Mr & Mrs R Miles

The Old Vicarage

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Requires Improvement
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 12 November 2018 and was unannounced. The Old Vicarage is a care home that provides accommodation with personal care and is registered to accommodate ten people. It provides a service to younger adults with a learning disability and complex needs.

The accommodation was within a large old house. There was a communal dining area and two lounges. Each person had their own room and there were two communal bathrooms. There was an accessible, but secure garden on site. At the time of our inspection ten people were using the service.

The Old Vicarage is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The care service was registered before we introduced Registering the Right Support, this is a set of guidance which has been developed and designed in line with the values that underpin best practice. The provider reflected these values to include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

At our last inspection in June 2016 we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

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. However, we have made a recommendation in relation to the provider looking at best practice in this area.

People were safe and staff knew how to protect them from the risk of harm. Risk assessments had been completed and guidance provided to reduce the risk. Medicines was managed safely. Lessons were learnt from events and incidents.

There were sufficient staff to support the people's needs and the staffing levels were flexible to accommodate appointments or events. When staff were recruited the appropriate steps had been taken to ensure they were safe to work with people. Staff received training for their role and ongoing support from the registered manager.

Health care was managed for people to ensure good health and wellbeing. People enjoyed the meals and were able to participate in deciding the choices they received. Care plans were detailed and include all aspects of people's choices and preferences.

People enjoyed the atmosphere of the home. They could personalise their own spaces. Staff had established relationship with people and provided care which was kind and compassionate. People's privacy was respected and individual dignity observed.

Complaints had been addressed and the information on this subject and others was available in easy read formats to assist people to receive information in a way they could understand. People's views had been considered and their choices used to shape the care being delivered.

Audits had been completed to reflect aspects of the home and where improvements were needed to be made. The provider had sent us notifications and they had displayed their rating at the home and on the website.

Further information is in the detailed findings below

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 has improved to Good

There were plans in place to support people in an emergency. Staff provided a flexible approach to their availability and recruitment checks had been completed.
Risk assessments provided guidance to reduce the risks. Staff knew how to protect people from the risk of harm and in maintaining the hygiene of the home.
Medicine was managed safely.

Is the service effective?

Requires Improvement

The service has deteriorated to RI

When people required medical interventions, these were not always done in line with best practice. Other best practice was used to shape the care being provided. Staff had received training to support their role.

People enjoyed the meals and were supported with ongoing health care needs. They could personalise their own space within the home.

Is the service caring?

Good

The service remains Good

Is the service responsive?

Good

The service remains Good.

Is the service well-led?

Good

The service remains Good

The Old Vicarage

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 12 November 2018 and was unannounced. It was completed by one inspector.

We used information the provider sent us in the Provider Information Return to plan the inspection. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also spoke with the local authority, we used this information to formulate our plan.

We used a range of different methods to help us understand people's experiences. People who lived at the home had varying levels of communication. We spoke with two people and observed the interaction between people and the staff who supported them in communal areas throughout the inspection visit. We spoke with three people's relatives on the day of the inspection visit.

We spoke with the registered manager, the managing director and three support workers. We reviewed care plans for three people to check that they were accurate and up to date. We looked at the systems the provider had in place to ensure the quality of the service was continuously monitored and reviewed to drive improvement. This included reviewing quality checks for medicines management, accidents and incidents and meeting minutes.

Good

Is the service safe?

Our findings

At our last inspection we identified that one person had not got a hospital passport to support them if they required urgent medical care. Hospital passports are designed to help hospital staff know how best to communicate with the person and quickly know information about any health conditions should they require admission to hospital. At this inspection we found that each person had a hospital passport and they had been reviewed. When people required care in hospital staff always supported them. One relative told us, "They supported my relative in hospital, I was so impressed."

Some people living in the home expressed behaviours which could harm themselves or others. In the PIR the provider told us staff were, 'Experienced in supporting people in a manner that promotes their dignity and wellbeing'. We saw the plans in place reflected this approach using distraction techniques and knowledge of the person to avoid anxieties being increased.

People told us they felt safe. One relative said, "The environment is safe and the staff ensure they are safe." We saw in the meetings that safety was discussed. Staff had reminded people not to open the door to anyone they were not familiar with. The registered manager told us, "Staff have been her a long time and built up that relationship, people feel comfortable approaching staff with any worries or concerns they may have." Staff had received training in safeguarding and knew the types of things they should report. All the staff told us they were confident in this process.

We saw that risks had been assessed and when required guidance or measures had been put in place. For example, when people were outside the home, what arrangements needed to be in place to ensure their safety. The registered manager had introduced the 'Herbert Protocol' for people. The Herbert Protocol is a national scheme which compiles useful information which could be used in the event of a vulnerable person going missing.

The environment was regularly checked to ensure that it was a safe place to live. There were plans in place to respond to emergencies, such as evacuation for a fire. The plans provided information which was specific to each person's individual needs and ensured staff understand the actions that would be required. We saw these had been reviewed.

