Stepping Stones Resettlement Unit Limited

# The Old Vicarage [Blakeney]

## Inspection report

The Old Vicarage
Church Square
Blakeney
Gloucestershire
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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 Old Vicarage is a care home which provides care and support for up to 13 adults with learning disabilities. The care service had been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values 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.

There was no registered manager in post at the time of the inspection, although the manager had applied to register to ensure the provider met their registration requirements. 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.

At our last inspection 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 told us they felt safe. Staff understood their responsibilities to keep people safe from harm. Risk assessments were in place and these promoted people's independence when at the service and when accessing the community. Medicines were managed safely. Incidents and accidents were reported and lessons learned were shared with staff. Safe recruitment practice was followed and there was enough staff on duty to meet people's needs.

Staff were trained and supported to carry out their roles. People were supported to have enough to eat and drink. 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 using the service said staff were kind and caring and we saw that staff respected their privacy and dignity.

Care and support plans were person centred and detailed people's personal goals. Staff knew people well and understood their needs. People confirmed that staff supported them as they wanted. Complaints were reported, investigated and resolved. Feedback from people and their relatives was sought.

There were robust quality assurance processes in place. Staff spoke highly of the manager. The provider's values were embedded in the day to day support of people.

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?**<br>The service remains Safe. | **Good** |
| **Is the service effective?**<br>The service remains Effective. | **Good** |
| **Is the service caring?**<br>The service remains Caring. | **Good** |
| **Is the service responsive?**<br>The service remains Responsive. | **Good** |
| **Is the service well-led?**<br>The service remains Well-led. | **Good** |

# 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 was a comprehensive inspection. The inspection took place on 30 October 2018 and was unannounced. The inspection was carried out by one inspector.

Before the inspection we reviewed other information we held about the service, including previous inspection reports and notifications sent to us by the provider. Notifications are information about specific important events the service is legally required to send to us. We also looked at information in the 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.

During the inspection we spoke with six people living at the service, two members of staff and the manager. After the inspection we spoke with three people's relatives and received feedback from one health and social care professional. We reviewed three people's care and support records and four staff files. We also looked at records relating to the management of the service such as incident and accident records, meeting minutes, recruitment and training records, policies, audits and complaints.

Good

# Is the service safe?

## Our findings

The service remained safe. People told us they felt safe. One person said, "Yes, I feel safe living here." Another person said, "I feel safe here and when I'm in the car with staff." People's relatives confirmed they felt their loved ones were safe. One person's relative said, "Absolutely, [person's name] is safe. I have nothing to worry about." Another person's relative told us, "I feel I can take a step back now. I know [person's name] is safe there." All of the people we spoke with said they knew who they could speak to if they were worried about anything. One person said, "If I'm ever worried about anything, I go and speak to [staff name]."

Staff had been trained to keep people safe. One member of staff said, "If I noticed someone had bruises I'd ask them where they came from. I'd write it on a body map, document it in the daily notes and report it to [manager]." Staff were also familiar with the term whistleblowing and knew how to report concerns about poor care. One staff member said, "I've raised concerns before. I wouldn't be scared. I know to keep going higher and I can report to [care quality commission]."

Care plans contained risk assessments. These ensured people were kept safe whilst at the premises as well as when accessing the local community. For example, risk assessments covered kitchen activities such as using knives and a hot water urn. Some people had been assessed for their ability to iron their own clothes with staff support. Risk assessments for when people were out in the community included mobility assessments, and drinking alcohol. One person's relative said, "[Person's name] can make their own breakfast and a cup of tea or coffee on their own. The staff tried really hard to support [them] to catch a bus on their own; it didn't work out, but they tried." We saw the registered manager discuss road safety with one person. The person walked to the local shop independently, and they told the manager when it was raining they hadn't seen a van because their hood got in the way. The manager said, "Maybe it would be a good idea to take your hood down when you're crossing the road. That way you can see properly and then quickly put it back on when you've got to the other side." The person agreed this was a good idea.

The provider had procedures in place to ensure that only suitable staff were recruited. These included inviting them for a formal interview and carrying out pre-employment checks. Within these checks the provider asked for a full employment history, references from previous employers, proof of staff's identity and a satisfactory Disclosure and Barring Service clearance (DBS). The DBS helps employers to make safer recruitment decisions by providing information about a person's criminal record and whether they are barred from working with adults. People were invited to be involved in the recruitment process. The manager said, "During the most recent interview that was carried out at here, most people were out. The ones who were here declined to sit in on a formal interview, but were happy to meet the interviewee afterwards to ask lots of questions. When asked, they said that they would like them [interviewee] to work here."

