

Adult Healthcare Selby Ltd

# The Vicarage

## Inspection report

21 Church Avenue  
Selby  
North Yorkshire  
YO8 4PG

Tel: 01757702626

Date of inspection visit:  
07 August 2018

Date of publication:  
25 September 2018

### Ratings

Overall rating for this service	Good ●
Is the service safe?	<b>Requires Improvement</b> ●
Is the service effective?	<b>Good</b> ●
Is the service caring?	<b>Good</b> ●
Is the service responsive?	<b>Good</b> ●
Is the service well-led?	<b>Good</b> ●

# Summary of findings

## Overall summary

This inspection took place on 7 August 2018 and was announced. We gave the provider 48 hours' notice of the visit, because it was a small service and we needed to be sure people would be in. This was our first inspection of The Vicarage.

The 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 service can support up to four people who may be living with a learning disability or have autistic spectrum disorder. At the time of our inspection one person was living at the service who had moved in shortly before our inspection.

The service has a central location near Selby Abbey and is close to local amenities. The service is based over three floors and has two large lounges and a kitchen for people to use as they wish. Three of the four bedrooms have ensuite facilities.

The care service has 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 a registered manager in post however they were unavailable at the time of our inspection. We were assisted by the provider, who was also involved in providing support. 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.

The recruitment of staff was not consistently in line with the provider's policy. Comprehensive work histories had not been provided to explore any gaps in employment and references were not sought from the person's most recent or current employer. DBS checks were in place to ensure people were safe to work with potentially vulnerable people.

We requested the provider address some points to ensure the safety of the building. This included assessing the risks around windows and checking window restrictors to ensure they were in safe working order and tamper proof. Other safety checks were all completed.

No medicines support was provided at the time of our inspection. A medicines policy was in place which required updating to ensure it contained all essential information.

People told us the service was safe. There was a small consistent staff team. For areas of potential risk, risk assessments were completed which described actions for staff to take to mitigate these. Staff had received

safeguarding training and understood potential signs of abuse and how to report these to. There had been no accidents or incidents since the service opened. The provider understood their responsibility to report these and a policy was in place.

The provider and staff understood the principles of the MCA and promoted these in the way they supported people. People had access to healthcare professionals and staff worked closely with them. Staff sought people's consent before providing care and supported people with their diet. Staff received appropriate training and support to enable them to competently carry out their role.

People told us the staff were kind and caring. Staff promoted people's independence in how they provided support and understood people had a right to privacy and for their dignity to be maintained. We observed positive and relaxed interactions between staff and the person who used the service.

Comprehensive assessments, care plans and reviews were completed which were person-centred. The staff supported the person to engage in activities of their choosing. No formal complaints had been received since the service opened. A complaints policy was in place and people told us they were confident that any issues would be addressed.

People told us the provider was supportive and knowledgeable. Informal quality assurance checks were completed as the provider and registered manager took responsibility for completing people's documentation. The provider was responsive to the points we raised during our inspection and took immediate actions.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Recruitment checks were not consistently in line with the provider's policy.

Some actions were required to ensure the safety of the building.

People were supported by a consistent staff team.

Staff understood their responsibility to safeguard potentially vulnerable people.

**Requires Improvement** ●

### Is the service effective?

The provider understood the principles of the Mental Capacity Act.

Staff sought people's consent.

Staff received training and support.

People told us staff had the right skills and knowledge for their role.

**Good** ●

### Is the service caring?

People told us the staff were kind and treated people with dignity and respect.

We observed positive interactions between staff and the person who used the service.

Staff promoted people's independence, privacy and dignity.

**Good** ●

### Is the service responsive?

People received person-centred support.

Care plans were comprehensive and guided staff on the support required.

People received support to engage in activities of their choosing.

**Good** ●

## Is the service well-led?

Good 

The provider was described as knowledgeable and approachable.

The provider wanted to be provide high quality person-centred care and took actions to address the points we raised.

There were a series of informal quality assurance checks.

# The 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 was 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.

The inspection took place on 7 August 2018. We gave 48 hours' notice of our inspection because it is small and we needed to be sure that someone would be in.

The inspection team consisted of one inspector.

Before our inspection we reviewed information we held about the service, which included information shared with the CQC and statutory notifications sent to us since our last inspection. The provider is legally required to send notifications about events, incidents or changes that occur and which affect their service or the people who use it. We used the Provider Information Return. This is information we require providers send us at least once annually to give key information about the service, what the service does well and any improvements they plan to make. We sought feedback from the local authority and Healthwatch. Healthwatch is an independent consumer group who share the views and experiences of people using health and social care services in England. We used all this information to plan our inspection.

During the inspection we spoke with two members of staff, including the provider, the person who used the service and a relative. Two professionals also provided feedback. To protect people's anonymity where quotations have been used we have not described who the person was or their role and have simply referred to them as 'a person' throughout this report.

We looked around the building and spent time observing interactions in communal areas. We reviewed two staff files, which contained information about inductions, training and supervisions. We looked at documentation for the person who used the service, which included care plans, risk assessments and daily records. We also viewed a variety of documentation relating to the running of the service and the provider's policies and procedures.

