

Stepping Stones Resettlement Unit Limited

The Old Vicarage [Blakeney]

Inspection report

The Old Vicarage
Church Square
Blakeney
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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 ●

Summary of findings

Overall summary

The inspection took place on the 31 March 2016 and was unannounced. The home was last inspected on 14 February 2014 and met all the legal requirements assessed at that time.

The Old Vicarage is a care home for up to 13 people with learning disabilities or mental health needs. At the time of our inspection there were 13 people living at the home.

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 made positive comments about The Old Vicarage, one person told us "I like living here" they added "I like the staff and I like the manager". Another person said "It's lovely here". Risks to people's safety were identified, assessed and appropriate action taken and their medicines were safely managed. People's individual needs and were known to staff who had achieved positive relationships with them. People were treated with kindness, their privacy and dignity was respected and they were supported to develop their independence and keep in contact with relatives. People were involved in the planning and review of their care.

Staff received support to develop knowledge and skills for their role. They spoke positively about their work with people. The registered manager was visible and accessible to people and staff, providing clear leadership and developing ideas to continually develop the service.

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 safeguarded from the risk of abuse and from risks in the care home environment.

There were sufficient numbers of staff. People were protected from the risk of the appointment of unsuitable staff because robust recruitment practices were operated.

There were safe systems in place for managing people's medicines.

Is the service effective?

Good ●

The service was effective.

People were cared for by staff who received appropriate training and support to carry out their roles.

People's rights were protected by the use of the Mental Capacity Act (2005) and associated Deprivation of Liberty Safeguards.

People were able to plan menus and meals and were supported to eat a varied diet.

People's health needs were met through on-going support and liaison with relevant healthcare professionals.

Is the service caring?

Good ●

The service was caring.

People had developed positive relationships with the staff team and were treated with respect and kindness.

People were enabled to contribute to reviews of their care and support.

People's privacy, dignity and independence was understood, promoted and respected by staff.

Is the service responsive?

Good ●

The service was responsive.

People received individualised care and support and were consulted to gain their views about the support they received.

People were enabled to engage in activities in the home.

There were arrangements to respond to any concerns and complaints by people using the service or their representatives.

Is the service well-led?

Good ●

The service was well led.

The registered manager was accessible and open to communication with people using the service, their representatives and staff.

Required information in the form of notifications had been sent to the CQC.

Quality assurance systems which included the views of people using the service and their representatives were in place to monitor the quality of care and accommodation provided.

The Old Vicarage [Blakeney]

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 31 March 2016 and was unannounced. One inspector carried out the inspection. We spoke with the registered manager, three people using the service and two members of staff. In addition we reviewed records for three people using the service, toured the premises and examined records relating to the management of the service.

Before the inspection, the provider completed 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. We also reviewed information we have about the service including notifications. A notification is a report about important events which the service is required to send us by law. We also received feedback from an advocate who had been working with a person using the service.

Is the service safe?

Our findings

People were protected from the risk of abuse because staff had the knowledge and understanding to safeguard people. Staff were able to describe the arrangements for reporting any allegations of abuse relating to people using the service and were confident any issues reported would be dealt with correctly. The registered manager was an approved safeguarding trainer having had completed additional safeguarding training provided by the local authority. The Provider information return (PIR) stated "People using the service are supported by the registered manager and staff teams to understand what keeping safe means and how they can raise a complaint or concern. This is discussed regularly at their monthly house meetings." People using the service told us The Old Vicarage was a safe place to live. This was reflected in the house meeting minutes from February 2016 where people were asked and confirmed they felt safe. People were protected from financial abuse because there were appropriate systems in place to help support people manage their money safely.

People had individual risk assessments in place. These identified the potential risks to each person and described the measures in place to manage and minimise these risks. Risk assessments had been reviewed on a regular basis. Each time a person left the home for an activity a risk assessment was completed. We observed staff completing these during our visit. People had personal fire evacuation plans. Individual information had been prepared for use in the event of a person going missing. People were protected from risks associated with fire, legionella, hot water and electrical equipment through regular checks and management of identified risks. We carried out a tour of the premises and noted the care home was clean and well maintained. The latest inspection of food hygiene by the local authority took place in 2015. This resulted in the highest score possible.

People were protected against the employment of unsuitable staff because robust recruitment procedures were followed. Checks had been made on relevant previous employment as well as identity and health checks. Disclosure and barring service (DBS) checks had also been carried out. DBS checks are a way that a provider can make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups.

