

Future Health And Social Care Association C.I.C. The Vicarage

Inspection report

32 George Street West
Springhill
Birmingham
West Midlands
B18 7HD

Tel: 01215510469

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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?	Requires Improvement ●

Summary of findings

Overall summary

This inspection took place on 25 August 2017 and was unannounced. This is the first time we have inspected this service since it was registered in May 2016.

The Vicarage is a respite service offering accommodation and support for a maximum of five people with mental health support needs. At the time of our inspection, two people were using the service. There was a registered manager in place who was present during our inspection. 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.

A person told us they felt safe using the service. People were often supported by lone workers who had been suitably recruited. Staff escalated any concerns about people's health and were aware of safeguarding procedures to help protect them. People received support to take their medicines safely. Systems were in place to promote people's safety at The Vicarage.

People were supported by staff who understood their support needs. Staff spoke positively about their training and induction. People made their own choices and prepared their own meals, receiving support from staff when needed. People were signposted to local health services and attended review meetings with their community healthcare teams to help promote their health and recovery.

People were supported by staff who were kind and caring. People had the privacy they needed and their independence was promoted. People were supported to express their views and were treated with respect. People received a service that was responsive to their needs. The registered manager told us no formal complaints had been received although people were able to complain if they needed to.

People had their needs met and systems were in place to support staff and the efficient running of the service. There was a registered manager in place. Systems did not always show that information had been analysed to assess and drive the quality of the service. We also found the provider had not completed a PIR as requested before our inspection. A 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.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People were supported to feel safe and manage their risks.
People were supported by staff who had been suitably recruited.
People received appropriate support with their medicines.

Is the service effective?

Good ●

The service was effective.

People's needs were met by staff who had the guidance and support they needed for their roles. People made their own choices and prepared their own meals at the service, with support from staff as needed. People accessed local health services as needed and had ongoing support from their community health teams.

Is the service caring?

Good ●

The service was caring.

People were supported by staff who were kind and caring.
People were supported to express their views and were treated with respect.

Is the service responsive?

Good ●

The service was responsive.

People's needs were met and overseen by staff and their community health teams. People spent their time as they wished and staff checked they remained well and safe. There was a complaints process in place to help people raise any concerns or issues.

Is the service well-led?

Requires Improvement ●

The service was not consistently well-led.

Systems did not always show that information had been analysed to drive the quality of the service and we had not received a PIR as requested. We took this into consideration

when making judgements in the report. People's needs were met by staff who felt supported.

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 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.

This inspection took place on 25 August 2017 and was unannounced. The inspection was conducted by one inspector. Providers are required to notify the Care Quality Commission about specific events and incidents that occur at the service, including serious injuries to people receiving care and any safeguarding matters. We had not yet received any notifications from the service as this had not been necessary, although the registered manager was aware of their ongoing responsibility to notify us. Before the inspection, we asked the provider to complete 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. They did not return a PIR and we took this into account when we made the judgements in this report. To help plan our inspection, we reviewed the information we already held about the provider.

As part of our inspection, we spoke with a member of the commissioning team and contacted the local Healthwatch to seek their feedback. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

As part of our inspection visit, we spoke with one person using the service, three staff members, a domestic staff member, the registered manager and another manager who also works for the registered provider. We spoke with two community healthcare professionals involved in the care of people using the service. We sampled two people's support records and two staff files. We also reviewed records maintained by the service about health and safety, and records provided to us by the registered provider in relation to staffing and quality assurance.

Is the service safe?

Our findings

One person told us, "I feel safe here." They told us they felt able to approach any staff and found it really peaceful at The Vicarage. Staff were aware of the types of abuse people could experience and were receiving refresher training in this area. Staff told us they would report any concerns to service managers and people's community health teams to help keep people safe. Guidance was available to inform people and staff how to identify and respond to safeguarding concerns.

Staff were aware of people's mental health needs and how they could help support and promote their wellbeing. Staff reassured one person who expressed a desire to reduce their alcohol intake after identifying unhealthy habits and behaviours. A condition of people's stay was their agreement to regular room checks in order to deter them from bringing prohibited items into the service. Staff agreed with the person to do more regular checks of their room and gave the person space to talk about healthier routines. Staff explained specific ways they would recognise a decline in people's wellbeing and checked that they took general care of their wellbeing. One staff member told us, "We would notice signs, changes, a difference." Staff told us they referred to people's support plans for guidance and share any concerns with people's community health teams. A community health professional confirmed staff promptly contacted them upon identifying changes to, or concerns about people's health. People were supported to feel safe and have their risks managed.

Health and safety checks were undertaken and helped identify maintenance work needed to promote the safety and comfort of the building. One person confirmed fire drills were done weekly and we saw guidance was available to remind people and staff of fire safety procedures. This helped ensure people and staff were aware of how to keep safe in the event of a fire. Another manager who also worked for the registered provider and supported the running of the service, told us of their plans to apply learning from their recent health and safety training by reviewing and developing the service's health and safety procedures further. Systems were in place to promote people's ongoing safety at the service.