There was enough staff on duty to meet people's needs. Staff supported people throughout the day to attend various activities and when people chose to stay home, there were staff available for support if they needed it. Staff confirmed there was enough of them on duty. One staff member said, "Generally we have enough. We've got one person in hospital at the moment, so a member of staff stays with them all day. But,

[manager] helps out." Another member of staff said, "Yes, we're usually fully staffed. One member of staff is at the hospital all day with one person, but that's important because it's good for [person's name] to have someone with them when they're in a strange environment."

Medicines were managed safely. Staff had been trained to administer medicines and their competencies to do this were regularly checked. We looked at all of the medicine administration charts; the majority of these had been completed in full which indicated people had received their medicines as prescribed. Although we saw four gaps where staff had not signed the charts, these were immediately addressed by the manager. All medicines were stored safely and the temperature of the medicines room was checked daily. Records showed the temperature was maintained within safe limits.

Some people were prescribed additional medicines on an as required (PRN) basis. In these instances, there were PRN protocols in place. These were personalised and included information such as when and why people might require them. People's preferences for how they liked to take their medicines had not been recorded. We discussed this with the manager and they said this would be addressed.

The environment was clean. People were supported by staff to keep their bedrooms clean and some people were supported to do their own laundry. One person was vacuuming the corridor when we arrived. They said, "I like vacuuming and putting things away. My keyworker helps me change my bed and I bring my washing downstairs and staff do it for me." Another person told us, "Staff help me to do my washing and change my bed."

Incidents and accidents were reported. When appropriate, these were reviewed by the provider's behaviour support lead to identify trends and share good practice. Records showed lessons had been learnt and shared with staff to avoid recurrence.

The premises were well maintained and safe. Safety reviews and regular servicing of utilities such as electrical checks, regular fire alarm testing and drills were carried out.

Good

# Is the service effective?

## Our findings

The service remained effective. People's needs and choices were assessed and regularly reviewed. People had quarterly meetings with their key workers when their support plan was reviewed to ensure it still met their needs.

Staff spoke highly of the training they received. One member of staff said, "All of the training is face to face. We can ask for more training if we feel we need it. We might need input from the community learning disabilities team for example." There was a training plan in place which was maintained by the provider rather than locally. However, although the plan highlighted when training was overdue, it did not include information on when staff had last completed training .Because of this the manager was unable to tell us if and when staff had completed some of their training. The manager told us, "We now have a trainer who comes in twice a week, and have seen dramatic improvements in staff attendance [at training]. We will soon be in a position where everybody has completed the training required." They also said that staff knowledge was reviewed as part of the supervision process to ensure staff were competent to carry out their roles. This was confirmed when we spoke with staff.

Staff had regular supervision sessions with their line manager. This meant there was an opportunity for staff to discuss their performance, their training needs and access support in their roles. Regular staff meetings took place and annual appraisals were also undertaken. Staff told us, "I have a supervision every six to eight weeks and we can request more if we need it. Any problems, I would go and speak to [manager]" and "I'm quite new in post, but I've already had two supervisions. I feel really supported."

People were supported to have enough to eat and drink. People were involved in weekly meetings to plan the menus. People assisted staff to shop and prepare meals. One person said, "I don't go to the supermarket but I do choose what I want to eat." When people had specific dietary requirements support and advice was sought. For example, staff identified when one person had difficulties swallowing and referred the person for speech and language therapist assessment to ensure they could eat safely. The person's plan guided staff to adapt the person's food depending on how alert the person was. When the same person had lost weight, staff had informed the GP and the community learning disabilities team. It was documented in the plan that staff should offer the person extra snacks during the day and to ensure they had full fat milk. One person told us, "The staff help me to have a healthy diet." Another person said, "I had a lovely lunch. I need to put weight on, so I eat chocolate, but I eat salad to balance it out." One person's relative said, "The staff are very good at promoting healthy eating."

People had access to ongoing healthcare. Hospital Passports and Health Action Plans were in place . These are documents that state what is needed for a person to remain healthy, including the support which a person may require when if they need to go to hospital. Staff supported people to book and attend appointments. One person told us, "I went for a blood test. Staff took me there and stayed with me." One person was in hospital and members of staff had taken it in turns to stay with them. A relative of another person said, "When [person's name] had to go to hospital recently, [manager] really went out of their way. They stayed at the hospital for hours and really took the pressure off us. They sorted everything out and kept

us up to date with what was happening." Another person's relative said, "[Manager] really pushed to find a dentist for [person's name] when we couldn't find one."

