The Vicarage (2008) Limited

The Vicarage

Inspection report

Bradworthy
Holsworthy
Devon
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Tel: 01409241200

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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 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 Vicarage provides accommodation with personal care for up to six people over the age of 18 who have a diagnosis of a learning disability. People are accommodated in one house with bedrooms on the ground and first floor.

At our last inspection we rated the service good. However, at that inspection, we rated the service as requiring improvement in the Safe domain as medicine administration needed to be improved to make it safer.

At this inspection we found evidence that improvements had been made to the policies and procedures as well as the practice of medicines administration. We found the service was now good in all the domains and overall was rated as good. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Why the service is rated Good

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.

People said they liked living at the Vicarage; throughout the inspection, we observed people being treated with kindness and respect by staff who clearly knew them very well. Staff respected people's right to privacy.

There was a registered manager in post. 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 registered manager was supported by the provider who visited the home regularly. There were systems in place to monitor the quality and safety of the service. This included getting feedback from people, their relatives and staff about the home and the care provided. The service made continuous improvements in response to findings.

Staff had been recruited safely and were trained to meet people's needs. Staff were able to get support and guidance from the registered manager when they needed it.

People were supported to have maximum choice and control of their lives in the least restrictive way possible; the policies and systems in the service support this practice. The service ensured people led meaningful and fulfilled lives. This included supporting people to do activities they enjoyed as well as to undertake activities to support daily living such as cooking and cleaning. People were also supported to be independent. Some people had been assessed as able to go out on their own. Staff had assessed the risks and had clear guidelines which they followed to keep people safe.

Care files were personalised to reflect people's personal risks, needs and preferences. People were involved in developing their care plans. People's views and suggestions were taken into account to improve the service. People were involved in decisions about what they had to eat and drink and were supported to maintain a balanced diet. Health and social care professionals were consulted about people's care to ensure they received care and treatment which was right for them. People were supported with dignity and kindness at the end of their life.

People's rights were protected because the service followed the Mental Capacity Act 2005. Medicines were safely managed on people's behalf.

We have made a recommendation about the home's infection control policy and procedures.

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 was Good.

People were protected from the risks of abuse by staff who understood their responsibilities to keep vulnerable people safe.

Risks to people had been assessed and care plans described how they were supported to maintain their independence whilst staying safe.

There were sufficient staff to support people with their needs.

Medicines were managed safely.

The home was clean and well maintained.

Lessons were learned when things went wrong and improvements made to reduce the risks of recurrence.

Is the service effective?

Good

The service remains Good.

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 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 comprehensive inspection took placed on 15 February 2018 and was unannounced. It was carried out by an adult social care inspector and an inspection manager. Also visiting the home with the inspection team was an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert-by-experience had experience of working with people with learning disabilities.

We reviewed information we held about the service and notifications we had received. A notification is information about important events which the service is required to send us by law. We also used information the provider sent us in the Provider Information Return. 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 spoke with all the people receiving a service and two members of staff, which included the registered manager. We also spoke with the provider. We spent time in communal areas observing the interactions between people and staff.

We reviewed two people's care files including their medicine administration records, three staff files, staff training records and a selection of policies, procedures and records relating to the management of the service. After our visit we sought feedback from health and social care professionals, including staff at the local GP surgery, to obtain their views of the service provided to people. We did not receive any responses.

Good

Is the service safe?

Our findings

At the last inspection in November 2015, we rated the service as requiring improvement as some aspects of the identified that the provider needed to improve their systems for medicine storage and administration. We made a recommendation that the provider review their medicine administration policies and procedures to ensure they were in line with national guidelines.
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At this inspection, we found improvements to the ways in which medicines were stored, recorded and administered had been implemented.

In the provider information return, the provider described the actions they had taken; this included installing 'new, purpose made storage facilities'. The registered manager described how everyone had been risk assessed as needing to have their medicines administered by staff. However they said they were working with people to become more involved, for example encouraging people to take their tablets out of the blister pack while observed by staff. One person had been assessed as able to carry one of their inhalers which they used during the day. At a recent team meeting, staff had discussed different approaches to how they supported people to take their medicine, for example, putting it in their mouth or putting it in their hand. The registered manager said, because of this, they were drawing up a written protocol for each person to ensure people were supported to be as independent as possible. They were arranging for each person to have a lockable medicines cabinet in their room which would provide more 'dignity and privacy' for them when receiving medicines. These cabinets were delivered on the day of inspection. One person commented "I do get my medication from the staff I expect it is on time but I don't know what it is for."

