

New Directions (Rugby) Limited

Vicarage Road

Inspection report

30 Vicarage Road
Rugby
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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

About the service

Vicarage Road is a residential care home providing accommodation and personal care to up to six older people or younger adults with learning disabilities or autistic spectrum disorder, a sensory impairment, dementia or a physical disability. At the time of our inspection, six people were living at the home.

The home is divided into three separate floors with shared kitchen, lounge, gardens and dining room areas on the ground floor, and bedrooms and a shared bathroom on the first and second floors.

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

People were happy living at Vicarage Road and gave positive feedback about the care and support they received. People were encouraged to express their views and to be as independent as possible. People were treated with kindness and respect.

There were enough staff to keep people safe. Staff understood their safeguarding responsibilities and knew what action to take if they had any concerns about a person's safety. Risks to people's health had been identified, assessed and managed safely.

People received their medicines as prescribed and medicines were managed safely. The home was clean, tidy and staff promoted good infection control practices.

Staff felt supported and received appropriate training to carry out their roles.

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 had access to a range of healthcare professionals to ensure their health and wellbeing was being managed well. People were supported to eat and drink enough to maintain a healthy and balance diet.

Systems and processes were in place to monitor and improve the quality of care provided.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were meeting the underpinning principles of Right support,

right care, right culture.

Right support:

- Model of care and setting maximises people's choice, control and independence

Right care:

- Care is person-centred and promotes people's dignity, privacy and human rights

Right culture:

- Ethos, values, attitudes and behaviours of leaders and care staff ensure people using services lead confident, inclusive and empowered lives

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

Rating at last inspection

The last rating for this service was good (published 19 March 2020).

Why we inspected

We undertook this inspection as part of a random selection of services rated Good and Outstanding to test the reliability of our new monitoring approach.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Vicarage Road

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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

One inspector carried out this inspection.

Service and service type

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

Notice of inspection

This inspection was unannounced.

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 work with the service. We also contacted 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. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection

We spoke with three people who used the service and two relatives about their experience of the care provided. We spent time with people to see how staff supported them. We spoke with six members of staff including the registered manager, the deputy manager, the team leader, a bank support worker and two senior support workers. We reviewed a range of records. This included two people's care and medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and spoke with a professional who regularly visit the service.

Is the service safe?

Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- People told us they continued to feel safe living at Vicarage Road. Comments included, "I feel safe here. The staff are nice to me", and "I love it here. I am safe and well looked after." One relative told us they were confident people were protected from the risk of abuse.
- The providers systems and processes continued to protect people from the risk of abuse and staff knew what action to take if they had any safeguarding concerns.

Assessing risk, safety monitoring and management

- Risks to people's health had been identified, assessed and managed safely. Records contained clear guidance for staff to minimise known risks. One person was at risk of choking and aspiration. Staff knew how to mitigate this risk because records were accurate and communication about the management of important health risks was effective.
- Environmental risks continued to be managed. For example, water temperatures were frequently taken to reduce the risk of scalds and burns. We found the first and second floor windows had been fitted with window restrictors that could be overridden. We discussed this with the registered manager who provided evidence these had been assessed as safe based on the needs of the individuals living at the home.

Staffing and recruitment

- There were enough staff to keep people safe. Shift patterns were responsive to people's changing needs and supported their emotional and social wellbeing.
- The recruitment process continued to ensure staff were suitable for their roles by conducting relevant preemployment checks which included an enhanced Disclosure and Barring Service [DBS] check. The DBS helps employers make safer recruitment decisions so only suitable people work with those who are vulnerable.

Using medicines safely

- Medicines were managed safely. Effective systems were in place to ensure people received their medicines as prescribed.
- Staff completed a medication administration record [MAR] for each person which gave an accurate record of medicines which had been administered.
- Staff had received training in safe medicines management but their competency to administer medicines as an ongoing assessment had not always been completed. The deputy manager told us this would now be completed within regular staff supervision sessions.

Preventing and controlling infection

- The home was clean, tidy and staff promoted good infection control practices.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider would admit people safely to the service if necessary.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance. Visitors were able to enter the home or use a 'visitor's pod' at one of the other providers locations.

