

New Directions (Rugby) Limited

Vicarage Road

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 

Overall summary

We carried out this inspection on 2 and 17 March 2015. The inspection was unannounced.

Vicarage Road provides accommodation and support for up to six people with learning disabilities and there were six people living at the home at the time of our inspection.

A registered manager was in post but at the time of our inspection the service was being managed by the deputy manager, as the registered manager had been away from the service for some time. 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.

People we spoke with told us they felt safe living at Vicarage Road. Staff demonstrated they understood the importance of keeping people safe. They understood their responsibilities for reporting any concerns regarding potential abuse.

Summary of findings

Risks to people's health and welfare were assessed and care plans gave staff instructions on how to minimise identified risks, so staff knew how to support people safely.

There were enough staff on duty to meet people's needs. Checks were made on staff's suitability to deliver personal care during the recruitment process.

There were processes in place to ensure people received the medicines prescribed for them in a safe manner.

Staff received training and support that ensured people's needs were met effectively.

The provider understood their responsibility to comply with the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). No one was under a DoLS at the time of our inspection. People's records showed that their families and other health professionals were involved and decisions were made in their best interests.

People were supported to maintain a balanced diet. Staff referred people to other health professionals for advice and support when their health needs changed.

We saw staff supported people with kindness and compassion. Staff treated people in a way that respected their dignity and promoted their independence.

People and their relatives were involved in planning how they were cared for and supported. Care was planned to meet people's individual needs and preferences and care plans were regularly reviewed.

People were encouraged to share their opinions about the quality of the service and we saw improvements were made in response to people's suggestions.

Staff were supported by the provider in the absence of the registered manager. The deputy manager maintained an open culture at the home and there was good communication between staff members.

There were processes in place to ensure the necessary standards of care were maintained for people.

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?

The service was safe.

People told us they felt safe living in the home. Staff demonstrated they understood the importance of keeping people safe. Risks to people's health and welfare were assessed and care plans gave staff instructions on how to minimise identified risks. There were enough staff on duty to meet people's needs and people received the medicines prescribed for them in a safe manner.

Good



Is the service effective?

The service was effective.

Staff received training and support to ensure people received the care they needed. Staff understood their responsibilities in relation to the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards and obtained people's consent before they delivered care and support. People were supported to maintain a well balanced diet. People were supported to maintain their health and were referred to other healthcare services promptly when their health needs changed.

Good



Is the service caring?

The service was caring.

Staff supported people with kindness and compassion, in a way that respected their dignity and promoted their independence. People were involved in planning how they were cared for and supported. Care was planned to meet people's individual needs and preferences.

Good



Is the service responsive?

The service was responsive.

People were encouraged to be independent and maintain important relationships with family and friends. People were provided with information and supported to follow their interests and beliefs. Staff were responsive to people's changing needs.

Good



Is the service well-led?

The service was well-led.

People were encouraged to share their opinions about the quality of the service and we saw improvements were made in response to people's suggestions. There was an open culture at the home and good communication between staff and people who used the service. There were quality assurance checks in place to monitor and improve the service.

Good



Vicarage Road

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 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.

We carried out this inspection on 2 and 17 March 2015. The inspection was unannounced and was undertaken by one inspector.

We had not sent the provider a Provider Information Return (PIR) prior to this inspection, however they provided all the required information during our inspection. The PIR 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 reviewed the information we held about the service. We looked at statutory notifications sent by the service. A

statutory notification is information about important events which the provider is required to send to us by law. We also spoke with the local authority commissioners who confirmed our own information. Commissioners are people who work to find appropriate care and support services which are paid for by the local authority.

We spoke with the deputy manager, the office manager, two senior support workers, a support worker and a deputy manager for another of the provider's services, who was supporting the service in the absence of the registered manager. We spoke with five people who lived at the home. We observed how people were supported to maintain their independence and preferred lifestyle.

We looked at three people's care plans and checked the records of how they were cared for and supported. We checked two staff files to see how staff were recruited, trained and supported to deliver care and support appropriate to each person's needs. We reviewed management records of the checks staff made to assure themselves people received a quality service.

Is the service safe?