People told us they could decorate and furnish their bedrooms to their own personal taste. Three people showed us their bedrooms. One person said, "I've just had a new bedroom and bathroom." Another person said, "My favourite colour is purple." They showed us their bedroom which was decorated in purple, including purple towels. They said, "I love my bedroom." The manager said there was an improvement plan in place which included areas of the building for refurbishment. They said, "I'd like a bigger kitchen here so that people can be supported to prepare meals whilst others can be making a drink. I want it to be more user friendly and make it a bigger communal space."

Staff remained knowledgeable about the principles of the Mental Capacity Act. Some people using the service had the capacity to make their own decisions and staff supported them with this. Other people lacked the capacity to make some decisions about their care and support needs. Mental capacity assessments had been carried out and there was documentation in place to show how best interest decisions had been reached. People had access to advocacy services. People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The service was meeting these requirements.

Good

# Is the service caring?

## Our findings

The service remained caring. All of the people we spoke with said staff were "kind" and "caring." One person said, "Staff make me laugh, they sing songs with me." Another said, "The staff are alright. They make us laugh and we have great fun."

Relatives spoke highly of the staff. One person's relative said, "The staff are absolutely brilliant" and another said, "[Staff name] is very good. They help and support my [relative]. All of the staff are very pleasant."

We observed many positive interactions between people and staff. For example, one person was upset and saying that an area of their body was sore. A member of staff immediately went to reassure the person and took them to their bedroom to see what the problem was in private. On another occasion one person was saying their wrist hurt. A member of staff went and sat next to them, looked at their wrist and loosened their watch strap. They said, "There you go, that should be better now."

The atmosphere was generally relaxed and people appeared happy. We saw people laughing and chatting with staff. One member of staff was showing one person some photographs on her phone. They told us the person liked to see pictures of their family. During the afternoon we heard a member of staff ask people if they wanted to go for a walk. They said, "Shall we go for a walk, just for an hour? We can get some fresh air and go for a coffee?" Three people said they wanted to go and staff asked them, "Will you have a coffee or a hot chocolate?"

Staff told us they enjoyed their jobs. One told us, "The clients here are all amazing. I enjoy my job; it's so rewarding, seeing people learn new skills and helping them achieve their goals." They told us about one person who had poor communication skills when they moved to the service. They said, "We encouraged [them], worked closely with [them], and now their speech is so much clearer. It's made [them] more sociable." Another member of staff said, "I like coming to work. It's great being able to help people to become more independent. Even if it's something little. I help [person's name] change the bed. They strip it, and do the pillow cases and I change the duvet cover."

Staff understood the need to protect people's privacy and dignity and were respectful of people's cultural and spiritual needs. The manager showed us around the home on our arrival and took the time to introduce us to people and explained why we were there. They asked people if they wanted to speak to us and respected people's decision if they declined. One member of staff said, "If I'm supporting someone to have a bath, I'll put lots of bubbles in so that they're covered up. Then they don't mind me staying with them in the bathroom." Another member of staff said, "If it's something private that people want to talk about or show me, I will always discreetly suggest we go their bedroom. It's so important to respect people's privacy." One person's relative said, "It really is [person's name] home and staff respect that."

People were asked for feedback on the service. Regular surveys were carried out and the outcome of these were used to improve people's experiences. For example, one person had told staff they wanted to find a job and staff had supported them to make this happen. One person's relative said, "People are asked for

feedback. The service is driven by the clients, not the staff." Regular 'resident meetings' took place. These included people's feedback on menus, activities and whether there was anything they wanted. We saw examples of compliments. One card read, "I wanted to thank you and your staff at how wonderful [person's name] looked when I picked [them] up. I witnessed one of your staff comforting [person's name] – they didn't realise I was there so I was pleased." Another card read, "I hope you carry on doing such wonderful work" and "A friendly home where [people] are treated with respect and dignity and able to enjoy their lives."

Good

# Is the service responsive?

## Our findings

The service remained responsive. Care plans were person centred and included details of people's likes and dislikes as well as their future goals. Pen portraits were also in place which provided staff with a summary of people's needs and preferences. For example, in one person's pen portrait it was written, "I don't like getting up early. I am in my retirement years so please respect that." There was a clear focus on maximising people's independence. For example, the plan for one person was for staff to remind them to shave, but to encourage them to do it by themself. One health and social care professional told us, "Staff were promoting independence by providing my client the opportunity to collect [their] newspaper each day by working with the local shop and ensuring that the routine remained the same. If there were changes such as the cost of the paper or other items which could present a problem for my client, then the shop would contact the staff team to help resolve any problems."