Learning lessons when things go wrong

- There was an open culture and staff told us they felt comfortable to speak up when things had gone wrong.
- Records showed staff reported accidents and incidents. These were reviewed and analysed by the deputy and registered manager to reduce the risk of re-occurrence and to identify any patterns and trends. From this analysis, one person had been prescribed a wheelchair for long distance walks following a fall.

Is the service effective?

Our findings

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

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

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

- Records showed the registered manager completed an assessment before people moved into the home. This included meeting the person and speaking with important people who knew them well to assess whether the home could meet their needs and to see if they were compatible with the people already living at the home. One relative told us, "[Person] enjoys sharing their home with the other residents. [Person] has known a lot of them most of her life from going to the same community centre."

Staff support: induction, training, skills and experience

- Staff completed the providers induction when they started to work at the home. This included a variety of training such as safeguarding, mental capacity and positive behaviour support (positive behaviour support is a person-centred framework for providing long-term support to people with a learning disability, and/or autism).
- The induction included training to achieve the Care Certificate. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of staff in health and social care. Staff also worked alongside experienced members of staff for them to understand how people preferred their care to be delivered.
- Records demonstrated staff were mostly up to date with the provider's mandatory training programme and staff spoke positively about the training they received. A plan was in place for staff to complete any outstanding training they couldn't complete due to the corona virus pandemic.
- Staff felt supported in their roles and were able to discuss their development and training needs through their individual supervision meetings.

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

- People were supported to eat and drink enough to maintain a healthy and balance diet. People were involved in a weekly meeting to plan food options for the week. Alternative options were offered on the day if people changed their minds.
- People were happy with the quality of the food and could access food and drinks when they wished. One person told us, "The food is nice here."
- People were encouraged to be involved with meal preparation. One person was proud to tell us how they had made an apple crumble to share with their friends.

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

- Records confirmed people had access to a range of healthcare professionals such as GP's, dentists and

opticians. Referrals were made to specialist services such as speech and language therapists and psychiatrists mental health practitioners where necessary.

- One person had recently experienced their first epileptic seizure. Immediate action had been taken to keep this person safe and action had been taken to refer this person for appropriate medical support. In order to support this person safely, staff had also received specialised training.
- One healthcare professional spoke positively about their experience of working with Vicarage Road. They told us, "Staff are very good and very prepared. If there is a problem, they will contact me without delay. I would say they are particularly good at recognising changes in people and picking up on things." They went on to tell us that, "They always act on my advice and where I have made changes to peoples medicines, they will monitor them and contact me if there are problems."
- In the event of a medical emergency, 'hospital passports' had been produced to help people transfer successfully between services. These passports contained significant information such as their communication needs, allergies and what things were important to them.

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

- The home was situated on a residential street in a town centre. There were no obvious signs it was a care home and the people who lived there comfortably referred to their surroundings as 'my home'.
- Communal spaces were decorated and updated according to the changing needs of people. Bedrooms were personalised to people's individual preferences.
- The registered manager had recognised the changing needs of the people living at the home. Adaptations had been made and a downstairs bedroom with an accessible bathroom was available should a person's mobility decline.

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 involved people in decisions about their care, so their human and legal rights were upheld. One staff member told us, "We are just trying to make life more pleasant and easy for the people that live here. We do this by giving them as much choice as possible and enabling them to make decisions about their life."
- People's mental capacity had been assessed when their capacity to make a particular decision was questioned. Where restrictions were in place, DoLS applications had been made.

Is the service caring?

Our findings

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

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

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

- People and relatives provided consistently positive feedback about the care and support provided by staff. Comments included, "I love it here. Staff talk to me and are nice to me", "I like it here because the staff are kind and help me" and, "The staff are very sensitive".
- We saw many reassuring and kind interactions. For example, one person lent their head on a staff members shoulder to seek comfort. The staff member rubbed their back softly and actively listened to their concerns. Another staff member held hands with another person to reassure them about a planned activity.
- An equality and diversity policy was in place and people's diverse needs, such as their cultural or religious needs were reflected in their care plans to enable staff to know what was important to them.

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

- People were encouraged to express their views. Where people were unable to express their views, relatives or advocacy services were consulted. Advocates are trained professionals who help people express their views.
- One person was required to have a medical procedure. Information was presented to this person in a way they could understand, and records demonstrated the person had been involved in making decisions about this procedure.
- Staff understood the importance of empowering people to make decisions. One staff member told us, "This isn't about what we want. It is about them and what they want, and how they want to spend their lives'. We are just here to support them to make these things happen."

