

# Autism Together

# The Vicarage

## Inspection report

Church Lane  
Great Sutton  
Ellesmere Port  
Merseyside  
CH66 4RE

Date of inspection visit:  
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03 May 2018

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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

This unannounced comprehensive inspection took place on 30 April and 03 May 2018. The Vicarage is a newly registered service and had not been previously rated by the Care Quality Commission.

The Vicarage is a residential home located in Great Sutton, Ellesmere Port and provides care, support and accommodation for up to five adults with learning disabilities or autistic spectrum disorder. People living at the home are supported by staff on a 24 hour basis. At the time of our inspection there were four people living in the home; each person had their own bedroom and shared communal areas.

The Vicarage is 'care home'. People in care homes receive accommodation and nursing or personal care as a 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 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 at the time of our inspection. 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 also responsible for additional services, which meant they were not always located at The Vicarage. However there was a house manager who provided additional managerial support and overview of the service.

Detailed risk assessments had been carried out for each person which provided guidance for staff in managing identified risks. Risk assessments and associated support plans were reviewed and updated regularly.

Each person living in The Vicarage had a Personal Emergency Evacuation Plan (PEEP) that provided guidance for staff on how to safely evacuate them in an emergency.

Medications were stored and administered safely and records relating to medicine administration were completed accurately. Staff had received appropriate training to safely administer medication.

Sufficient staff were deployed to meet the needs of people living in the home; each person received care on a one to one basis which meant there were four support staff available during each day shift.

Staff had received appropriate training in relation to behaviours that challenge and physical intervention.

Accidents and incidents were recorded appropriately and showed evidence of review and analysis from the registered manager.

Staff had received training in relation to safeguarding; staff showed a good understanding of what action to take in reporting any incidents of concern.

Systems and process were in place to check that the environment was safe for the people living there.

The service operated in accordance with the principles of the Mental Capacity Act 2005; we saw evidence that Deprivation of Liberty Safeguard applications and reviews were completed where required.

Staff were supported in their role through regular supervision and performance review meetings.

Staff had received training in areas such as manual handling, food hygiene, infection control, autism awareness, first aid and management of actual and potential aggression.

People living in The Vicarage were provided with additional support from health and social care professionals such as GP, psychiatrists, dentist and opticians.

People were supported with their nutritional needs; support plans provided guidance for staff to ensure people maintained a healthy, balanced diet.

Care records were based on individual needs and were reviewed and updated regularly. Care files contained information specific to each individual, including detailed guidance for staff about how to provide people with the right support. Records showed that staff encouraged development and independence from people living in the home.

The registered manager kept a record of complaints received. The records detailed the complaint and how it was dealt with. Complaints made were dealt with in line with the registered providers procedure.

Quality assurance audits being completed by both senior staff and the management team; audits that were completed were effective at identifying errors or issues within the service and making improvements to the service people received.

## 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 ●

This service was safe.

Risks people faced were identified and safely managed.

Safe recruitment processes were being followed.

Systems and processes were in place to ensure the safety of the environment was maintained.

### Is the service effective?

Good ●

This service was effective.

Staff had received training to provide them with the necessary skills and knowledge to support people living in the home.

People were supported with their nutritional needs.

Information was made available to people in an accessible format.

### Is the service caring?

Good ●

This service was caring.

Staff interacted positively and effectively with people and they were patient and kind.

Relatives told us staff were kind and caring and knew people well.

Staff encouraged people to develop their abilities and become more independent.

### Is the service responsive?

Good ●

This service was responsive.

Relatives were involved in the planning of people's care and updated regularly.

People had access to a range of activities both inside the home and out in the community.

### **Is the service well-led?**

This service was well-led.

Systems and processes were in place to monitor the quality and safety of the service.

Relatives and staff were encouraged to share their views through regular meetings.

Relatives spoke positively about the management team and how the service was managed.

**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 checked 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 30 April and 03 May 2018. Day one of the inspection was unannounced whilst day two was announced. The inspection team consisted of one adult social care inspector.

Prior to our inspection we reviewed some of the information we held about the home, including any notifications sent to us from the provider, and information from the local authority. We also used information contained within the provider information return (PIR). All of this information helped us to form our inspection.

People were unable to speak with us about their experiences of using the service due them having limited verbal communication skills. However we spent time with people and observed the care and support provided to them to help us understand their experiences.

We spoke with the registered manager, house manager and four support staff. We also spoke with three relatives of people using the service.

