

# 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:  
09 March 2020

Date of publication:  
04 June 2020

### Ratings

Overall rating for this service	Outstanding 
Is the service safe?	Good 
Is the service effective?	Good 
Is the service caring?	Good 
Is the service responsive?	Outstanding 
Is the service well-led?	Outstanding 

# Summary of findings

## Overall summary

### About the service

Vicarage Lodge is registered to provide accommodation and personal care for up to three people. It has been specifically designed for those with profound and multiple learning disabilities who use wheelchairs. At the time of this inspection there were three people living at the home.

The service has been developed and designed 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.

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

Staff went the extra mile to support people to undertake a variety of exciting and challenging activities of their choice which interested them. Relatives said staff had helped people develop and widen their experiences in ways that they never thought would be possible. One relative said, "They are forward thinking, they put the individual first. They have an individual time table, whatever their interests are."

Staff used creative and inclusive ways to help people communicate their wants and wishes. Staff used a diverse range of tools and strategies to help people communicate their choices and preferences. People with very complex conditions were empowered by staff through this approach, to make daily living choices for themselves.

The provider's vision and values were inclusive and person-centred to make sure people were at the heart of the service. This vision was driven by the exceptional leadership of the management team. Relatives spoke extremely highly about the provider and Vicarage Lodge. Comments included, "They are a wonderful company who do great things" and "It should be held up as an exemplary company. They have found a different way to provide care."

There was a strong emphasis on continuous improvement. One relative told us, "They are always learning to see how they can further people's wellbeing." An advanced centralised electronic monitoring system was in place. Every aspect of people's care and support and the management of the service were monitored in 'real time.' This enabled management staff to immediately identify any issues or changes that needed attention and evidence showed that they acted swiftly, applying the ethos of the service to continually strive for improvements to people's individualised care experiences.

People were fully and regularly supported to take positive risks to enable them to live fulfilling lives. Core staff teams worked extremely effectively together and were built around meeting the needs of people.

There was a strong emphasis on the importance of eating and drinking well. The provider had set up 'training kitchen' workshops. Staff and people attended sessions to learn about the effects of cooking and pureeing of food.

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.

People received care and support from staff who knew them well. Relatives were positive about the care provided. One relative told us, "They look after [name of person] as well as we could."

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection

The last rating for this service was good (published 9 September 2017).

Why we inspected

This was a scheduled inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about Vicarage Lodge 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 safe.

Details are in our safe findings below.

Good ●

### 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 exceptionally responsive.

Details are in our responsive findings below.

Outstanding ☆

### Is the service well-led?

The service was exceptionally well-led.

Details are in our well-led findings below.

Outstanding ☆

# Vicarage Lodge

## 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

Vicarage Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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 two registered managers who were 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 short notice of the inspection. This was because the service is small and people are often out and we wanted to be sure there would be staff and people at home to speak with us.

#### What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who worked with the service and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

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 or have made since the last inspection. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

Due to the nature of their condition, people were unable to communicate verbally, we therefore spent time with all three people who lived at the home. We accompanied people and staff into the local community and joined them in their chosen activities.

We spoke with the nominated individual, both registered managers, the health and wellbeing manager, the positive behaviour support manager, the learning and development manager, a member of the provider's commissioning team, the assistant manager and three care staff. We looked at care and support records, risk assessments and medicines records.

#### After the inspection

We reviewed a range of records. This included more records relating to people's care and support and records relating to the management of the home. We spoke with four relatives by phone and contacted a number of health and social care professionals for feedback.

# 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 good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- People were supported to take positive risks to enable them to live fulfilling lives. People enjoyed activities such as water sports and going to football matches. One relative told us, "Nothing is a barrier."
- The provider's positive behaviour support team worked alongside people and staff. They knew people well and were able to give personalised advice and guidance. When people's behaviours fluctuated, the provider's electronic management system enabled staff to analyse and identify any trends or themes so targeted action could be taken to reduce any anxiety or distress.
- Assistive technology was used to ensure people lived with as few restrictions as possible.
- Accidents and incidents were analysed and monitored. Because the provider's system was centralised, lessons learnt could be shared across all services.

