

Trident Reach The People Charity

Vicarage Road (A)

Inspection report

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Ratings

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

Summary of findings

Overall summary

About the service:

Vicarage Road provides accommodation and personal care for a maximum of six people. At the time of our inspection there were six people living at the location. 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:

People were kept safe and secure from risk of harm. Potential risks to people had been assessed and managed appropriately by the provider. People received their medicines safely and as prescribed and were supported by sufficient numbers of staff to ensure that risk of harm was minimised.

Staff had been recruited appropriately and had received relevant training so they were able to support people with their individual care and support needs.

Staff sought people's consent before providing care and support. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People were treated with kindness and compassion. People's right to privacy was respected by the staff who supported them, and their dignity was maintained. People were supported to express their views and be actively involved in making decisions about their care and support needs.

The provider had auditing systems in place to monitor the effectiveness and quality of service provision. There was a positive emphasis on continually striving to improve the service and maintain high sustainable standards of care. The vision and values of the service were embedded in a person-centred culture which placed people firmly at the heart of the service.

The views of people on the quality of the service were gathered and used to support service development.

The provider worked in partnership with other organisations to ensure they were following current practice and providing high quality care.

Rating at last inspection:

The last rating for the service was good {published June 2017}. At this inspection we found the service has remained as good

Why we inspected:

This was a planned inspection based on the rating at the last inspection.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our inspection programme. If any concerning information is received 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 remains good

Details are in our Safe findings below

Is the service effective?

Good ●

The service remains good

Details are in our Effective findings below

Is the service caring?

Good ●

The service remains good

Details are in our Caring findings below

Is the service responsive?

Good ●

The service remains good

Details are in our Responsive findings below

Is the service well-led?

Good ●

The service remains good

Details are in our Well-Led findings below

Vicarage Road (A)

Detailed findings

Background to this inspection

The 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.

Inspection team:

The inspection was carried out by one inspector.

Service and service type:

Vicarage Road provides accommodation and personal care for a maximum of six people. On the day of our visit there were six people living at the home.

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.

Inspection site visit activity started on 05 December 2019.

What we did:

When planning our inspection, we looked at the information we held about the service. This included notifications received from the provider about deaths, accidents/incidents and safeguarding alerts, which they are required to send us by law. We also contacted the Local Authority commissioning service and the local Healthwatch for any relevant information they may have to support our inspection. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During our visit we discussed the care provided with two people who used the service, two relatives, two members of care staff and the deputy manager. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We looked at the care records of three people who used the service and three staff files, as well as the medicine management processes and records maintained by the provider about recruitment and staff training. We also looked at records relating to the management of the service and a selection of the service's policies and procedures to check people received a quality 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 we spoke with told us they were confident care staff kept them safe and secure. One person we spoke with told us, "I'm happy here, they're [staff] nice people".
- We saw the provider had effective processes in place to support staff with information if they had concerns about people's safety and how to report those concerns.
- Staff received training on keeping people safe from abuse and avoidable harm and understood their responsibilities for reporting safeguarding incidents if they suspected that someone was at risk of harm or abuse.

Assessing risk, safety monitoring and management

- We saw that staff acted in an appropriate way to keep people safe and were knowledgeable about potential risks.
- The deputy manager told us, and we saw that people's risk assessments were reviewed regularly, depending on the level of identified risk. In addition, staff carried out informal risk assessments whenever they supported people and any changes are added to people's care plans.
- A member of staff we spoke with told us how they read people's risk assessments in their care plans and reported any concerns to the manager.

Staffing and recruitment

- A relative we spoke with told us there were enough staff around at all times to support people when required.
- We saw the provider had processes in place to cover staff absences. They also had systems in place to ensure there were enough members of staff on duty, with the appropriate skills and knowledge, to ensure people were cared for safely.
- During our visit we saw there were sufficient numbers of staff to respond to people's needs when required.
- The provider had an effective recruitment policy in place. We reviewed the recruitment process and saw this included references and checks made through the Disclosure and Barring Service (DBS). The Disclosure and Barring Service (DBS) helps employers make safer recruitment decisions and prevent unsuitable people from working with people who require care.

Using medicines safely

- People received their medicines safely and as prescribed. A relative told us that their family member received their medicines as prescribed and we observed that staff gave people their medicines safely.
- Staff had received training on how to manage and administer medicines.
- The provider had systems in place to ensure that medicines were managed appropriately. We saw daily

records were maintained by staff showing when people had received their medicines as prescribed. Systems were also in place regarding the storage and safe disposal of medicines.