Respecting and promoting people's privacy, dignity and independence

- People were supported and encouraged to be as independent as possible. Records reflected people's individual capacities and staff promoted people's independence. The deputy manager told us, "Our aims are to give people as much independence as possible. If people can, then they should."

Is the service responsive?

Our findings

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

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

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

- People had individual care plans which detailed how they liked their care to be provided. For example, one person liked to have a wet shave but for this to be done successfully they needed short breaks as they found sitting still for too long difficult.
- Care plans included detailed information about people's current physical, emotional, social and health needs so staff knew how to support them. Information about their history was also present to enable staff to understand the person's background.
- Staff knew people well and supported people to do the things important to them. One person told us, "We can do anything we want." A relative commented, "Before lockdown [person] used to go out all the time, we would ring up and [person] was always out. [Person] went to places like the cinema and the theatre. The staff take [person] where they want to go."

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

- Some people attended a day centre owned by the provider. Here they were able to broaden their friendships and follow their interests with other likeminded people. People could take part in a range of activities such as flower arranging, music therapy, rambling, baking, horse riding and meet socially with friends. People were pleased to tell us about a party they were looking forward to at the weekend to celebrate a friend's birthday.
- People were supported to maintain their relationships with family and friends. One relative told us, "Staff set up zoom calls for us to keep in touch when we were unable to visit (due to the coronavirus pandemic). We can ring [person] whenever we want, and [person] can ring us too whenever they like."

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.

- People's preferred communication methods were detailed in their care plans. Where needed, the provider used a range of tools to communicate with people. This included easy read documents, large print, braille, makaton and pictures.

Improving care quality in response to complaints or concerns

- The complaints procedure was accessible and in a format people could understand. People were

encouraged to raise concerns and could confidentially post these either internally to the senior managers, or to external stakeholders such as the local authority or us, CQC.

- There had not been any complaints in the past 12 months but the deputy manager told us the complaints policy would always be followed to ensure all complaints were dealt with professionally.

End of life care and support

- At the time of our visit, no end of life care was being provided. Consideration had been given to peoples wishes after death but there was limited information about how people wanted to be supported at the end of their lives. The deputy manager told us this was something they would address sensitively following our visit.

Is the service well-led?

Our findings

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

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

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

- The deputy manager was responsible for the day to day running of the home, alongside the team leader and senior support workers. The registered manager was also registered to manage one of the other providers location nearby but attended the home regularly to support the deputy manager where needed.
- We received positive feedback about the leadership in the home. Comments included, "The manager there is really very good" and, "The home seems very well managed."
- Staff told us they felt valued and the management team were always available. One staff member told us, "[Team leader] does my supervisions but outside of that there is always someone to talk to. We get plenty of feedback. We can speak freely. They [management] make me feel like I am listened to."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Systems and processes, such as internal quality checks, were in place to monitor and improve the quality of care provided. Registered managers from other services within the provider group would also visit the home to complete extra checks to ensure these internal checks were accurate.
- Any actions from the range of quality audits were added to a detailed development plan. The provider was then able to monitor when these actions had been complete when overseeing the quality of care provided.
- The registered manager understood their regulatory responsibility to provide notifications about important events to us, CQC. Notifications are required to tell us the outcome of any applications to deprive a person of their liberty. We found two occasions where this had not been done. The registered manager explained this was an oversight due to miscommunication and sent these during our inspection. Processes were put in place to ensure this did not happen again.

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

- The registered and deputy manager understood their responsibility under the duty of candour. When incidents occurred, relevant external agencies and families were informed.

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

- Feedback was sought from people and their relatives through surveys and meetings. People had regular house meetings called 'voices and choices'. These meetings encouraged people to share their views on a

variety of important topics such as staying safe in the coronavirus pandemic

- Staff told us they had regular handover and team meetings to share important information about people and to discuss any ideas they may have to make improvements to the service.

Working in partnership with others

- Staff worked in partnership with other professionals to ensure people received the right care and support. A healthcare professional told us, "If I receive an email or call from staff at Vicarage Road, I know it is because there is a genuine concern as they only contact me about necessary things."