Using medicines safely

- An effective medicines management system was in place. Technology was used to monitor the effect which medicines had on people's health, such as their mood, sleep and seizures. This information was then shared, when required, with the relevant health professionals, so any adjustments or changes needed in people's medicines could be made. The provider's electronic monitoring system triggered an alert when medicines were late or not recorded so action could be taken.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to protect people from the risk of abuse. Safeguarding was an agenda item at monthly staff supervision sessions. In addition, staff had access to a portal where they could "escalate a concern" directly. Calls were made to staff on a monthly basis by an external human resources company so any concerns or issues could be raised.
- Safeguarding ambassadors were in place. They attended meetings and provided information and updates around safeguarding.

Staffing and recruitment

- There were enough staff to meet people's needs. Each person had a "circle of support" which involved four core staff who knew them well.
- Safe recruitment procedures were followed. A values-based assessment process was in place to help ensure the right staff, with the right attributes, were recruited.

Preventing and controlling infection

- Effective procedures were in place in relation to infection control and hygiene. The provider was proactive

with regards to the current Covid-19 pandemic. The health and wellbeing team were monitoring any changes in people's health which may indicate a concern such as a cough or temperature so immediate action could be taken.



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

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

- People's individual nutritional needs were met. The provider had set up "training kitchen" workshops. Staff and people attended sessions to learn about the effects of cooking and pureeing of food.
- Staff recognised the importance of ensuring an "equal life" with regards to food and drink for people with a learning disability. We went with people to a local restaurant for lunch. One person required a soft textured diet. Staff took a blender with them to ensure the person's chosen meal was safe and suitable.
- People had recently attended a celebration and awards event. There was a Bollywood theme with Indian food. Care was taken to ensure that options were available that met people's individual requirements.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Technology was used to carry out a holistic assessment of people's needs. Each aspect of the person was assessed.
- There was a transition process in place before people moved into Vicarage Lodge to make sure people's needs could be met by staff.
- The service worked in partnership with other organisations to ensure they kept up to date with new research and developments.

Staff support: induction, training, skills and experience

- People were supported by staff who were suitably trained and experienced. One staff member said, "The training they provide you with is phenomenal." Relatives spoke positively about the staff and their skills. One relative told us, "They are special staff, they are training all the time."
- An "attributes programme" was in place. This mapped the competencies and interests of staff with people which helped ensure each person's core team was made up of staff with the necessary skills needed to help people achieve their desired goals and outcomes.
- The provider employed their own trainers, who delivered training which was tailored to the needs of people. The trainers worked alongside staff and people to help ensure people experienced positive outcomes.
- The provider worked with an external HR consultant to collect staff feedback on a regular basis. Staff were contacted on a regular basis to share their views.

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

- People were supported to have access to a range of healthcare professionals to help ensure they remained healthy. The provider employed a team of clinical staff known as the 'Health and Wellbeing Team.'

This team helped staff to positively and proactively manage health risks and long-term conditions to improve people's health outcomes.

#### 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.

- Staff followed the principles of the MCA. They assessed people's capacity every time a care and support plan was created, reviewed or updated. The relevant individuals with the authority to act on people's behalf and health and social care professionals were involved in this process.
- The registered managers had applied for DoLS applications in line with legal requirements.

#### Adapting service, design, decoration to meet people's needs

- Vicarage Lodge was purpose built and designed around the people who lived there. Each person had their own bespoke apartment which included a living room, bedroom and ensuite bathroom.