There were sufficient numbers of suitable staff to support people. There was a regular number of staff in the home and additional staff were employed to support people with additional activities or appointments. The majority of the staff had worked at the home for many years. Many of the people had lived here for over 20 years and some staff had worked in excess of this time. The registered manager said, "This gives the people the continuity of care."

When new staff were recruited, we saw that a range of checks were completed. These included obtaining two references and a police check. This ensured staff were suitable to work with people. One staff member told us they had to wait until all these checks had been completed before commencing their training and start date.

Medicine was managed safety. We saw that the medicine was stored in a locked unit and the stock was checked on a daily basis. All staff who administered medicine had been trained and had their competency checked by the manager. When medicine was administered it was done by two staff. One staff member said, "We always use gloves as some medicines can have coatings or powder. We then check the information and sign after we have given it, but we do it in pairs for safety." We saw that some people had received a review of their medicine to support their ongoing health conditions.

Lessons were learnt and actions taken to continue to drive improvements. For example, during a new staff members induction it was identified that the cleaning schedules were not easy to follow. Many staff had worked at the home for many years and knew the routine. The registered manager then devised a more detailed cleaning schedule. This ensured that all areas were identified and cleaned on a routine basis.

Requires Improvement

Is the service effective?

Our findings

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We saw that the provider had capacity assessment forms available, no one to date had required a form. However, we identified that for some medical agreements a MCA assessment and best interest decision should have been completed. For example, when a person may require a routine procedure. The procedure was identified as being too distressing for the person. We saw that guidance from a medical practitioner had been obtained, however the required details had not been documented in line with MCA.

We recommend that the provider considers current best practice in relation to the MCA and reviews when these maybe required.

People's needs and choices were met in line with national guidance and best practice. We saw that people's care plans contained information to support specific health conditions. One person had a medical condition which place them at risk of infections. They had a specific risk assessment which detailed how the symptoms may present and the actions to take.

Staff had received training for their role. One staff member told us, "We get regular training, I have just reviwed my medicine and fire safety." We saw the registered manager monitored the training staff received. There has been a consistent staff team at the home for money years, however they had recruited a new staff member who told us about their induction. They said, "I looked at the care plans, some initial training and worked alongside staff." They added, "They are training me really well. I am due to start the care certificate next week." The care certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of caring roles in the health and social care settings.

People told us they enjoyed the meals and in the meeting notes there was lots of references to the meals and people's approval. Each evening after tea all the people get together and choose the next day's menu, staff on duty sometimes have to recommend different food types to avoid the repetition of the meals. One person said, "I like picking the meal every day." Due to staff providing all the cooking they had completed a food hygiene course. One staff member said, "We know about storage, the different boards to use and keeping people safe when cooking." Some people enjoyed the preparation of the meals and this was encouraged. Peoples dietary needs had been catered for along with any varying texture of the food, for example, pureed.

Peoples health care was monitored and when they required support in this area this was provided. In a

recent survey a relative said, 'I am particularly grateful for the never ending attention to the care in recognising when they are not themselves and responding to this, like when they had a chest infection.' The registered manager told us, "We know people well, so we look for signs which reflect when someone is unwell, like a change of personality and most importantly loss of appetite."
We saw that when a person had been unwell and had lost weight, medical advice had been sought and a blood test had been arranged in addition to monitoring their food intake. Another person was showing signed of confusion and at times disorientation. The registered manager contacted the Community Health Team for Adults with Learning Disabilities for a base line assessment in Dementia. In addition, the person had various blood tests to rule out any other health conditions that may be causing the concerns.

People were able to personalise their space. We saw that each room was different and staff were able to explain the individual choices. No one currently required any adaptions to the space, however if required the registered manager told us they would action this. This was evidenced from the action they took to support a relative. They had a reduction in their mobility and required a wheelchair, the path leading form the car park to the home had a little lip on it so this was changed to a slope to make things more manageable when they were supported to visit.

Good

Is the service caring?

Our findings

People had established relationships with the staff. People felt at ease with each other at the home, they interacted on a social level having cups of tea and chats in a relaxed atmosphere. A relative said, "The staff are lovely and [name] adores them." We saw people and staff exchanging banter and this was done in an affectionate way. One staff member said, "The atmosphere is happy, always something new. It's like a big family." Another staff member said, "We have a lot of laughter here."

People were supported to keep relationships of importance. Within the care plans there was a section, 'Me and My Family'. This provided important information about special occasions and how the person liked to dress when seeing their relatives. One relative told us how they collect [name] each week in a taxi. "They always ensure they are ready and they are always smart."

One person had been supported to attend a family wedding. Staff had supported the person in the purchase of an outfit and accompanied them for the day. Relatives had commented, 'Fantastic preparing [name] for the wedding, the hair and outfit, they looked amazing.'

