in our conversations with them and observed that people were relaxed around staff supporting them. People's comments included, "They are alright" and "They do a good job".
- Relatives confirmed their family members liked living at the service. One relative told us, "Every now and then [family member] will say, 'I am very happy at The Old Vicarage.'" Another relative explained, "It is lovely when you know the staff actually like your [family member] and we have got to know the staff very well."
- Staff spoke about people with warmth and kindness. It was clear from examples that staff gave that people and staff knew each other well and had developed positive, caring relationships. A staff member told us, "Everybody on-site really wants to provide the best care we can. I really enjoy supporting the people I support, I absolutely adore my job." Another staff member considered despite feeling the service was short-staffed at times, "The guys are well looked after, they are always put first."
- People using the service were supported to get help from external bereavement services when they needed them. We heard an example of how staff had supported a person to reconnect with a family member they had not seen in many years.
- We observed warm, caring interactions between people using the service and staff.

Supporting people to express their views and be involved in making decisions about their care

- People were signposted to independent advocacy services when they needed someone to speak up on their behalf. We saw examples of this and read their positive feedback about the service.
- People and their families were involved in decisions over care, as well as the planning and review of it. We saw examples of completed consent forms as well as examples of support to choose-making, such as decisions around holidays.

Respecting and promoting people's privacy, dignity and independence

- Staff had received training in the General Data Protection Regulations (GDPR). People's confidential records were kept securely.
- We heard examples of how staff were supportive of people's independence and respectful of their needs. This included supporting people to make life decisions and maintain personal relationships.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care plans gave information about individual support needs, backgrounds and life goals, to guide staff. Staff were knowledgeable about people and explained how they were supporting people to achieve bigger life goals, by breaking them down into smaller steps.
- Relatives were complimentary about staff's support. One relative told us, "Staff are very good at meeting [family member]'s complex needs, and their incidents [of behaviours that challenge] have reduced."
- People had dedicated key workers, who supported them to be involved in the review of their care. We saw examples of this and how it supported a focus on progress.

Meeting people's communication needs; Improving care quality in response to complaints or concerns

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff gave personalised examples of how they supported people's individual ways of communicating. This was captured in 'communication passports' within people's care plans.
- The service was reviewing care plans and other information to make them available in different person-centred formats, to make them easier for people to understand. The complaints procedure was displayed in an "easy to read" format.
- People knew how to make a complaint or let staff know if something was not right. Complaints were monitored monthly, but none had been received in 2019.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People took part in activities that they enjoyed and were supported to maintain relationships important to them.
- The service was developing people's involvement as valued members of their local community. People actively took part in church activities and regularly visited the local shop, as well as the pub.
- An activity hub had been created at the local village hall, for people from the three care homes to attend. We discussed how this could also provide further opportunities for community engagement.
- When we visited, people were on trips out for the day, such as going on walks, shopping or having lunch together. People told us they enjoyed this, and they had chosen where they wanted to go.

End of life care and support

- Some "When I die" end of life plans were in place detailing people's advanced wishes. The registered manager was developing these plans for everyone.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Although we received mixed feedback about the service's staffing and morale, the overall culture was described as 'family-like' and everyone worked together to ensure people received the best care.
- We discussed with managers examples of how the service was meeting or was prepared to meet people's equality and diversity needs. The service worked in person-centred ways to ensure people's inclusion.
- Overall feedback about managers was positive and managers' passion for people using the service was clear in our conversation with them.
- Staff considered that there were some development needs to improve the consistency of the service's leadership. However, staff were measured in their comments and told us, "To be fair, I feel very much supported, they are doing the best they can" and "They do not always get it right. But if they do not, they do apologise."
- Relatives spoke highly of the staff and felt the service was very well managed.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Records to underpin safe service delivery had been completed, with a few areas needing review to ensure consistency. However, we found this had not affected people's care. We discussed the need to ensure consistent record keeping regarding incidents and their review, which the registered manager addressed immediately.
- The registered manager had sent notifications about specific events to the Care Quality Commission (CQC) and displayed ratings from our last inspection in line with legal obligations.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- Regular meetings took place for people and staff. People and relatives completed annual surveys about the service. Findings in meetings and surveys provided input into service development. A 'You said we did' board showed what staff had done in response to people's wishes, to develop their support and the service.
- Staff champion roles had been introduced for staff to take ownership over aspects of care practice.
- We heard examples of the service connecting with the village through church activities, and discussed further opportunities for integration of people into the local community.
- The registered manager carried out a variety of checks and audits to help ensure the safety and quality of care, as well as to help develop the service.

Working in partnership with others

- Commissioners informed us they had concerns about the service. The registered manager took part in networks and workshops to update their knowledge on best practice and share their learning
- The service sought feedback from relatives and professionals. The latest professionals survey showed entirely positive scores. A comment included, "[Registered manager] is always accommodating and efficient with her communication and very knowledgeable regarding her clients."