# 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 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 treated with kindness. Relatives said people were very well cared for. One relative said, "They are wonderful and they go above and beyond to support us too."
- Each person had their own "circle of support" network which included four core staff. These staff knew people well. We observed positive interactions between people and staff. There was lots of smiling and laughter which demonstrated the strong bond between people and staff. Staff were skilled at anticipating and recognising people's needs and responding to these in a positive, person centred manner.
- Staff spoke enthusiastically about the people they supported. One staff member said, "When you see her face light up, it makes you realise you've done something right and it's such a good feeling."

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

- Staff used inclusive ways to help people communicate their wants and wishes. Staff used a diverse range of tools and strategies to help people communicate their choices and preferences. This meant people with very complex conditions could still make daily living choices.
- People were supported to maintain relationships that were important to their emotional wellbeing. Staff organised video calls with people's families when face to face contact was not possible. This helped people maintain contact with their relatives.

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence was promoted. Where necessary, staff used individually tailored continence strategies to ensure people's dignity was promoted.
- The home had a dignity champion. They monitored staff practices to help ensure staff followed and applied the provider's cultures and values.
- People experienced care and support which helped them to experience positive outcomes. This included the use of technology to assist people to be as independent as possible.

# 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 good, at this inspection this key question has now improved to outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

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

- Staff provided excellent support to assist and enable people to lead rewarding lives. People had profound and multiple learning disabilities, yet their disability was no barrier to them living an "ordinary" and "equal" life. From eating out in restaurants to cooking and cleaning, all activities were encouraged to help people reach milestones and goals in their lives.
- Staff supported people to live as full a life as possible. They suggested new and exciting activities that people may not have considered. Activities included going to football matches, including Wembley stadium, horse carriage riding and water sports. Relatives said staff had helped people develop and widen their experiences in ways that they never thought would have been possible. One relative told us, "She went water skiing, she was just so excited and happy to be pulled along in a speed boat."
- There was a strong emphasis on 'active support.' This approach emphasises "doing with, rather than doing for." We saw numerous examples of people being actively engaged in meaningful activities which helped develop their living skills and enhanced their quality of life. The quality of the staff team and the standards of service they delivered had enabled people to move forward and achieve things, which given their complex multiple disabilities, was an excellent achievement.
- Staff spoke proudly of people's progression and their achievements - big or small, all were celebrated. We accompanied people bowling. One staff member told us, "We give him the bowling ball and he now puts it on the [bowling ball] ramp. It's that little extra step, so we're making sure he's utilising his full abilities, it's great."
- The home had two vehicles which were individually tailored to meet the needs of people to help ensure social inclusion and access to the local and wider community.

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

- People received an exceptionally personalised service that supported their very individual needs. Staff used inclusive and individual ways of involving people and their family in their care and support plans, so that they felt consulted, empowered, listened to and valued.
- The service was extremely adaptable and flexible to meet any changes in people's health or needs. This flexibility was aided by the provider's innovative technology system which supported staff to monitor even the slightest change in people's health or wellbeing so action could be taken to help ensure people achieved the best possible outcomes.
- The exceptional collaborative working, bespoke care planning and consistent approach of staff had a positive impact on people's health, independence and wellbeing. Two people had become physically fitter

since living at the home. One person who had required the hoist when transferring, was now able to move around the home independently using specialist equipment. Another person was able to walk with reduced staff support where they had been more dependent before. There had also been a significant reduction in one person's seizures which had had a very positive impact on their wellbeing and we observed during our visit how they now benefited from more social inclusion.

- Care records were extremely person-centred and tailored to each person and the data generated allowed staff to refine care and support plans.

#### Meeting people's communication needs

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.

- The service was extremely creative in supporting people to communicate their wants and wishes. Each person had a 'My say' meeting to review their care and support, set goals and ensure staff were supporting them to achieve the best possible outcomes. People were unable to express their needs and preferences verbally, staff therefore used a variety of strategies to involve people in their 'My say' meetings. This included showing people photographs, objects and pictures and closely observing their reactions to these items to help identify the success of the activities which had been undertaken. The nominated individual told us, "Just because people don't say anything, it doesn't mean they don't have anything to say."
- The provider had accessed a variety of resources to support people. Information had been developed to ensure it was accessible to people using the service.
- Care plans contained detailed information on people's specific communication needs and the support they needed to communicate effectively.