People were often supported by lone working staff who were able to contact on-call managers and people's community health teams if they had concerns or people needed additional support. Staff told us they had undergone recruitment checks before starting their roles. We saw that this included checks through the Disclosure and Barring Service (DBS) and character reference checks. This information was used to assess the suitability of staff and help protect people using the service, although one recruitment decision had not been fully recorded to always reflect this safe practice. People were protected by suitable recruitment processes, which were overseen by the registered provider.

People received support to take their medicines safely. One person told us, "Staff give me my medicines." People signed their medicines records to confirm they had taken them, or for example if they took their medicines with them when going out. One staff member told us how a person's recent medicines review had led to less severe side effects and helped the person feel better. Staff knew the medicines people needed and when, and records provided this guidance. People's community health teams regularly restocked and reviewed their prescribed medicines and staff informed them if people refused their medicines. One

healthcare professional told us, "I'm happy with medicines management [at the service]. Staff follow instructions on the sheet and encourage people to take [their medicines]." Systems in place helped people manage their medicines safely. The correct amounts of prescribed medicines were in stock for people and stored securely. We had recently shared feedback with the registered manager that some improvement was required to how medicines were stored, for example to ensure the temperature of medicines storage was monitored and always remained safe. The registered manager told us this recent feedback would be addressed in addition to other changes through a planned review of the registered provider's medicines policy.

Is the service effective?

Our findings

One person told us staff were, "Really supportive." They told us they had been supported with their goals and plans during their time at the service as well as having staff available, "Sometimes just to chat". Staff handovers and communication books were used effectively to help inform staff of how people were and any changes or issues to be aware of. A staff member told us they would encourage colleagues to keep a closer eye on a person for example if there was a change to the person's behaviour or if they were doing less well. People's needs were understood and monitored by staff.

People were supported by staff who felt supported and equipped in their roles. Staff had access to guidance about people's support needs and information about the mental health conditions affecting them. One staff member told us they also received supervision regularly and found this helpful. Another staff member told us staff meetings were held regularly which helped keep them up-to-date with developments at the service. Staff spoke positively about their role, training and induction. Most staff had received training in safe working practices such as health and safety, infection control, medicines management and First Aid. Refresher training was being provided in these areas as needed. Staff demonstrated a general understanding of how to support people safely and in line with their needs. Plans were underway to ensure all staff undertook the registered provider's mental health awareness training to develop their knowledge further.

The Care Certificate provides a set of minimum care standards for new staff to cover as part of their induction. A staff member new to care had received training equivalent to this level, in addition to the service induction of shadowing staff and becoming familiar with the running of the service. One staff member told us, "The induction was really good and included the perspective of the person with mental health needs." The staff member highlighted their guidance and training had been helpful yet getting to know people and their individual needs was always another vital step in supporting people effectively. Staff received support and training for their roles.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and found staff had received training to support their knowledge in this area. We found however people were able to make their own choices and decisions and staff knew people's chosen routines and activities. A staff member was aware of the MCA and told us, "We offer support when people need it." People made their own decisions and had access support from staff and their community health teams if they wanted to talk through any plans and decisions.

People chose and prepared their own meals and the kitchen was kept clean and ready for their use. One person valued how staff had supported them with cooking and learning new recipes. Staff confirmed they

supported people as needed and checked that people had enough to eat. People were encouraged to make use of the healthy eating menus and recipes available at the service. People were supported and encouraged to eat well.

People were supported to maintain their health and wellbeing at the service. They had regular meetings with their community health teams to discuss and monitor their mental health needs. Staff had access to the contact details of these teams if people's needs changed or if they required further support and assistance. People were given details of local health services to use if they were unwell, people accessed these services independently.

Is the service caring?

Our findings

The person we met had good relationships with staff and told us, "[Staff] are really kind." Staff were aware of how the person was doing, the person's progress over their time at The Vicarage and how they could support them with their ongoing plans and recovery. A healthcare professional told us they found that people received the support they needed at The Vicarage, although they considered that further guidance could have helped all staff to always understand and show the right level of compassion and intervention in their roles. All staff we spoke with however showed care and understanding towards the people they supported. A compliment from a person who had previously stayed at the service reflected how staff had made the person feel cared for and routinely supported and encouraged the person to continue with their interests and promote their wellbeing. People were supported by staff who were kind and caring.

People were supported to express their views and experiences, and to have information they needed during their stay. One person told us, "I can talk to staff at any time." One staff member told us, "Once you've made a connection with the person, they open up to you more." Another staff member told us, "We like to encourage people to come and talk to us as often as possible... We're here for them, no matter what the situation, whatever the time." One person confirmed this was the approach they had experienced from staff and we saw the service had received compliments praising this level of support from staff.

People were invited to attend meetings at the service. During the last meeting held in August 2017, a person was asked if they had any questions or things they wanted to discuss. People had welcome packs in their rooms which gave them accessible information about the service, for example, how to complain if they needed to and the conditions of their stay. A staff member told us, "[People] might be nervous speaking with staff when they first arrive, so we have a copy [of welcome packs] in each room." Welcome packs also included details of local amenities and guidance around dealing with some symptoms of mental health needs. A staff member told us that sharing details of community sports centres had been successful in encouraging people to exercise to further promote their wellbeing. Consideration had been given to ensure people had the information and guidance they needed.