We looked at the support plans and associated records for all four people, recruitment records for four staff, medicine administration records (MARs) and other records relevant to the quality monitoring of the service.

# Is the service safe?

## Our findings

Risks people faced were assessed and reviewed regularly. Risk assessments were detailed and took account risks associated with things such as the environment, eating and drinking, behaviour, and activities. Support plans provided guidance for staff on how to identify risks and manage them effectively. For example, one person's environment risk assessment detailed objects within the environment that may pose a risk to them such as access to the kitchen, access to harmful objects and other people living within the home. The assessment explained what circumstances could increase the risk, such as other people acting out, being left alone, inexperienced/untrained staff and objects being left in their room. The assessment also provided examples of how the risk could be minimised to both the person and staff and what action should be taken if an incident was to occur. We saw other risk assessments that detailed individual activities, and the risks associated with them. For instance, one person liked to go swimming. The assessment clearly identified triggers, guidance to minimise the risk and action staff should take if an incident occurred.

People living in The Vicarage have autistic spectrum disorder which can often result in behaviours that may challenge. Staff had received training in the management of actual or potential aggression (MAPA) in order to ensure they had the right skills and knowledge to deal with incidents whereby people may become physically challenging. Staff told us they felt confident managing any situations whereby people may present with challenging or aggressive behaviour.

Relatives told us they felt people were safe living in the home. Comments included "Oh yes, I live far away and I know [person] is safe which makes me feel at ease", "The home is really secure and I now [person] can't get out without staff knowing", "Yes [person] is safe, [staff] are on the ball".

We had only received one safeguarding concern relating to people at The Vicarage; records showed this had been reported and dealt with appropriately by the registered manager. Staff had received training in relation to safeguarding and had access to policies and procedures in relation to safeguarding and whistleblowing. Staff clearly explained how they would keep people safe and safeguard them from abuse and harm. They explained who they would report a safeguarding concern to both internally and externally if required.

Each person living in The Vicarage had a Personal Emergency Evacuation Plan (PEEP) that provided clear guidance for staff on how to safely evacuate people during an emergency. The guidance for each person was individual to their own needs. For instance, a PEEP for one person explained how they reacted to noise which may affect their behaviour and provided guidance for staff to manage this.

Accident and incident forms for people living in the home were completed accurately and appropriately by staff. For instance, incident forms for occasions when people had displayed behaviours that may challenge. Staff accurately recorded the behaviours displayed, the action taken and any identified triggers to the behaviour. Incident forms were analysed by the registered manager to identify patterns and trends in particular incidents.

People's medicines were managed safely. As part of the inspection we checked medication records, storage

arrangements and audits. Each person's medication was stored in a locked office in a separate cabinet that was locked at all times. We checked stock levels for six separate medicines and found the correct amounts remaining. Medicine administration records (MARs) were checked for medicines administered and we found they were completed correctly. We found appropriate codes for when people had gone to stay with relatives and medicines had been sent with them. We found detailed PRN (as required) protocols in place that provided clear guidance for when particular medicines should be administered. For instance, where one person was prescribed PRN medication to manage their behaviour, staff were advised to try alternative medicines before using sedatives. This was to help ensure that people were not being over sedated unnecessarily. Each person's medication file contained a photo to help identify who they were and individual medicines also contained photos of the person to further ensure the correct medication was being administered to the right person. One relative told us that staff ensured all medication is clearly marked and PRN medication is kept separate with an information sheet included to give them guidance when the person visited for short breaks.

Staff had received appropriate training in the safe administration of medication and had their competency assessed. On day one of the inspection the house senior told us that prior to staff being able to administer medication, they must observe a more experienced member of staff over a period of time. They would then be observed administering medication to ensure they were competent before being allowed to administer medication on their own. There was a formal process in place to regularly assess people's competencies to administer medication, however the house manager stated these had not yet been completed. They were aware of the importance to check staff competency and told us they were in the process of completing them.

Safe recruitment processes were followed in accordance with the provider's recruitment policy. Recruitment files contained application forms which detailed the applicants employment history and reference sources. Each file contained photographic identification and evidence that a check had been carried out with the Disclosure and Barring Service (DBS). DBS checks are used by employers to establish if applicants have a criminal record and are barred from working with vulnerable adults or children. This helps employers to make safer recruitment choices.