#### Improving care quality in response to complaints or concerns

- The provider had a complaints procedure in place. This was also available in an easy read format for people who were unable to understand the written word. None of the relatives we spoke with raised any complaints about the care provided. One relative said, "Any little issues are solved and acted on straight away. We do a lot of talking."

# 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 good, at this inspection this key question has improved to outstanding. This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- An innovative management and staffing structure was in place. There were two registered managers who were supported by 20 specialist teams. Each team had a particular expertise such as positive behaviour support, health and wellbeing and transition and review. This meant the registered managers had a wide-range of support and had more time to focus on supporting staff to ensure the best possible care and support was being provided. Core staff teams within Vicarage Lodge worked effectively together and were built around meeting the needs of people.
- Staff and relatives spoke extremely highly of the leadership and management of the home. One relative told us, "We really looked for the best place for our daughter and the ethos of the service is what we want for our daughter."
- Staff spoke passionately about working for the company and at Vicarage Lodge. One staff member told us, "It's not only their home, it's like our home too, to me it can't get any better. You miss them [people] when you are on holiday."
- There was a strong emphasis on continuous improvement. An advanced centralised electronic monitoring system was in place. Every aspect of people's care and support and the management of the service were monitored in "real time." This enabled management staff to immediately identify any issues or changes that needed attention. One relative said, "The whole approach and ethos of the company is forward thinking. It is not stuck in any old ideas - they challenge themselves. It should be held up as an exemplary company."

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

- Vicarage Lodge was based on family values. The directors of the provider organisation Home from Home Care Limited had been inspired by members of their own family to create bespoke services which put people at the centre of everything.
- There was a strong organisational commitment to ensuring people received person-centred care. Staff supported people to undertake opportunities that were challenging and offered them developmental opportunities.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Engaging with people, families and staff was paramount to the provider to ensure people achieved the best possible outcomes. Creative ways were used to involve everyone in the running of the home. One relative had helped redesign the seizure monitoring reports. The nominated individual told us, "She helped us revolutionise the IT. We've changed the way we work, it's been complete collaborative working."
- Monthly 'parent calls,' were carried out by a member of the provider's team. These were in addition to the calls made by staff at Vicarage Lodge. These calls offered families an additional opportunity to provide feedback on the quality of the service provided.
- The provider worked with an external HR consultant to collect staff feedback on a regular basis. The provider received anonymised summary information from the external HR consultant which they used as part of their continuous quality improvement processes.

#### Working in partnership with others

- Partnership working with outside agencies was very important to the provider with the aim of delivering seamless care. To improve people's experience of accessing health care services, the provider had also delivered training to health care professionals.
- The provider worked in partnership with a national charity, advocating for people's human rights. They used their connections to develop training to better support people to be able to communicate their needs. They were also working with Skills for Care to share their use of technology to innovate in social care. They were facilitating the placement of two graduates from the Skills for Care management scheme who were focusing on projects linked to innovation and assistive technology.
- Recruitment ambassadors were in place. They attended job fairs, universities and care colleges, on a regular basis to discuss what it was like to work in health and social care.
- Supporting the local community was very important to the service. People and staff were actively involved in raising money for the provider's charity which aimed to provide services for people experiencing isolation. The aim was to collect sponsors for the charity's "Move a Mile" event. Each person's aim was to move a mile by whichever method they chose. People not only had fun during the event, but in taking part, they had helped to support the local community.
- The provider recognised the importance of supporting other providers during the Covid-19 pandemic. They were helping with the supply of sanitiser to two home care services to assist them with infection control.