# Is the service safe?

## Our findings

Recruitment checks were not consistent with the provider's policy. Although staff had provided information about their recent employment, a comprehensive work history was not in place. This prevented potential gaps in employment from being explored. Dates of employment were also not confirmed with people's referees to ensure the information provided was correct. References had been sought however these were not in line with the provider's policy which stated two references must be sought in writing, one of whom must be the applicants current or most recent employer. We discussed this with the provider who acknowledged these points and agreed to seek work histories from staff and to ensure future recruitment practices are robust.

DBS checks were completed for newly recruited staff before starting work. These checks help employers to make safer recruitment decisions and minimises the risk of unsuitable people working with potentially vulnerable people. Health questionnaires were also completed so the provider could ensure reasonable adjustments were made to enable the person to safely fulfil their role and responsibilities.

Whilst some safety checks of the building were completed there were areas we requested the provider address. Window restrictors were in place but checks were not completed to ensure these were in safe working order. Window restrictors were not in line with guidance which states they must be tamper proof. The service had single paned glass, which had not been reinforced or risk assessed. We were concerned about the risk of people hurting themselves or falling. The provider was responsive to the concerns raised. Following our inspection adjustments were made to the window restrictors and the provider agreed to complete checks of these. A risk assessment was completed for the windows which noted they would be reinforced with a protective film.

A fire risk assessment was in place and checks of the fire equipment were completed. Staff completed a fire drill to ensure they knew what actions to take in an emergency and evacuation procedures had been discussed with the person who used the service. Independent consultants had assessed risks in relation to legionella and health and safety and the provider completed the actions from these.

At the time of our inspection, no medicines support was being provided. Staff had not completed medicines training. However, the provider advised this would be arranged immediately if it was identified, during the initial assessment process, that a person required support in this area. A medicines policy was in place but this lacked information in relation to key elements of the storage and management of medicines including information about covert medicines, the ordering and disposal of medicines and the temperatures for the safe storage of medicines. We discussed this with the provider who agreed to ensure this was updated.

People told us they thought the service was safe and a person commented, "I consider it a safe environment and one which can improve well-being."

The service was clean and smelt fresh. Personal Protective Equipment (PPE) such as gloves and aprons were available to help prevent and control the spread of infection.

There was a small staff team which consisted of three full-time members of staff who delivered support alongside the provider. At the time of our inspection, the service did not use agency staff.

Risk assessments were completed for noted areas of risks for people which considered the likelihood of the risk occurring and described actions for staff to take to attempt to reduce these risks. Staff were familiar with these which demonstrated to us people were provided with safe care.

Positive behaviour support plans had been introduced to ensure people received support which was specific to their needs. Positive behaviour support is a person-centred approach to supporting people who may become anxious or display behaviours that may challenge. Staff had also completed training in relation to positive behaviour support.

There had been no accidents or incidents since the service opened. An accidents and incidents policy was in place and staff understood their responsibility to report any accidents or incidents.

A safeguarding and whistleblowing policy was in place. The provider understood the local safeguarding protocols and their responsibility to inform the CQC and to raise a safeguarding alert with the local authority. Staff had received training on safeguarding.



## Is the service effective?

### Our findings

A detailed assessment was completed with people before they moved into the home to ensure the staff were safely able to meet their needs and the environment was suitable. Information was sought about how people communicated their emotions, what was important to them and any important information such as any known allergies and financial arrangements. The provider told us how this assessment process enabled them to consider the mix of personalities and needs within the service to try and facilitate a good environment for people. People told us the provider was actively involved in supporting people prior to them moving into the home to try and establish a rapport.

A decision-making profile was in place which described how the person approached their decision making. This enabled the staff to understand how to support and encourage the person to make their own decisions. Care plans were signed by the person to confirm their agreement to the contents and staff sought their consent before providing support.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards.

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

At the time of our inspection, nobody was subject to a deprivation of liberty. Through discussion with the provider it was evident they had a good understanding of the legislation and when an authorisation would be required. The provider actively worked with the person to reduce any restrictions to their day to day life.

The person was supported to maintain their food and fluid intake and preferences were recorded within their care plans. Staff provided support with meal preparation and were keen to promote the person's independence and decision making in this area.

Staff completed a handover between each shift which provided an opportunity to discuss how the day had been and any points for follow-up. Daily records were kept which described the support provided and the activities the person had taken part in. On reviewing these notes, they were respectful and person-centred.

Staff told us they felt well supported during the time they had worked at the service. As the service was new, staff supervisions were still being imbedded and one had been completed to date. The supervision records

showed consideration was given to the staff member's well-being and was an opportunity to discuss any concerns or additional training needs. Appraisals had not been completed as these are completed annually and none of the staff had yet been employed for one year.

New staff completed an induction which consisted of introductions to people who used the service, health and safety arrangements and discussion around policies and procedures. This ensured they were familiar with key elements of their role before commencing work.

Training was completed in areas the provider considered to be mandatory to ensure staff had sufficient knowledge and skills for their job role. Training was completed in relation to moving and handling, infection control and first aid. People told us the staff presented as capable and knowledgeable.