Staff had signed correctly to say people had received their medicines on the person's Medicines Administration Record (MAR) sheet for each person following the correct procedure. Records for medicines which required additional controls to be kept were accurate and complete.

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Staff had been trained to administer medicines and records showed that the training had been refreshed on an annual basis. In addition, the registered manager did six monthly observations on staff to ensure they were maintaining the correct procedures.

Checks on medicines were carried out by the registered manager to ensure they were in date. There were systems in place to dispose of medicines that were out of date or no longer needed. Staff worked with the local surgery to review people's medicines; for example everyone living at The Vicarage was due to see their GP to have an annual health check and medicine review at the end of February 2018.

There were sufficient staff to meet people's needs. Comments from people living at The Vicarage included "There is usually staff to help me even if I need help even at night." And "There is always someone here to

help even if you have to wait." Staffing levels were adjusted to take into account the support people needed. Rotas showed, and staff confirmed, there were usually three staff on duty during the day; two in the evening and a sleeping-in member of staff on duty at night. The registered manager and their deputy took it in turns to provide on call support for night staff. The registered manager said they did not normally include themselves as part of the rota, but would provide care if an additional member of staff was needed. For example on the day of inspection, the registered manager supported one person to attend a GP appointment.

Staff were recruited safely. Pre-employment checks were undertaken before a new member of staff was allowed to work in the home. This included references from previous employers and Disclosure and Barring Service (DBS) check. The DBS is a criminal records check which helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. This demonstrated that appropriate checks were undertaken before staff began work in line with the organisations policies and procedures. This helped to ensure staff were safe to work with vulnerable people.

People said they felt safe and happy living at The Vicarage. We observed people who were relaxed with staff, with positive interactions throughout the day. Staff had been trained to recognise abuse and were able to describe what they would do if they identified an issue. This included reporting it to the registered manager as well as the local safeguarding authority. One person commented: "They do help me sort out anything I am worried about. I would go to (name given) but if she isn't around then I would talk to who is around." One person did say they were afraid of staff, however when questioned further, it became apparent that the person had lived in several homes and was referring to staff at these previous homes. Staff confirmed that the person had not lived at The Vicarage for very long and did sometimes get confused between the different settings.

Staff responded to people's needs respectfully to ensure their human rights were acknowledged and upheld. Risk assessments were individualised and described how to support people while encouraging them to be as independent as possible. Checks on environmental risks were comprehensive and included fire safety, legionella, water temperature and equipment checks.

People were protected by the prevention and control of infection. The home was well-kept and clean throughout without any unpleasant odours. Staff followed hand hygiene guidance and also encouraged people living in the home to wash their hands. However staff were observed undertaking cleaning duties without wearing personal protective equipment such as gloves and aprons. There were cloth towels by hand wash basins in bathrooms rather than paper towels, although the cloth towel was changed twice during the day of inspection. However cloth towels can pose a risk of cross infection or cross contamination.

We recommend the provider review their infection prevention and control procedures to ensure they are in line with national guidance and take action to update their practice accordingly.

Lessons were learned and improvements were made when things went wrong. Staff understood their responsibilities to report incidents and accidents. For example changes had been made to the security of outbuildings following a particular incident.

Good

Is the service effective?

Our findings

The service continued to provide effective care. The registered manager and staff understood their responsibilities to work within the requirements of the Mental Capacity Act 2005 (MCA). The 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's capacity to make specific decisions about their care and support were assessed on an on-going basis. The home worked with health professionals to ensure that care and treatment took into account the person's ability to make a decision. Where they were unable to make a decision, records showed their best interests were protected and decisions made which took these into account.

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 (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The registered manager had liaised with appropriate professionals and made applications for people who required this level of support to keep them safe. No DoLS had been authorised at the time of inspection.