Preventing and controlling infection

- A relative told us, "They [staff] keep the place, and [person's name] very clean".
- Staff understood how to protect people by the prevention and control of infection. A member of staff told us that they mitigated the risk of cross contamination by ensuring that aprons, gloves and hand gel were used when required.
- We saw the provider had infection control and hygiene monitoring systems in place to ensure the location and people using the service were protected from the risk of infection.
- We saw the location was clean and tidy.

Learning lessons when things go wrong

- The provider demonstrated that they assessed and learnt from mistakes.
- The deputy manager gave an example of how, following a recent food hygiene report (May 2019), new processes had been implemented to ensure that issues raised were corrected and future potential risks were reduced.
- There was a process to identify where any mistakes were made and action plans to mitigate future occurrences were put in place. People and staff were consulted throughout and informed of any actions.

Is the service effective?

Our findings

Effective – this means 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.

Staff support: induction, training, skills and experience

- Staff had received appropriate training and had the skills they required to meet people's needs. We saw the provider had training plans in place which were reviewed and updated on a regular basis. A staff member we spoke with told us there was sufficient training provided to meet the needs of the people, they told us, "We have 'face to face' and on-line training, and we're given time to complete it at work".
- Staff told us they had regular supervision meetings with the registered manager to support their development. The deputy manager told us that along with structured supervision sessions, they also operated an open-door policy for informal discussion and guidance when needed.
- We saw that the deputy manager was available for support and guidance when required and staff development plans showed how staff were supported with their training and supervision.

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

- We saw the provider had processes in place which involved people in how they received personalised care and support.
- We saw that assessments of people's needs were supported and informed by advice from other professionals.
- From looking at people's care plans we saw their care needs were supported and they, or a designated relative, were involved in the assessment process. A relative told us, "Yes we're involved [care planning] and our [other relative] has lasting power of attorney for [person's] finances".
- Staff could explain people's needs and how they supported them.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

- We saw that the provider had recognised that DoLS applications would be applicable for some people using the service. For example; we saw that some people did not have capacity to leave the home unsupervised. The deputy manager understood the DoLS process and we saw applications that had been made to the Local Authority.

- Staff understood the principles of the MCA and followed them in terms of people's care and support needs. Staff were able to assess capacity and they recognised when and how to make decisions in the best interest of the people using the service. All best interest decisions by staff were recorded in people's records.
- Staff explained, and we observed, how they gained consent from people when supporting their care needs.
- Members of staff we spoke with told us they had received MCA and DoLS training and understood what it meant to deprive someone of their liberty.

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

- People told us they were happy with the support they received from care staff with meals and drinks. One person we spoke with told us, "The food's nice".
- Staff were aware of how to ensure people maintained a healthy weight by eating a nutritious, healthy and balanced diet.
- A relative told us how their family member always had difficulty maintaining an acceptable weight, but since being at Vicarage Rd they had gained and maintained a healthy weight.
- People were encouraged to eat healthily and we saw a menu planner identifying people's individual preferences.

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

- The provider supported people with their health care needs.
- Care staff understood people's health needs and the importance of raising concerns if they noticed any significant changes.
- A person told us, "They [staff] get me to see the doctor".
- We saw people's care plans included individual health action plans and showed the involvement of health care professionals, for example; psychiatrists, dentists and opticians.
- A relative told us how their relative had been suffering with a long-term health issue prior to moving in to the home, and how the provider had implemented plans to successfully manage and contain the issue.

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

- People's individual needs were met by the adaptation and design of the premises.
- People had their own rooms which were decorated to their individual tastes. We saw that people's individual style, preferences and identity was firmly implanted within their rooms.

Is the service caring?

Our findings

Caring – this means 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

- We observed a very homely atmosphere in the home which was reinforced by comments made by people, relatives and staff.
- People and relatives told us staff treated them with kindness and compassion. A person told us that staff treated them well and they enjoyed their company. A relative said, "It's calm here [home], there's a nice family atmosphere".
- People were encouraged to express their views on how they preferred to receive their care and support.
- We saw caring interactions between people and staff throughout our visit.