The provider and staff had established good working relationships with professionals from the local authority and healthcare services and we received positive feedback from them. The provider maintained regular contact with professionals and their advice and input was sought and used in tailoring the person's support.

The provider completed a 'passport' which documented the person's appearance, level of communication and described how their emotions. This information can then be used should the person require care within a different environment such as a hospital.

The home was decorated before it opened and was tidy and well maintained. The person who used the service was invited to personalise their room so it felt homelier. Communal areas were comfortable and the provider advised that as more people moved into the service their needs and views would be considered in terms of the decoration of the building.

## Is the service caring?

### Our findings

We received positive feedback, without exception, about how kind and supportive the staff were. A person commented, "The staff appear to show genuine concern and are very supportive, they appear to want people to progress and achieve."

We observed positive interactions throughout the day; staff spoke with the person in a respectful manner and they appeared at ease in one another's company. Staff understood how to promote people's privacy and dignity. For example, staff asked for the person's permission before entering their room and respected the decision that they did not want them to. Staff spoke about the people they supported with warmth and genuine affection.

People told us they felt welcome to visit the service and staff understood it was the person's home.

The provider understood the importance of promoting people's independence and was keen for existing skills to be built upon. The person's care plan made repeat reference to their abilities and strengths alongside the support required. A person told us, "The staff are very positive and keen to try and do new things to increase independence."

Communication plans were in place to enable staff to understand people's different forms of communication, to address any potential barriers and to support the person to express their views. During our inspection, we heard staff continually encourage the person to make their own decisions and asked questions about what they wanted or needed. This demonstrated people were supported to be involved in making decisions about their care and support.

There was access to information about advocacy services, which are independent services supporting people to make important decisions about their lives. The provider understood the situations when an advocate may be required.

Our conversations with the provider and staff showed us they were aware of issues relating to equality and diversity and were proactive in ensuring people were not discriminated against. Efforts had been made to protect people's confidential information through the storage of documentation and ensuring only necessary information was shared.

## Is the service responsive?

### Our findings

People received personalised care from a staff team who were aware of and responded to their needs.

Detailed assessments were completed which included people's needs, likes, dislikes and preferences. This information was then used to create comprehensive and person-centred care plans, which guided staff on how to meet people's needs. These records evidenced people who used the service and health and social care professionals were actively involved in shaping the care and support provided. A note was placed at the front of the file to remind staff that this file belongs to the person and was not solely a tool to be used by staff.

Care plans provided information about the person's history, support network and described their goals and aspirations. Goals may include further education, employment or social interests. Reviews were completed with the person and those who supported them to ensure they were happy with the support been provided and to discuss any changes needed to the support. We discussed with the provider about recording people's progress towards reaching their goals.

Staff considered ways of providing the person with opportunities for stimulation, both within and outside of the service, which were centred around activities they enjoyed. Support was also available to explore work or voluntary opportunities.

The service was not providing end of life support at the time of our inspection. Documentation was available for people to provide information about their end of life wishes and beliefs, should they want to.

No formal complaints had been made since the service had opened. A complaints policy and procedure was in place to guide staff on how to respond to any complaints received and was accessible for people who used the service. People we spoke with told us they had confidence that any issues would be dealt with.

The provider understood that people may require information in different formats to ensure information was accessible to them. An accessible information policy was in place and in line with current guidance.

# Is the service well-led?

## Our findings

The Vicarage was registered in September 2017 to provide accommodation for persons who require personal or nursing care and is the provider's only service.

There was a registered manager in post however they were unavailable at the time of our inspection and we were assisted by the provider. The provider maintained responsibility for the day to day running of the service and worked alongside staff in supporting the person.

People gave us positive feedback about the provider who was knowledgeable and approachable. Comments included, "[The provider] is brilliant. Any problems they listen and sort it" and "We (the provider and the person) have a very good relationship. They keep me informed about what's going on." People told us the provider maintained regular contact with them and updated them with any important information or concerns.

We looked at the procedures in place for quality assurance and governance. These enable registered managers and providers to monitor the quality and safety of the service and to drive improvement.

In the provider's Statement of Purpose one of their aims was, 'To provide quality services. We are fully committed to providing high quality services and to continuous improvement in the level of the care we offer.' During our inspection the provider demonstrated this. They were responsive to the points we raised with them, in relation to checks of the environment and the recruitment process, and took action. The provider was keen to expand their knowledge and consider ways the home could improve and develop to provide people with person-centred care.

Informal processes of quality assurance were in place. The provider and registered manager took responsibility for completing the assessments, care plans and reviews. They also actively supported the person who used the service, so were familiar with their needs and any changes. The provider's systems of checks were being continually developed and reviewed and they understood further checks would be required as more people moved into the home.

We had not received any notifications since the service opened and identified no incidents or concerns where a notification would have been required. The provider demonstrated an understanding of what notifications needed to be submitted to the CQC.

Due to the size of the staff team no meetings were being held as the staff had regular contact with one another where important information was shared.

A person told us, "I think as they get more people, it will be a really lovely service."