People were supported to maintain a balanced diet. One person commented "The main meal of the day is cooked by the carer but I get my own breakfast and lunch. For breakfast I usually have cereal but toast sometimes. Lunch I never know until I get into the kitchen and look and see what is around and what I feel like doing myself. I can make a drink any time I want to. I don't have snacks." Another person said "The meals are nice here and we have lots of choice. I help prepare the main meal like the vegetables; I am good at doing them. On Sunday I did a new one I thought it was carrot first but it was sweet potato, everyone liked it and I did roast vegetables." People were also encouraged to stay hydrated. Staff offered people drinks to people who needed support, whilst others were able to make their own in the kitchen.

People were supported to attend appointments with clinicians such as their GP and other health providers including the dentist. Specialist health professional's advice and guidance was sought and followed to keep people fit and heathy.

Staff completed an induction when they first joined the service. This was based on the Care Certificate. The Care Certificate is a national set of minimum standards designed by Skills for Care for social care and health workers that should be covered as part of induction training of new care workers. New staff were also expected to work alongside more experienced staff during their induction period. A member of staff commented "I did four weeks when I first joined where I didn't support people alone as I needed to shadow and get to know people."

Staff were also required to refresh their training from time to time to ensure they remained up to date with the knowledge and skills required to support people effectively. Staff were supported to undertake nationally recognised qualifications and other training to support their skills and knowledge. For example staff had completed training in pressure care and epilepsy management. Staff were provided supervision by a senior member of staff. This gave them an opportunity to reflect on their work and ways to improve, including training. Staff also had appraisals where they discussed what they thought about working at the home and any areas they had concerns about.

People's individual needs were met by the adaptation, design and decoration of the premises. The home was set over two floors. Some people with reduced mobility had downstairs bedrooms. People's bedrooms were personalised, as they had chosen the décor and furnishings. Communal areas including the lounge and the kitchen/diner were comfortable and homely. People told us they really liked their bedrooms.

Good

Is the service caring?

Our findings

The service continued to be caring.

We spent time talking with people and observing their interactions with staff. These were good humoured and caring. People were treated with kindness and respect. Staff spent time with each person discussing their care and supporting them to make decisions. For example one person was keen to find employment. Staff spent time discussing with them the steps they needed to think about and follow in order to achieve this goal. Staff suggested that they help them to write a CV. They encouraged the person to think about the skills they had and courses they had attended. By the end of the discussion, the person was happy about what they needed to do and what staff could do to help them. Another person commented "I can choose what I do each day. Staff will take me out shopping I bought my blouse and slippers yesterday it's my favourite colour red nice isn't it? I can spend my own money on shopping, go to the pub for meals, I love doing jigsaws, colouring and knitting in my room." Another person said "Yes I can choose what I do each day. I like the amusement arcades and they take me once a week to Bude, I lose money but only take a small amount with me. I also like walking along the canal, I see lots of birds. We don't feed the birds here at the home. Sometimes I go to the pub nearby for a drink and food. I go out two times a week. I like watching the Horror channel especially at night. We also play music, just me the others and the staff."

The Provider Information Return (PIR) described how 'Individuals are actively encouraged to be involved in all aspects of their care and activities of daily living.' Each person had a care plan which showed they were involved a wide range of activities. For example, one person enjoyed walking and spending time at a National Trust property; another person enjoyed knitting. One person discussed with staff how they could get paid employment. People were encouraged to go out and join in community activities.

People said they were treated with dignity and respect. They described how staff ensured they respected their privacy. Comments included "Yes the staff are kind to me. They comfort me when I am upset and never shout at me. They talk to me nicely and ask me if it is okay for them to do things before they do it and they help me do things. They always knock on my door and don't come in unless I say it is okay."; "Staff are kind to me and make sure I am okay. If I need anything they talk to me nicely."; "Yes they do I can talk into their ear or we go somewhere else where it is quiet. They help me sort things out."

Most people did not have family who they stayed in touch with. However, those people with family were encouraged to have contact with them.

Good

Is the service responsive?

Our findings

The service continued to be responsive to people's individual needs.

People's care plans were personalised and described how people should be supported and cared for to meet their physical, mental, emotional and social needs. For example one care plan described how the person was able to go out alone, but needed to inform staff how long they thought they would be out and where they were going. During the inspection, the person went out, having discussed with staff that they intended to walk to the local village and planned to be back for lunch. The person's care plan also described their religious preferences; how they remained in contact with a relative; details of their physical health and how this was monitored, as well as their preferences for social activities. There was an easy read version of the care plan for the benefit of the person.