One person told us, "The rooms are lovely." We saw that people stayed in a spacious, comfortable environment. Signposting guidance and motivational quotes were carefully displayed to help create a supportive, encouraging atmosphere at the service. People had privacy and were treated with respect. People of mixed genders stayed at The Vicarage and areas of the building were separated approximately so people had the privacy and space they needed. One staff member told us, "We don't invade [people's] spaces. We respect them by knocking on their door. We treat them how they wanted to be treated, being gentle [in our approach] and ensure they feel supported." People went about their routines as they pleased and their independence was promoted by staff.

Is the service responsive?

Our findings

One person told us, "I'm more than happy with the service... my mental health has improved just being here." The person described the positive rapport they had with staff and how their routines and wellbeing had improved over their time at the service. Staff had got to know people's needs well and endeavoured to meet their needs through offering support, signposting and sharing information with people's community health teams as necessary. People's referrals to the service were agreed by service managers and community health teams as a suitable placement to continue people's care and support. This helped ensure people's needs could be safely met and managed during their stay.

People carried on with their chosen routines during their stay. One person was at work for the duration of our visit and a staff member told us that on their return from work, they checked how the person was and that they had eaten. The staff member commented that people were encouraged to go out for a walk, for example to get some fresh air and break up their day if they spent a long time at the service. Another person told us they spent time watching television or listening to music, or spent time in the garden. People received signposting information about local religious services if they wished. One person had discussed with staff their attendance to religious services. Staff were aware of people's routines and supported them as needed.

People attended regular reviews with their community health teams who were informed if people required more support during their stay. People were also invited to review their sense of wellbeing and plans with staff over their time at the service. One person told us they had attended these reviews and commented, "When I first came, I had goals to achieve, one was cooking." The person showed they valued the continued support and encouragement from staff in progressing towards these goals. One staff member told us review discussions encouraged people to express their feelings and plans. The staff member commented, "It's all about them... it's their review [and] to make sure everything is satisfactory for them." People benefitted from the space and opportunity to talk about and reflect on their needs, with continued support and oversight from staff and community health teams.

The registered manager told us the service had received no complaints. One person told us, "I could complain but I have nothing I need to complain about." There was a complaints process in place so people could raise concerns if necessary and have these addressed.

Is the service well-led?

Our findings

Quality assurance checks were not always robust to drive the quality and safety of the service. Systems had not always ensured the registered provider's medicines management processes were always in line with good practice and that records were always robust in respect of recruitment decisions. We also found there were not always clear means of analysing information such as people's feedback about the service provided. For example, two people's feedback forms completed in 2016 had reflected possible areas of development for the service. There was no formal system to analyse or respond to this information in order to always help address and learn from such feedback. We found that staff considered people's experience during their time at the service and how they could help improve this, and a manager employed by the registered provider told us they always explored and responded to any information of concern. Systems did not always demonstrate however that people's feedback about the service had been responded to and learned from.

We also found the registered provider had not submitted a PIR as required to support the planning of our inspection. This meant we were not provided with information we had requested about the service, for example, about the registered provider's ongoing planned improvements. The registered manager was not sure why this had not been done. This did not reflect that information was always available and in use by the registered provider and registered manager, to always maintain clear oversight of the quality and safety of the service.

People were welcomed and supported at The Vicarage and received assistance with aspects of their care as agreed with their community health teams. One person described their progress and improved wellbeing over their time at the service, and how the support and encouragement received from staff had been instrumental in this. One staff member told us, "We see that progress in people all the time." Staff confirmed both people using the service were doing well and were stable. People had the opportunity to express their views relating to their mental health and about the service. Systems were also in place for people to formally share their feedback during and at the end of their stay and some people who had stayed at the service previously had made compliments reflecting their positive experiences. Staff demonstrated a caring, respectful approach and told us they felt supported in their roles. A healthcare professional told us, "[Staff] are well aware of [one person's] care. I'm really pleased with the care provided." The service project lead had made resources and information available to staff around good practice to help develop their knowledge further and to build on the training provided.

The registered provider regularly met with representatives of people's community health teams and commissioners to review how they worked together. A community healthcare told us, "Communication is pretty good, [we] call daily if wanted and [do] weekly visits." The registered provider had upheld their responsibilities to the Commission in displaying their registration certificate. The registered manager confirmed there had been no incidents or specific events to notify the Commission about, however they were aware of this ongoing responsibility. Incidents had been responded to appropriately and people's safety was promoted through systems for staff to share information and escalate any concerns about people's health and risks.

During our inspection, a manager employed by the registered provider told us they were continuing with improvements which included ensuring staff always received the refresher training they needed. The registered provider and registered manager maintained oversight of the service and undertook unannounced quality visits to help assess the quality and safety of the service. Service project leads who were responsible for leading The Vicarage and other services registered to the same provider, met regularly to discuss practice and learning points together and were supported by the registered manager. Additional quality assurance checks had been introduced which involved service project leads auditing records and processes at one another's services.