Sufficient staff were deployed to meet people's needs within the home. Each person living in The Vicarage required one-to-one support. Staff covered a 24 hour rota of support which included a waking night shift. Staff that we spoke with told us that on occasions staffing could be an issue due to sickness as they would sometimes be supporting four people with three staff. This did not impact on people's safety as staff ensured they were kept safe. We discussed this with the house manager and they told us they regularly use bank staff to cover gaps but would ensure any staffing issues were addressed.

Checks were in place to ensure the environment remained safe for people living in the home. We saw regular checks had taken place in relation to water temperatures, window restrictors, fire safety equipment (such as fire alarm, extinguishers and blankets) and emergency lighting. Checks and inspections had been completed by external contractors on things such as gas safety, portable appliance tests (PAT) and fire safety. These checks were essential to ensure that people living in the home were kept safe from harm. Staff ensured all areas that presented a risk to people were kept locked and secure such as kitchen cupboards and draws, internal and external doors. This was observed during the inspection.

The home was found to be clean and well maintained. Staff had received training in infection control and they clearly described what actions they take to prevent the spread of infection. There was a detailed policy and procedure in place that staff had access to providing them with guidance about the prevention and control of infections and what to do should there be any outbreak of infection.



## Is the service effective?

### Our findings

Staff had received training in areas such as autism in practice, epilepsy awareness, The Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS), health and safety, manual handling, food hygiene, first aid, picture exchange communication systems (PECS) and sensory issues. The registered manager told us new staff received a two week intensive induction delivered by the registered provider's internal training department. Many of the staff were currently working towards qualifications and credit framework (QCF) level 3. Records showed that some training for some staff was overdue, however courses had been booked to ensure that staff completed the required training. The house manager told us it was their responsibility to regularly check training for staff and inform the training department if any was due.

Relatives told us they felt staff had the appropriate skills and knowledge to provide care and support for people. Relatives were extremely complimentary with regards to staff knowledge and understanding of people's complex needs. One relative told us they had recently attended a review meeting and was impressed at level of knowledge held by the senior support worker. Relatives were even more complimentary in relation to staff knowledge around autism and its complexities.

Staff were supported in their role through regular supervision and performance reviews. Supervisions are regular meetings between the staff member and their manager to discuss any issues which need to be addressed in a one to one setting. Performance reviews were used to identify goals and objectives for the year ahead to ensure staff are supported to develop within their role. Staff told us they felt able to discuss issues through supervision and felt supported by the senior staff and the registered manager in their roles.

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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. The registered manager showed a good understanding of the process for ensuring decisions were made in people's best interest. They told us that best interest decisions for people currently living in the home had been reviewed on admission to the service to ensure that decisions made remained appropriate. The registered manager was aware of their responsibility to follow the best interest process when making particular complex decisions about people's care or treatment. The registered manager was acting in accordance with the MCA.

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). Applications for DoLS authorisations and reviews had been done appropriately and when required.

People were supported with their nutritional and hydration needs where required. For example two people living in the home were on a healthy diet which was being monitored on a regular basis. One person's eating and drinking support plan detailed how they had difficulties maintaining a healthy weight. The plan

provided clear guidance for staff on how to effectively support the person to maintain a healthy weight and how this was to be monitored through the use of food and fluid monitoring charts and a food diary. Where required for people, food diaries were completed daily and weight recorded on a regular basis.

People living in The Vicarage were supported by staff as well as other health care professionals when needed, in order to maintain their health and well-being. People received care and treatment from health and social care professionals such as GPs, psychiatrists, opticians and dentists. Each person living in the home had their own health passport which provided appropriate information and guidance for health professionals to better understand people; their support needs and communication methods.

The four people living in the home have autistic spectrum disorder and as such required an autism friendly environment. We were shown around a sensory room which was created with the involvement of people living in the home. The room contained a ball pool, some sensory equipment and books/objects chosen by people. The registered manager was continuously looking at ways to further develop the environment so that it provided stimulation to meet each person's individual needs. Pictorial boards and pictures were displayed around the home to make information more accessible to people. For instance, a notice board in the entrance displayed pictures to show the weather, what activities were being held and the staff on duty that day. We also saw pictures on cupboards and draws in the kitchen to inform people where certain foods and kitchen items were kept. This helped to ensure that people were kept informed of events throughout the day and made important information accessible to them.

## Is the service caring?

### Our findings

During our inspection we observed positive interactions between staff and people who used the service. Staff were patient and caring when delivering support and their interactions showed they knew people well and had formed positive relationships with them.