Records showed that people were involved in planning reviews and when people's needs changed plans were amended to reflect this. One person's mobility had recently declined and the plan detailed that because of this the person would need more one to one support.

Communication plans were detailed. For example, in the plan for one person staff were guided to, "speak clearly and concisely" and "may need to repeat sentences to give [them] time to understand and respond." In another person's plan it was written that they found long sentences and ambiguous language difficult to follow and that staff should be clear and concise. Staff used different ways of communicating with people in order to meet their needs. For example, we saw one person had a pictorial planner. This included pictures of the staff member who was supporting the person in each activity on each day of the week.

Proactive support plans were in place which informed staff how to recognise when people were becoming upset or angry. Known triggers were documented and the guidance for staff on how to support people was clear.

People had a wide and varied social life based on their preferences. Records showed people attended arts and crafts groups, music and drama, the gym, and went swimming. Some people worked locally. One person told us, "I'm doing acting. I took part in the greatest showman." Another person's relative said, "[Person's name] took part in a theatre production recently. It was great to see [them] doing that." During the inspection we saw many people went out to various clubs. People were supported to maintain relationships. One person told us, "My boyfriend is coming over later." Another person said, "I go home to see my family." They showed us their diary where the date for the visit had been written and we heard staff remind the person how long it was until they went. The manager said, "One of my biggest achievements is getting people to do things that are more meaningful for them. I spent time getting to know people to find out what they wanted. For example, [person's name] wanted to do some work, and [they] now have two jobs."

Staff we spoke with demonstrated a good understanding of people's support needs. When we asked, people confirmed staff knew them well. One person said, "My keyworker is lovely." Another person told us, "I like my

keyworker. [They] are lovely to me." One person's relative said, "Absolutely, the staff know people really well."

There was a complaints policy in place and this was available in an easy read format for people. There was also a DVD which people could watch which explained how to make a complaint. No complaints had been received in the previous twelve months.

Advanced plans were in place. These contained information for staff of any special wishes around how people wanted to be cared for at the end of their lives, including information such as whether people wish to be admitted to hospital and if they have any spiritual or cultural preferences.

Good

# Is the service well-led?

## Our findings

The service remained well-led. There was a manager in post who had submitted an application to be registered. The last registered manager had left the service six months earlier. The manager was aware of the requirement to notify the Care Quality Commission of important events affecting people using the service and we had been notified of events when they occurred.

The provider's values were embedded in the service. One member of staff said, "It's all about empowering people, giving them choices. Everyone has the right to make choices."

Quality assurance processes were in place. Regular audits were carried out on areas such as medicines, infection control, care plans and the environment. '360 peer review' audits were also undertaken very six months. This involved the service being audited by a manager from one of the provider's other services. The manager said, "I make sure it's good here. I spend a lot of time outside of my office. I like to be involved, seeing and hearing things. I'm not scared to pick staff up on poor practice." The manager had developed an improvement plan. This included areas such as refurbishment plans and plans to develop a vegetable patch for people to grow their own vegetable. They said, "It will be good for people to grow their own food. We've helped people to think about eating more healthily."

People and their families were engaged and involved in the service. Regular feedback was sought from people. We saw the latest relatives survey responses which included comments such as, "Huge thanks to all staff" and "We are more than satisfied." People told us, "It's nice living here" and "This is a nice place to live." There were good links with the local community, although the manager said this was something they wanted to develop more. They said, "I'd like to start having a summer fete, get families to come along and invite people from the local community."

People knew the manager by name. When we were being shown around the premises, the manager spoke to people by name and they responded in the same way. When one person spoke to the manager about an incident that had occurred, they listened patiently to them and reassured the person they would follow up on their comments. They said to the person, "I'm very proud of you for telling me this."

People's' relatives gave positive feedback about the manager. Comments included, "[Manager] has been very good" and "The manager is very nice." One relative told us, "[Manager] has been like a breath of fresh air." One member of staff said, "[Manager] has come in and is amazing and very supportive. It's a happy place here now." Another member of staff said, "[Manager] is lovely. I cannot fault [them]. I can go and speak to [them] about anything." Staff we spoke with said morale was "really good" and "it's a really friendly atmosphere."

One health and social care professional told us, "Overall I am satisfied with the service provider as they have been through big changes to the staff team and looked to resolve the issues as quickly as possible so there was as little impact on the residents as possible" and, "The manager has been in contact with me this week and today over the health of my client; therefore the communication has been good and they are keeping us

updated frequently."

Regular staff meetings took place. Staff told us they were encouraged to participate in these and that their feedback was actively sought.