Our findings

People told us they felt safe living at the home. We saw that people approached staff confidently and were relaxed with them, which showed they trusted the staff. We observed an event in the home and found staff followed the correct safeguarding procedures. Staff who were present immediately took steps to keep people safe and we saw they acted in accordance with the provider's safeguarding procedure and protected people who lived at the home. All the staff we spoke with knew and understood their responsibilities to keep people safe and protect them from harm. All staff told us they had received safeguarding training as required.

We found people were protected from the risk of abuse because staff knew what to do if concerns were raised. A member of staff told us, "If I had suspicions I would go to my manager straight away." Another member of staff told us how they would report any concerns to the local authority in the absence of the registered manager. We saw information was available in a communal area advising people who they should contact if they had any concerns about people's safety. We saw any incidents were recorded and actions were taken to protect people and keep them safe.

We saw specific risks to people's health and welfare had been identified and assessed. Staff we spoke with knew about each person's risks and needs for support. Staff told us they had training in risk assessment and knew how to plan care and trips out, according to each person's needs. One member of staff told us, "Risk assessments are in place to support people to be independent." We saw where risks were identified, people's care plans described the actions to be taken to minimise the identified risks and provide support to people. For example we saw how one person's behaviour had recently changed and staff had updated their records to identify how new risks should be managed. We saw they were managed in such a way that maintained that person's independence and ensured their choices were not unnecessarily restricted.

People told us there were enough staff to meet their needs. Two people who lived at the home told us staff were there to help them, they told us staff took them on trips. Care staff we spoke with told us the levels of staffing were adequate and there were no problems. One member of staff told us, "The rotas work well, we have two staff on in

the busiest periods in the mornings and evenings." We saw there were enough staff to support everyone with their needs. For example, we saw there were enough staff in the busier evening period to support people to make the evening meal and also spend time chatting to people about subjects that interested them. We saw there was a small number of staff who worked at the home and people knew staff well. The deputy manager told us they had calculated a 'safe' level of staff for the building and the number of care staff changed depending on people's dependency levels in the home. We found the staff rota was flexible and included additional staff who worked at certain times during the week, to provide extra support when required.

Records we looked at showed staff were recruited safely, which minimised risks to people's safety and welfare. The provider checked that staff were suitable to support people and ensured they could work independently before they began working alone with people at the home. We saw and staff told us checks were made with the Disclosure and Barring Service (DBS) prior to their employment. The DBS is a national agency that holds information about criminal records.

The provider had conducted risk assessments of the premises and equipment and had identified actions required to minimise risks, such as arranging regular legionella water testing. Records we saw showed that the provider undertook checks of the water, gas and electricity and identified when action was needed to minimise risk to people who lived at the home.

We saw all medicines were kept safely in a locked cabinet. We saw when medicine was administered people were given a drink and a staff member stayed with them to ensure their medicines had been taken and people were not rushed. Some people were prescribed medicines to be given on an 'as required' basis, such as medicine for pain relief. We saw protocols were in place to explain how and when these medicines should be administered, so they were administered safely and consistently by staff. The medicine administration records (MARs) we looked at were signed and up to date. However we found one person had not been receiving one dose of prescribed pain relief medication each week. We discussed this with staff who contacted the person's GP and arranged for a review of

Is the service safe?

their medicines. On the second day of our visit we found improvements had been made, the person's MAR had been updated and they were now receiving their medicines according to their prescription.

We saw changes in people's prescriptions were clearly recorded on the MARs, which ensured that all staff were kept up to date with people's needs. The deputy manager told us staff who administered medicines received regular

training and competency checks, to ensure their knowledge remained up to date. Staff confirmed this and told us training would be repeated in the event of a medicine error. We saw any allergies were recorded on people's MAR sheets. This helped to minimise the risk of someone being administered a medicine which may cause them harm and demonstrated the service took steps to administer medicines safely.

Is the service effective?

Our findings

Everyone we spoke with told us they were happy with the care provided by staff. One person told us, “The staff are good.” We saw staff knew people well and provided effective support according to people’s needs. For example we saw how staff supported people in different ways to get ready to go out in the morning.