Relatives were extremely complimentary about the quality of care provided by staff and the positive impact this had, not only on the people being supported but on the relatives themselves. Comments included "Yes I observe staff, there is a lot of care and affection", "Staff are very calm and patient and have positive interactions with [person]", "[Person] is very comfortable around staff and very content and staff make us feel really welcome when we visit".

Relatives told us staff regularly go out of their way to support people to maintain contact with them. One relative told us that due to the long distance, they are unable to visit as regularly as they would like to. Staff support this by taking the person to see them on a regular basis and planning trips out to ensure they have regular contact. Another relative told us that when the person was visiting for a short break, staff would meet them half way so that their journey was not too long. They also explained that staff ensure they are available to offer support over the phone should they need it.

People's privacy and dignity were protected by staff in all aspects of care and support. Staff showed a good knowledge and understanding of the importance of maintaining people's dignity and respect when supporting with personal care. For instance, ensuring toilet doors are closed, knocking before entering people's rooms and keeping people covered whilst assisting with personal care. Confidential records were stored securely and discussions about people were always conducted respectfully behind closed doors.

People living in The Vicarage are unable to communicate verbally. The service utilised various forms of communication aids to ensure that people were encouraged to make choices about their care and support. For instance Picture Exchange Communication System (PECS), Makaton, KISS (keep it short and simple) and sign language.

The service actively promoted people's independence and development of skills by encouraging and supporting them to carry out tasks by themselves. Each care file contained a nationally recognised recording sheet which is often used to help learning and development for people living with autism. Each person's record sheet identified individual tasks they would try to complete independently, such as cleaning tasks, making a meal/drink, dressing themselves. One person's skill building and development support plan provided detailed information regarding their individual skill development and how staff should support them with this. The registered manager also told us they are continuously encouraging people to develop their communication skills. For instance, one person uses PECS to inform staff of their needs/choices. Staff encouraged this person to select the picture themselves rather than staff providing a number of options; this encouraged the person to develop their ability to communicate more effectively and be more independent. Staff told us they had seen improvements in people's abilities and confidence since moving into The Vicarage; for instance people had become more confident and independent and were communicating more

effectively than they did when they first moved in. Staff felt this was a huge achievement for people living in the home.

## Is the service responsive?

### Our findings

People's needs, choices and preferences had been assessed prior to them using the service. This helped to ensure important information was captured about people's needs and how they were to be met. The quality of the information in care files for all four people was exceptional; information recorded for each person was individualised including their life history, descriptions of important relationships, hobbies and interests. This helped to ensure staff provided people with person centred care and support.

Support plans were based on the outcome of assessments and were reviewed regularly to ensure they were accurate and up to date. Support plans covered areas of need such as behaviours, communication, contact with family, eating and drinking, health and well-being, preferred routines and eating and chewing/oral stimuli. Any identified risk and how it was to be managed was included in the relevant support plan. Support plans provided staff with detailed information and guidance to help them support people effectively. For example, support plans for communication detailed whether people were able to communicate verbally and if not what form of communication was most effective for them. They also contained the desired outcome for the person and what staff needed to know to successfully support them. One person's morning routine support plan provided detailed information regarding their individual routine and what support needs they had and why the support was important to them.

People were offered a range of activities, both in the home and in the community. On both days of our inspection, people were supported to access the community for days out. The house manager told us people accessed a number of community based activity centres as well local parks and shops. Activities for the day were placed on the pictorial board within the home to remind people what they were doing that day. People were also supported with activities within the home, such as crafts, board games, puzzles and the sensory room. Each person's file contained photographs of activities they had completed; these pictures showed evidence of positive involvement from people.

Staff completed a daily log for each person describing how their day had been; they recorded things such as a person's behaviour/emotional state, the activities they had carried out and the support that had received. They also recorded any specific incidents that may have occurred. The information recorded was then used to review support plans and identify any changes in people's needs. Staff completed antecedent-behaviour-consequence (ABC) forms; these are used to document incidents that have occurred and help staff identify triggers to particular behaviours. ABC records clearly recorded the incident, the behaviour and the identified trigger. Staff record all incidents to help determine patterns in people's behaviour and potential causes in order to reduce incidents in the future.

Staff utilised a communication book and handover sheets to pass information on to each other about people in the home. Staff were regularly kept updated through handover with any changes in needs or significant information such as health appointments or people visiting. This helped to ensure that all staff were updated with important information about people. Staff told us that following long periods of time off duty they received a more in depth handover from the senior support worker or house manager. Meetings were held on a regular basis between senior support staff to discuss any changes or important information,

this would then be passed down to support staff to ensure they received all relevant information.