Adequate staffing levels were maintained. The registered manager explained how the staffing was arranged to meet the needs of people using the service. One person told us they received enough help from staff for their needs. Another said there were "enough staff about". Staff also confirmed staffing levels were sufficient for people's needs.

People's medicines were managed safely. Medicines were stored securely and records showed correct storage temperatures had been maintained. Medicines administration records (MAR charts) had been completed appropriately with no gaps in the recording of administration on the MAR charts we examined. There were records of medicines received and of medicines disposed of. Medicines were given to people by staff who had received suitable training. One person told us they were given their medicines at the right time of day. Regular audits were carried out on people's medicines and associated records. Detailed individual protocols were in place to guide staff when giving medicines prescribed to be given 'as required'. Where

errors had occurred with people's medicines, appropriate action was taken to investigate and remedy the situation.

Is the service effective?

Our findings

People were cared for and supported by staff with appropriate knowledge and skills. Staff received training in subjects such as food hygiene, infection control, first aid and moving and handling. They also received training specific for the needs of people using the service such as epilepsy, autism and managing people's behaviour. Two staff had completed the Care certificate qualification for staff new to the work of caring for and supporting people. Staff told us the training they received was adequate for their role. Where they had requested additional training in relation to people's needs this had been provided. Staff had regular individual meetings called supervision sessions with the registered manager. One member of staff described these sessions as "helpful".

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. Assessments had been made in relation to people's capacity to consent to personal care and issues around health care and safety issues.

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. The application procedures for this in care homes are 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 were being met. One person had authorisation in place to deprive them of their liberty with an application being made for a second person. There were no conditions in place for this authorisation. Staff had received training in the MCA and DoLS.

People were regularly consulted about meal preferences. Minutes of meetings showed how people were asked for their opinions on the menus and if there was anything they would like to be added to the menu choices. An approach to healthy eating was used in the home. This was reflected on in the staff meeting in February 2016. For example, the minutes stated "Please ensure that the menu plan is adhered to. Look at portion sizes, ensure that the plate is not overloaded; and that the plate is filled with a larger portion of vegetables/ fruit and then complimented by a smaller portion of a healthy protein and carbohydrate. Use wholegrain bread, pasta and rice whenever possible". People were positive about the meals offered and confirmed there was a choice of meals available. One person told us "we enjoy our meals". Another person had some meal preferences based on their cultural background. The registered manager described how appropriate meals were provided. During our visit people were preparing snacks for their lunch with appropriate staff support. They told us about and we heard them discussing the chosen evening meal.

People's healthcare needs were met through regular healthcare appointments where necessary an annual health checks by people's GPs. The registered manager described the good relationship with the local GP practice. People had health action plans and hospital assessments. These were written in an individualised style. They described how people would be best supported to maintain contact with health services or in the

event of admission to hospital.

Is the service caring?

Our findings

People had developed positive relationship with staff. People told us staff were kind and caring. One person told us "All of them are kind", another person commented "They give us a lot of support" and another said "I like all the staff". People were treated with respect and politeness. We heard staff speaking respectfully to people and one person told us "The staff are very nice and friendly". Another person told us staff were "always polite". When we looked around the home, staff checked if people were happy for us to view their rooms. An advocate involved with a person using the service commented on the "good rapport" staff had achieved with a person using the service and how this had resulted in a trusting relationship being established.

People were involved in decisions about the care and support they received. The PIR stated "Each person who uses the service is supported to take an active role in developing their individualised programmes of care and personal development to ensure their needs are met and that preferences and choices are being respected". Monthly review meetings took place between people and staff where people could express their views about their care and support. People at The Old Vicarage made use of advocacy services, two people had used the services of Independent Mental Health Advocates (IMHA). IMHAs are statutory advocates who work within the framework of the Mental Health Act 1983. One other person was using a lay advocate.

Staff gave us examples of how they would respect people's privacy and dignity when providing care and support. This approach was reflected in people's care plans. When supporting someone with personal care they would ensure curtains were closed and people were covered appropriately. We observed staff knocking on doors before entering rooms during our visit. People confirmed this was normal practice with one person commenting "they wouldn't just walk in". One part of the care home provided accommodation to only women and was separate from the main house. The registered manager told us how this had been created to provide an area in the home suitable for women who chose to live with those of the same gender. Communal rooms were only used by women who lived in this part of the care home.

Staff also told us how they would promote people's independence in particular encouraging people to carry out tasks for themselves. People's support plans reflected this. For example, some people carried out household chores such as cleaning their individual rooms or doing their laundry with support from staff as needed. The importance of promoting people's independence was highlighted in the staff meeting in February 2016 where staff were reminded "that whenever possible all service users should be encouraged and supported to be as independent as possible".