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

- The provider supported people to express their views and they were involved in making decisions on how their care was delivered. There were regular meetings with people using the service and personalised care plans with people's input documented. We saw staff talking to people about how they preferred their daily care needs to be met.
- We saw people making decisions about their daily lives, for example; when they wanted a drink or snack, if they wanted to go out of the home, or whether they spent time in communal areas or in their own rooms. A person told us, "I like shopping and we go to the cinema".
- Care plans were reviewed and updated on a regular basis to ensure people's care and support was specific to the person's needs.
- A relative told us how they were fully involved in care planning and that they attended regular review meetings with the provider.

Respecting and promoting people's privacy, dignity and independence

- Care staff knew the importance of respecting people's privacy and dignity. A member of staff explained how they protected people's dignity when providing personal care, by ensuring it is done in privacy and that people were kept covered up as much as possible.
- People were encouraged to be as independent as practicable. A person told us that they often helped staff to prepare meals.
- A member of staff told us how they tried to encourage people to do things for themselves rather than step in with immediate support, for example, when providing personal care.

Is the service responsive?

Our findings

Responsive – this means that services 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 received personalised care that was responsive to their needs. A relative told us, "They're [staff] very responsive to anything [person] or we [relatives] need support with".
- Staff told us how they got to know the people they supported by talking to them, reading their care plans and by taking an interest in their lives.
- We found staff knew people well and were focussed on providing personalised care. Staff carried out regular reviews with people to identify what their long and short-term aspirations were.
- Staff had received training on equality and diversity and understood the importance of relating this to people they supported.

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

- People were involved in deciding what activities and social events took place at the home or for their individual purposes.
- There were no restrictions on when friends and family could visit the home.

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 care plans were designed in line with the Accessible Information Standards (AIS). The standard aims to ensure that people who have a disability, impairment or sensory loss are provided with information that they can easily read or understand, and with support, so they can communicate easily with health and social care services.

Improving care quality in response to complaints or concerns

- The provider had procedures in place which outlined a structured approach to dealing with complaints in the event of one being raised. These were used to improve and develop the service.
- Complaints were assessed and information from them was used to inform training and staff working practice.

End of life care and support

- There were no people living at the home that required this level of support although effective systems

were in place to support when required.

- The deputy manager explained how staff had received appropriate training and support in end of life care.

Is the service well-led?

Our findings

Well-Led – this means 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 provider promoted a culture and ethos that was based on supporting people in a person-centred way so that people received an individual, personalised, quality service.
- People and relatives were complimentary about the staff and provider in relation to how the service was run. A relative told us, "They're [provider] very approachable, and really helpful".
- A relative we spoke with told us how they were able to feedback their opinions on the service. They said, "We [relatives] talk to the [registered] manager all the time, there's plenty of opportunities to discuss things and generally chat about how [person] is".
- We saw copies of meetings with people, relatives and staff showing how they were consulted on how the service ran.
- The provider promoted an open and inclusive culture, sharing relevant information and feedback to people as and when required. Actions from meetings were shared with people and relatives.

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

- Staff said they were listened to by the registered manager. They were clear about their roles and responsibilities towards people who used the service. They felt confident about raising any issues or concerns with the registered manager at staff meetings or during supervision.
- The provider had a history of meeting legal requirements and had notified us about events they were required to by law.
- Staff understood the whistle blowing policy and how to escalate concerns if they needed to, via their management team, the local authority, or CQC. Prior to our visit there had been no whistle blowing notifications raised at the home.
- Duty of Candour is a requirement of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 that requires registered persons to act in an open and transparent way with people in relation to the care and treatment they received. We found the provider was working in accordance with this regulation within their practice.
- The provider displayed the rating from our last inspection in a prominent place for people to see.

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

- The provider regularly engaged with people, relatives and staff members for their views on the service.

Feedback was collated from meetings and informal discussions and was used to develop service provision.

- Staff were confident to make any suggestions for improving people's care through staff meetings and regular meetings with their managers.

Continuous learning and improving care

- Quality assurance and audit systems were in place for monitoring service provision. The provider had effective systems in place for reviewing care plans, risk assessments and medicine recording sheets. The provider also carried out regular environmental audits.
- The provider worked closely with the local authority to ensure that new guidelines and regulations were implemented.
- The provider used feedback from people and staff to develop the service. People, relatives and staff all confirmed that the provider and registered manager were very approachable, and they would respond positively to any requests, whether in person or via meetings.

Working in partnership with others

- The provider informed us they worked closely with partner organisations to develop the service they provide. For example: local GP surgeries.
- They told us they attended meetings with the local authority and healthcare professionals to identify areas for improvement and aims for social care provision in the future.