Staff we spoke with told us they had an induction which included training, shadowing experienced staff and completion of a workbook. The staff records we looked at showed staff’s competencies were checked at one-to-one supervision meetings during their inductions. Staff we spoke with told us they received training that enabled them to meet people’s needs effectively. One staff member told us, “We have all sorts of training throughout the year.” They told us they had received recent training in promoting positive behaviours, which included techniques to help them if people displayed behaviours which challenged. We found some staff received additional training to meet people’s specific needs, such as Makaton. Makaton is a type of sign language used to help people communicate.

We found training needs were discussed in staff supervision meetings and the provider had planned training events in advance to support care staff’s development. Staff we spoke with told us they felt supported by senior staff including the registered manager, the deputy manager and other managers within the organisation. Staff told us, and records showed, that they received regular supervision meetings with their managers.

The Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) set out requirements that ensured where appropriate; decisions were made in people’s best interests when they were unable to do this for themselves. Staff we spoke with understood the requirements of the MCA. One member of staff told us about their training in the MCA and how it was about, “Giving people the freedom of choice to make decisions.” People told us, and we saw, that staff asked people how they wanted to be cared for and supported before they acted. One person we asked told us staff asked for their permission before they were supported. Staff told us people were free to make their own decisions. One member of staff told us, “It’s their home, we are in their

house.” We saw on people’s records that they chose how they spent their time and their choices were recorded. For example, one person had chosen to stop attending college and staff had respected this decision.

The MCA and DoLS require providers to submit applications to a Supervisory Body for authority to deprive a person of their liberty. The deputy manager told us they understood their responsibility to comply with the requirements of the Act and knew how to obtain professional guidance from the local authority. They told us they knew how to make an application for consideration to deprive a person of their liberty. The deputy manager told us no-one who lived at the home was deprived of their liberty or was under a DoLS at that time. There had been recent MCA training for senior staff and the provider was currently updating their MCA policy and procedures following this training. The deputy manager told us there was an MCA champion within the organisation and they could refer to them for guidance in this area.

Only one of the care plans we looked at included a mental capacity assessment completed by the deputy manager. We discussed this with the deputy manager who explained they were in the process of conducting assessments on everyone who lived at the home, following their recent MCA training. In the assessment that had been completed, we found decisions were being made in the person’s best interests. More serious decisions involved other people where relevant, such as health professionals and the reasons were clearly recorded in their care plans. We saw in other people’s records who had not received a mental capacity assessment, that they and their families had been included in making important decisions regarding their care and treatment.

People we spoke with told us they liked the food and they chose what they ate. One person told us, “The food is alright.” We heard staff discuss the menu with people. There was a weekly menu with pictures, which was easy to read and understand. One member of staff said, “We do the menus and shopping on a weekly basis.” They told us the menu, “Quite often changes at meal times because they [people who lived at the home] choose.”

We observed the evening meal and saw people were involved in choosing and preparing food, setting the dinner table and clearing up following their meal. Food looked appetising and we saw people were given the support they needed by staff to eat their meals.

Is the service effective?

We saw people's food preferences and any allergies were recorded in their care plans and that people were supported to maintain a diet that met their needs. We saw when people's weight had changed this was monitored. Staff told us they had discussed healthy eating with people because some people's weight had increased. People we spoke with told us about healthy eating options. One person told us, "I don't eat fat." This demonstrated staff recognised a change in people's needs and had encouraged people to eat a healthy diet. We saw if people's health or dietary needs changed, referrals were made to health professionals such as the speech and language therapist or the GP.

Staff we spoke with were knowledgeable about people's individual needs, which minimised risks to people's health. Staff we spoke with were able to tell us about the changes to a person's health, which showed information was shared successfully and staff were aware of changes. We looked at three people's care records and these showed that staff monitored people's health and referred them to other health professionals when needed, such as GPs and behavioural specialists. For example we saw in one person's care plans a referral was made to a specialist because they had developed a health condition. The changes to the person's needs, and advice given by the health professional, were updated in their care plan.

Is the service caring?