People were also supported to maintain contact with family in response to their wishes. The PIR stated "Families are welcome to visit the home at any time and are also encouraged to telephone their relatives on a regular basis. People regularly visit their families, with the home often providing transport." Contact with people's families had been achieved through visits to The Old Vicarage and by people visiting and staying with their families. During our visit staff were collecting one person from a stay with family in another part of the country.

Is the service responsive?

Our findings

People received care that was personalised and responsive to their needs. People had detailed support plans and person-centred plans to guide staff in providing individualised support. Additionally, pen pictures provided a brief overview of important information about a person such as likes and dislikes. For example, one person didn't like to eat meals with their peers, we noted a table had been provided for them to eat their meals alone. Support plans contained detailed information for staff to follow to support people. One support plan detailed how staff would support a person if they became distressed including triggers that may increase the person's anxiety. One person was familiar with their care plan, knew where to find it and enthusiastically shared their care plan with us, commenting "I like my care plan". An advocate involved with a person using the service commented staff were "person centred" in their approach to supporting people. People were able to decorate and furnish their rooms according to their choices and we were shown examples of this approach.

People were supported to take part in activities and interests both in the home and in the wider community. The PIR stated "Educational and work based activities are built in to individualised timetables to encourage personal development and promote independence, positive risk taking and choice". Activities included the shopping, walks, art work, cinema trips and growing vegetables in the garden. One person travelled independently out of the home using public transport on a regular basis. Some people had work placements at a farm and a local heritage centre. An annual holiday was also organised.

There were arrangements to listen to and respond to any concerns or complaints. Information about how to make a complaint was available in each person's file in a suitable format using pictures, symbols and plain English. People using the service had been involved in making a video recording about how to make complaints. The recording had been produced on a DVD titled 'How we can help, if you have a problem and day to day life at The Old Vicarage'. The DVD was available to people to view, they were reminded of this at a house meeting in March 2016. People also told us they would approach the registered manager with any concerns. We discussed with a complaint made by a person using the service with the registered manager. This had been thoroughly investigated and, appropriate actions had been taken, with lessons learned for the future delivery of the service.

Minutes of house meetings demonstrated how people using the service were able to express their views. People we spoke with were aware of when the house meetings were held. Minutes of the meetings demonstrated how people were asked if they had any views about menus, activities and plans for holidays. Meetings were held on a monthly basis.

Is the service well-led?

Our findings

The provider had a clear set of values setting out the aims for the organisation as a whole. These were set out in the philosophy of the service. The registered manager also described the vision of the service as "to promote a home where people feel they are in control". They also described the importance of providing choice for people in relation to the support they received as well as maintaining The Old Vicarage as a safe environment. The staff team was also an important consideration for the registered manager who described the vision of a team that were happy to come to work and this positivity should pass through to people using the service. This was reflected in comments from one member of staff who said "I really enjoy my job". The registered manager described the current challenges as ensuring two people new to the service received the support they needed and arranging more work placements for people. In addition they aimed to increase the activities on offer during the evenings.

Staff demonstrated a clear awareness and understanding of whistleblowing procedures within the provider's organisation and in certain situations where outside agencies should be contacted with concerns. Whistleblowing allows staff to raise concerns about their service without having to identify themselves.

The Old Vicarage had a registered manager in post. A registered manager is a person who has registered with CQC 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 and associated Regulations about how the service is run. The registered manager was aware of the requirement to notify the Care Quality Commission of important events affecting people using the service. We had been promptly notified of these events when they occurred.

People using the service and staff gave positive views about the registered manager. One member of staff told us "(the manager) does a really good job" and acknowledged the care home was "well run". Another person commented how the registered manager was available to talk to if they needed support. The registered manager kept up to date with current practice developments through contact with various organisations involved with services that support people with learning disabilities and mental health needs.

Surveys of the views of people and their representatives were carried to gain views on the quality of the service provided. These were produced in a suitable format for people using pictures and plain English. A short survey form was also used. The latest copies of these were kept on people's support plan files. The registered manager told us they had checked all these and all the responses were positive. Had they not been they would have produced an action plan to address any issues raised. Regular audits were in place of such areas as people's care and support plans, infection control and the environment of the kitchen. Recent audits had identified the where redecoration was needed and included dates for work to start.

The registered manager also told us a representative from the registered provider also visited the home once a month to carry out a series of checks on the quality of the service provided. However there were no reports of these visits.