As part of the inspection we checked the registered provider's complaints policy, records of complaints and spoke with people about any concerns or complaints they may have. There was a detailed complaints policy that clearly indicated how people and their relatives could make a complaint and who to contact if they wished to do so. We saw from complaints records that the registered manager dealt with complaints in an appropriate and timely manner. There were no complaints recorded by relatives of people using the service, however there were two complaints that had been made by neighbours regarding the noise. The registered manager had dealt with these complaints in an appropriate and professional manner. Relatives told us they had never had the need to make a complaint, but if they did, they were confident they could approach either the registered manager or house manager.

## Is the service well-led?

### Our findings

There was a registered manager in post at the time of our inspection. 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 also responsible for additional services, which meant they were not always located at The Vicarage. We saw evidence that this did not affect the management of the service as they were supported by a house manager and senior support workers who were visible on a daily basis. During the inspection, the registered manager and house manager were very responsive and able to provide information on request.

As of April 2015, providers were legally required to display their CQC rating. The ratings are designed to provide people who use services and the public, with a clear statement about the quality and safety of care being provided. The ratings inform the public whether a service is outstanding, good, requires improvement or inadequate. The rating from the previous inspection was displayed within the home and on the provider's website in accordance with CQC guidance.

The manager had notified the Care Quality Commission (CQC) of events and incidents that occurred in the home in accordance with our statutory notifications. This meant that CQC were able to monitor information and risks regarding The Vicarage.

Relatives spoke positively about the management team at The Vicarage. They told us both the house and registered manager were very approachable and contacted them regularly with updates and to discuss any concerns/issues. One relative told us "We know [registered manager] from year back, we have a really good relationship. They know they can contact us whenever they need to". Another relative told us "Yes the managers are very approachable, I could talk to them if I needed to".

Staff told us the registered manager was very supportive and approachable; they described them as being very knowledgeable regarding both the service and the people living there. Staff spoke positively about the registered manager's desire to improve on the quality of the service and they were aware of the areas they wanted to work on; this showed that the registered manager's vision and values for the service were being shared amongst staff.

The service obtained the views of people, staff and relatives through the use of regular meetings. The registered manager told us friends and family meetings were organised on a regular basis through the registered provider. These meetings allowed relatives to share their views and any issues they may have. Relatives confirmed that meetings were held but due to distance were not always able to attend. We saw evidence that staff and managers conducted monthly meetings with people living in the home. The registered manager told us they did not feel these were very effective at obtaining meaningful views from people due to the communication difficulties and level of understanding of people. They were looking at

more effective ways to conduct these meetings that made them more meaningful to people.

Team meetings were held every three weeks with staff on each of the three teams supporting people at The Vicarage. The meetings looked at 'matters arising', 'client issues', policies of the month and any additional information that required passing to staff. These meetings allowed staff to discuss any issues and maintain up to date with changes/issues within the home. In addition, the registered provider held meetings every three months to provide staff with the opportunity to discuss issues regarding the organisation and anything they were unable to discuss during team meetings.

Regular audits were being completed to maintain the quality and safety of the service. Audits were completed weekly, monthly and every three months. We saw weekly audits being completed by senior staff; these checked areas such as health and safety checks, medication, medicine administration records and support plans. Monthly audits were completed by the house manager and were more detailed; these checked areas such as the physical environment, complaints, health and safety, fire safety, medication, support plans and supervisions/performance reviews. Every three months a registered manager from another location attended and completed a more detailed audit; these looked at areas such as support plans, risk assessments, dignity and respect, health and safety, medication, meetings, staffing, complaints and safeguarding. Action plans were then created detailing any issues identified and who was responsible for carrying out these actions. The audits showed evidence of a structured approach to ensuring the service remained safe and provided quality care to people living in The Vicarage. Senior staff and managers had a good knowledge and understanding of each person's roles and responsibilities regarding completion of audits.

The registered provider had detailed policies and procedures that staff could access when required; such as safeguarding, whistleblowing, infection control and medication administration. Each policy and procedure provided detailed information and guidance for staff and how to deal with particular concerns/issues. During team meetings, a policy and procedure was discussed to ensure staff were kept up to date with the relevant guidance.

The registered manager showed a continued desire to improve on the service being provided for people living in The Vicarage. For instance the sensory room, the environment and ways to obtain their views and wishes. The registered manager was aware this would take time to achieve but recognised the importance of improving the quality of the care and support they provide for people who used the service.