Our findings

All the people we spoke with told us they were happy living at the home. One person told us, “The staff are nice.” We saw good communication between people and staff and the interaction created a friendly environment. Staff took time to listen to people and supported them to express themselves in a way that met their communication needs. For example staff sat with people and had conversations on a one to one basis. We saw staff were compassionate because a staff member comforted a person when they said they missed their family.

We saw people were supported to be independent. Two members of staff told us, “We try and support people to do things for themselves” and “Everyone is treated as an individual.” We saw a rota with the names and photographs of people who lived at the home, which showed which household tasks they took part in each day. We saw people

used the board to check when it was their turn to take part in a task, for example preparing a meal. One person told us, “We all do housework, we have a rota. I do my room, I tidy it all.” We found people expressed their views about the service and discussed the rota at house meetings. Staff told us people were supported to take part according to their skills and abilities.

We found staff understood the importance of treating people with dignity and respect. For example we heard staff speak with people quietly and discreetly when they asked for support with personal care. We saw people had privacy when they needed it. For example the staff knocked on people’s doors and waited for people to respond before they entered their bedrooms. Staff told us people’s privacy was important to them. One member of staff told us the people who live at the home, “Respect one another’s privacy.”

Is the service responsive?

Our findings

People we spoke with told us they were happy with their care and support and that staff encouraged them to be independent. They told us they spent their time in the way they preferred. People told us about their favourite hobbies, including horse riding and knitting. We saw in people's care plans that their hobbies and interests were recorded. Staff supported people to work towards goals in connection with their interests. For example, we saw one person was supported to do some cleaning tasks and this increased their independence and daily living skills.

We found people were supported to maintain important relationships with family and friends. People told us they visited their families regularly and looked forward to this. The deputy manager told us people's friends and family were always welcome. They told us how people visited for dinner and birthday parties.

People told us they made their own decisions about their everyday living choices. Two people showed us their bedrooms. They were proud of their bedrooms and told us they were decorated to their taste with personal things, including photos and art work. One person told us, "I get to choose things for my bedroom." Staff told us people could make their own decisions. One member of staff described how they supported people who could not verbally communicate, to make decisions. They explained how they sometimes used pictorial aids. Staff told us what gestures they relied on to communicate with people, which helped people to maintain their independence. We saw this was recorded in the person's care plan.

We saw people's likes, dislikes and preferences for care were clearly defined in their care plans. We saw people and their relatives had shared information about their personal history in a document called, 'About Me'. Staff told us how important it was to read people's care plans so they knew what people's preferences were and to ensure they supported people in the way they preferred.

Staff told us that the handover of information between shifts was clear and effective. We found good communication between staff where they shared information about people's needs to ensure they received

good care. All staff said they had access to the communication book and a written handover. Staff told us they updated people's care plans at each shift. They told us they would highlight any issues to senior staff and updated people's care plans and risk assessments where required.

We saw care plans were reviewed and updated to minimise identified risks, as appropriate to people's changing needs. Staff told us they worked as keyworkers for people. They told us a keyworker was a member of staff who was dedicated to work closely with an individual. Their responsibilities included identifying changes in the person's needs and abilities and updating their care plans. They also shared information where relevant, with staff, family and health professionals, to ensure the care the person received met their needs. For example one member of staff told us they were working with health professionals to create a book to help the person they worked closely with to communicate more easily. The deputy manager told us, "Staff are very good at picking up changes in people and updating risk assessments."

The deputy manager told us people's care plans were reviewed each year. The review involved the person and other relevant people where appropriate, such as relatives and the local authority. They told us staff explained to people about their care plans, so they could understand how their care was provided. We looked at three people's care plans and saw evidence of reviews, where people and their relatives had been involved in the planning of their care.

People we spoke with told us they would raise any complaints or concerns with staff. One person told us they had, "Not needed to make a complaint," but if they did they would, "Tell the staff." We saw the provider's complaints policy was easy to read, it had pictures to help people's understanding and it was accessible to people in a communal area. This showed people were encouraged to share their opinions and experiences. Staff told us how they would support people to make a complaint if they wished. The deputy manager showed us how information received verbally was recorded and would be responded to. They told us they would, "Reassure people," if they wished to make a complaint.