Another person's care record held details of seizures they had had. Staff described how they monitored the frequency of seizures to see if there were any trends or patterns. They said this information was shared with the person's GP. For example they said the person had had a cluster of seizures a few months previously, when they had been suffering from a bad cold. Having talked to the GP, they had supported the person to have bed rest whilst they had the cold. This showed that staff monitored and took action when people's health needs changed.

We looked at how provider complied with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. People's individual communication needs had been considered and taken into account when planning and delivering care. For example, some people had limited verbal communication. However staff were able to describe how they monitored facial and other non-verbal methods of communication. Care plans had detailed information about how people communicated and how staff should interact with them. Throughout the inspection, we observed staff following these guidelines and communicating with people in a variety of ways.

There was a complaints policy and procedure. No complaints had been received in the last 12 months. The provider said they had also looked at ways to support people to raise minor 'grumbles' and had tried a 'grumbles book'. However they said they found this had not been successful so they were now looking at ways to ensure that people had a more individualised way to raise concerns as their needs were so diverse.

People had been supported at the end of their life to have a comfortable, dignified and pain-free death. Two people who had lived at the home had died during 2017. Both had been supported by staff during their final days, although one died in hospital and the other died in a hospice. This had included staff staying overnight during the person's final days at the hospice. Staff had worked closely with health professionals to ensure the people's needs were understood and met. This had included ensuring that the person's right to treatment was delivered. Staff had also supported other people in the home to say their goodbyes to the people who were dying as many of them had lived together for a number of years. Staff had arranged for

people to visit the person during their last days. They had also supported people in the home to understand what was happening; they had arranged counselling for the bereaved to help them with their grief.

Good

Is the service well-led?

Our findings

There was a manager in post, who had registered with the Care Quality Commission (CQC) in July 2017. They had taken over as registered manager from the provider who was still closely involved in the running of the home. 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 provider information return (PIR) stated that the reason for recruiting a new registered manager was 'so that the current manager/owner can oversee the business as a whole and move it forwards.' At this inspection, we found the registered manager and the provider were worked closely together to ensure the home delivered high-quality care and support. Improvements had been made to the way the quality and safety of the service was monitored. The registered manager was in the process of implementing new quality assurance systems which were aligned to the CQC's regulations and inspection methodology.

The registered manager wanted to involve the staff in thinking about what they did well and what might need improving at the home. They had decided that every two months a different domain would be looked at by the team. The first month all staff were expected to complete a questionnaire about one question from the domain. The following month, all the information would be collated and then would be discussed as part of a team. Action plans would be made if they were areas of improvement required. This process had just started, and staff were looking at 'Safe'. The questionnaires showed that staff had a real understanding of person centred outcomes.

A health and safety compliance audit had been carried out by an external company in January 2018. This audit was to ensure that the responsibility for health and safety had been allocated to a senior person, there was a system of review and continual improvement, risk assessments and trained workers. These were all in place. Health and safety assessments were comprehensive. They had identified that rodent repellent needed to be locked away. This had been completed.

The maintenance person carried out monthly inspections of the home and recorded his findings. Other checks included cleanliness, the tumble dryer, the bathrooms, the kitchen, first aid equipment.

Audits and checks were carried out and, where issues were found, there was evidence that the service learned from them and considered ways to improve. The registered manager understood their responsibility to submit notifications and other required information to the CQC when necessary. The registered manager and the provider kept up to date with best practice; they said they ensured that this was shared with staff at staff meetings and during supervision.

Both the registered manager and the provider promoted a positive culture that was person-centred, open, inclusive and empowering. People, their relatives and staff were encouraged to provide feedback about the care they received and how it could be improved. Throughout the inspection, we observed people and staff talking with the registered manager about the care and support being provided. People were encouraged

and supported to spend time in the local community.

The service worked in partnership with other agencies. These included the local authority staff, health professionals such as the GP, speech and language therapists and epilepsy specialists.

The PIR stated 'There is an open culture whereby staff are encouraged to make suggestions and be involved in all aspects of an individual's care, agree consistent approaches and raise concerns where necessary. A Duty of Candour Policy ensures that our service is open and transparent in the way that it deals with incidents. The Whistleblowing Policy also ensures staff who raise concerns are protected.' This was verified as staff said they were aware of how to raise concerns and would feel comfortable bringing any issues to the registered manager and the provider.