People were encouraged to express their views and be actively involved in making decisions about their care, support and treatment as far as possible. Staff told us and we saw that people were given daily choices. For example, what to wear, were to go and things to eat. A relative said, "I know they are happy here and I don't feel concerned when I leave them."

People's privacy was respected and promoted. One person told us, "Staff always knock before coming in my room. They help me if I need it." Following an incident of strangers being in the grounds of the home, the provider had installed CCTV cameras. In the PIR the provider told us, 'This will give staff and people some reassurances that the grounds are more secure.' We saw that people had been consulted on the cameras in a meeting and they all felt they would be a good idea. One person said, "I am happy for them to be there as it keeps me safe."

Good

Is the service responsive?

Our findings

Although many people had been at the home for a long period, we could see within the care plans the approach which had been taken when people had move to the home. The plan contained a range of information collated from staff and family who knew the person. This enabled the staff to build a picture of what they needed to ensure they would receive the appropriate care. The registered manager said, "We like to get an insight into what's important to the individual and of course we speak with the person to obtain their view on what they would like to receive form our service and how."

We reviewed care plans and found them to be person centred with a real value on people's individual needs. For example, how people like to receive their care, what they liked and things that were important to them. A health care professional had written in the feedback, 'Meaningful choices, which are appropriate and shows real understanding for people. Here it feels like a real home."

Some care plans were in an easy read format, this was so the person was able to view their care records if they wished. This showed us that the provider had complied with the Accessible Information Standard (AIS).

Care plans had been reviewed and a range of professionals and family were involved. One relative said, "They like me to attend the reviews and we had one not that long ago. [Name] can attend if they wish." They added, "It's nice to hear what they have been doing, they are really happy here."

We saw that before staff commenced their role, staff reviewed information in the Communication book. One staff member told us, "We have a communication book and anything sensitive we put in the persons individual notes." They added, "It's useful as if you have been on leave you can look back and see how people have been."

People were able to engage in activities which interested them. Some people went to the local community centre and joined in calendar events, for example the harvest festival. During the meetings with people who use the service, they get the opportunity to discuss activities and planned events. In the PIR the registered manager told us, 'Holidays and outings are important to the wellbeing of people.' We saw that holidays and a range of outings had occurred and others were planned. For example, the 'Tinsel and Turkey' weekend. The registered manager was aware of peoples changing needs in relation to their health. They told us, "One person had increased health and mobility problems. We found that during trips and holidays they struggled to keep up with the others, so this year we are arranging different types of activities to suit individual's abilities so that everyone can participate in things that suit their needs."

At the time of the inspection there was no one requiring care for their end of life needs. However, the registered manager was aware of this area and the need to address this with people. Some people had already identified some aspect of their end of life plan, which detailed funeral arrangements and special songs. One person had recently lost a family member. To assist the person to understand their loss the staff had supported them to attend the funeral and supported them with understanding the emotional aspects of the event.

The provider had a complaints policy which was in written and easy read formats. The registered manager ensured how to raise a complaint were discussed with people at the meetings and the easy read information was shared. All the relatives we spoke with felt confident in raising any complaint if needed and assured it would be addressed.

Good

Is the service well-led?

Our findings

The Old Vicarage had a registered manager. This 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.

The Old Vicarage had a relaxed family feel to the environment. The home had two pets, a dog and a cat. They were part of the home and people enjoyed their company. One person liked to take the dog out for a walk. One relative said, "It's a lovely atmosphere, I can pop in anytime."

The registered manager and the managing director were very hands-on in supporting people with their care. The registered manager told us, "I do like to work alongside my staff and because we are a small home I am able to do this frequently." Staff felt supported by the registered manager. One staff member said, "We have supervision, we talk about the positive things and we are offered guidance." Another staff member said, "Brilliant support, they have help me through difficult times and with any work concerns." The registered manager said, "I am supported by a much valued experienced care team who perform their duties to a very high standard."

People were consulted about the care they received and events. There were regular meetings held with people who used the service. At each meeting people commented on the menus. One person said, "I enjoy the burgers and hotdogs. Staff are good cooks." Other meetings showed references to holiday's, trips and changes to the environment, for example, the CCTV cameras and rooms to be decorated.

Staff worked in partnership with a range of health and social care professional. People using the service accessed a day centre and there was a positive relationship between the services. The registered manager told us, "We are always communicating peoples changing needs and getting their feedback on how people have been." They told us about one person who became anxious if the centre was closed due to bad weather. They have now arranged that when these events occur, the day centre worker speaks directly to the person. This had alleviated the situation.

The registered manager used a range of audits to reflect on the quality of the home. For example, in relation to infection control, this identified a new shower stool was required as the legs had become rusty. We saw this was on order and due to be delivered within the next week. The provider had taken action following the fire service inspection. They raised concerns about evacuation at night, so the provider had made further arrangements in emergencies to support any required evacuation.

The manager ensured that we received notifications about important events so that we could check that appropriate action had been taken. We saw that the previous rating was displayed in the home and on the provider's website in line with our requirements.