Is the service well-led?

Our findings

All the people we spoke with were satisfied with the quality of the service. One person told us, “I like this house.” We saw records of compliments made by people’s relatives and visiting health professionals, about their good experiences of the service.

People we spoke with were positive about the leadership within the home. They told us they could speak with the staff and the manager. We saw the deputy manager was visible and accessible to people in the home and everyone knew them by name. All the staff we spoke with told us the manager was easy to communicate with. One staff member told us they could, “Say anything,” to their manager. The deputy manager told us how they encouraged a positive culture within the service, they said, “I let them [the staff] know what’s going on and they let me know what’s going on. They’re a lovely team.”

Staff we spoke with understood their roles and responsibilities and felt supported by managers at the service. Staff told us they loved working at the home and achieved a great sense of satisfaction from their role. Staff told us that senior staff and managers were really supportive. We saw there were regular staff meetings, daily written handovers and staff were provided with regular supervision meetings. A member of staff showed us the written handover information and told us it was, “Really helpful.” This showed staff shared information, which helped them to deliver a high quality of care to people.

Staff told us they had regular staff meetings and these were useful. Staff felt able to share their ideas at meetings. One member of staff told us how they had made a suggestion at a recent staff meeting to try a new way of working. They told us the suggestion was discussed and had been used to make improvements to the service. There were additional meetings for staff where representatives from all of the provider’s services met to share ideas and then feedback to their colleagues in their own services. This demonstrated there were processes in place to enable staff to share information about the service in an open way to help improve the quality of care for people.

We found people were encouraged to provide feedback about the service through questionnaires and regular meetings. We saw the most recent questionnaires had been sent to people in 2014, asking for opinions about the

service. The deputy manager explained that responses were analysed by the provider. They told us if any issues were identified, the manager would take steps to make required improvements to the service, however there had been no issues reported. We saw the provider published a summary of the survey responses in their magazine, ‘On the record’. The magazine was available to everyone and demonstrated that the provider took people’s views seriously.

We found people who lived at the home were encouraged to be involved in developing the service. Two people told us, “We have house meetings,” and “We talk about everything.” We found there were regular meetings and people discussed issues of interest to them such as food and their hobbies. We found people had made suggestions and action had been taken by the manager. For example, there had been changes to the menu in response to people’s suggestions. There were additional opportunities for people who lived at the home to share their experiences in regular meetings with the provider’s board members.

We found the provider had provided us with notifications about important events and incidents that occurred at the home. We found the provider also notified other relevant professionals about issues where appropriate, such as the local authority.

There was a system in place to monitor the quality of service. This included checks made by the deputy manager of the quality of people’s care plans and financial records. The deputy manager told us the results of their checks were shared with staff and people’s keyworkers were asked to take action. The deputy manager had made sure staff knew when actions were required and staff shared responsibility for making improvements. We saw one person’s care plans had been updated following an audit by the deputy manager. The audit system was effective because people’s care plans were up to date. A member of staff told us, “The system really works.”

Additional monthly checks were carried out by a manager of another of the provider’s services. They looked at areas such as quality of care plans, medication and household issues. The provider organised further checks to be made by an external auditing company who looked at the service records and made recommendations for improvement. We saw action plans were shared with the provider, who

Is the service well-led?

checked actions were completed in a timely way. This meant the quality assurance system, which helped to improve care for people, was subject to independent checks.

The deputy manager told us there were many opportunities for managers of services in the provider's group to meet, share ideas and reflect on their practice. The provider had attained a silver award from the international investors in people accreditation scheme, for their staff management achievements. We saw evidence of meetings which involved different levels of staff. For example some meetings included team leaders and some

included the provider's board members. The deputy manager told us they could speak openly at meetings and share their experiences and ideas about how to improve and develop their services. This showed the provider encouraged innovation amongst staff, which helped to improve standards of care for people.

We saw people's confidential records were kept securely in the care office so staff could access them when required. We saw staff updated people's records every day, to make sure that all staff knew when people's needs changed. Staff records were kept in a locked cabinet which meant they were kept confidentially and were available when needed.