

Trident Reach The People Charity Vicarage Road (B)

Inspection report

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30 October 2023
08 November 2023

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Vicarage Road B is a residential care home providing personal care to up to 6 people. The service provides support to people with learning disabilities, autism and physical disabilities. At the time of our inspection there were 6 people using the service.

The care home accommodates 6 people in one adapted building. The home is on one level enabling people to mobilise around the building at ease.

People's experience of using this service and what we found

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

Right Support:

People had not always been supported safely with their medicines. Improvements were needed in the guidance around 'as required' medicines and in considerations when thickeners were added to medication. Staff had enabled people to access specialist health and social care support in the community. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Right Care:

People had not always been supported to take part in activities and pursue interests based on their preferences. People had not been supported to develop goals and aspirations based on their interests. The provider had enough staff to meet people's needs and staff received training around people's needs. However, checks had not consistently been carried out on staff competencies following training. Staff understood how to protect people from poor care and abuse. The provider worked with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.

Right Culture:

People had not always been involved in daily decisions about their care nor had people always been involved in developing or reviewing their care plans. The provider did not have effective systems to monitor the quality and safety of the service. This included ineffective systems to monitor safety concerns, people's health needs and to make necessary improvements in the service. The management team began to make improvements within the service during the inspection and sent information of further planned improvements following the inspection.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 27 July 2018).

Why we inspected

This inspection was prompted by a review of the information we held about this service. We undertook a focussed inspection to review the service. During the inspection we identified concerns relating to the care and support people were receiving so we widened the scope of the inspection to a comprehensive inspection reviewing all 5 key questions.

The overall rating for the service has changed from good to requires improvement based on the findings of this inspection.

We have found evidence that the provider needs to make improvements. Please see the safe, effective, caring, responsive and well led sections of the full report.

Enforcement

We have identified breaches in relation to person centred care, safe care and treatment, staffing and in the systems to monitor safe and good quality care at this inspection.

Please see the action we have told the provider to take at the end of this report. Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up

We will request an action plan from the provider and will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was not always caring.

Details are in our caring findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Vicarage Road (B)

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection was carried out by 1 inspector and a senior specialist who supported the inspection off site.

Service and service type

Vicarage Road B is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Vicarage Road B is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post.

Notice of inspection

This inspection was unannounced.

Inspection activity started on 24 October 2023 and ended on 08 November 2023. We visited the location's service on 24, 25 and 30 October 2023.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 1 person and interacted with and met all the people living at the home. We spoke with 2 relatives and 2 representatives of people living at the home. We spoke with the area manager, newly appointed manager, deputy manager and two registered managers from the providers other homes who were currently supporting Vicarage Road B. We spoke with 5 care staff. We conducted observations and also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed 3 people's care plans and associated documentation. We viewed 2 medication records. We viewed 3 staff recruitment files to see how staff were recruited. We reviewed information relating to staff training and documents relating to how the service was monitored.



Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- People had not always been supported safely with their medicines. We identified staff had not followed the prescribing instructions for 1 person and they had received their medication when they should not have.
- The service had not ensured that clear guidance was always in place around the amounts of 'as required' (PRN) medicine to be given and when. This meant staff may have an inconsistent approach to giving 'as required' medicines.
- Staff had not identified that additional guidance was needed from a pharmacist due to 1 person having thickener added to their medication. This guidance was important to assure themselves that there were no contraindications between the medication and thickener.

The provider had failed to ensure safe medication practices were in place for people. This was a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The service took immediate action to check on people's safety, including speaking with the GP and pharmacist and raising a safeguarding alert. The service also took action to review and amend records following these concerns.
- The service ensured people's behaviour was not controlled by excessive and inappropriate use of medicines. Staff had implemented the principles of STOMP (stopping over-medication of people with a learning disability, autism or both) and ensured that people's medicines were reviewed by prescribers in line with these principles. This had led to 1 person's medication for sedation reduced and stopped.

Staffing and recruitment

- Staff recruitment processes did not always promote safety, including those for agency staff. There were a number of regular agency staff working at the service. The service did not have information around the recruitment checks the recruitment agency had carried out for all staff working at the service. This information was sought during the inspection.
- For permanent staff we saw that recruitment checks were carried out to support safe recruitment of staff.
- The service had enough staff to support people.
- People's record contained a one-page profile with essential information and dos and don'ts to ensure that new or temporary staff could see quickly how best to support them.

Systems and processes to safeguard people from the risk of abuse

- Staff had training on how to recognise and report abuse and they knew how to apply it.
- Where safeguarding concerns had been identified the manager had notified the appropriate authorities for investigation.

Assessing risk, safety monitoring and management

- People had care plans in place that detailed the risks associated with their care. We saw there was guidance in place for staff on how to reduce and monitor these risks. We noted for 1 person, further detail was needed around how to safely support the person to mobilise. We were informed that the care plan had been updated with this information shortly after the inspection.
- The service helped keep people safe through formal and informal sharing of information about risks.

Preventing and controlling infection

- We saw there were systems in place to minimise infection within the home. Cleaning schedules were in place and staff had adequate cleaning materials to carry out the task.
- Audits were in place to monitor infection control practice within the home.
- We raised with the area manager 2 parts of furniture that required repair to reduce the risk of spread of infection. They agreed to source repairs for these.

Learning lessons when things go wrong

- The service managed incidents affecting people's safety well. Staff recognised incidents and reported them appropriately and managers investigated incidents and shared lessons learned.
- Staff raised concerns and recorded incidents and near misses and this helped keep people safe.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- The service had not followed its own processes for the induction of agency staff. Some agency staff had worked full time at the service for 6 months prior to the inspection but there was no induction for these staff on file. This meant that the provider could not be assured that these staff were following policies or processes for the service.
- The service had not always checked staff's competency to ensure they understood and applied training and best practice. We identified some staff had not had competency checks in manual handling and medicines management.
- Staff had not always received support in the form of continual supervision, appraisal and recognition of good practice. We identified agency staff had not received supervision from the service despite some staff working for a number of months prior to the inspection. For permanent staff, supportive supervision had not occurred consistently and we were informed that supervision normally occurred only if there were issues with a staff member's performance.
- The service was using 2 training platforms to deliver on-line training to staff. This made it more difficult to keep oversight of which staff had completed training and who still needed to complete this. Some staff we spoke with felt further training was needed to support their understanding of people's needs.

The provider had failed to ensure all staff had been fully inducted, supervised and trained for their role. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Whilst people's needs had been assessed prior to them moving in, the ability of staff to meet these needs had not always been thought through. This had led to 1 person not receiving support how they wished, and they were now looking at moving to a more suitable service.
- Care plans described some details around how people liked to receive their care. However, it was not clear how people or those important to them had been involved in the development of these.

Supporting people to eat and drink enough to maintain a balanced diet

- We found whilst staff recorded people's fluid and intake, these records were not monitored. A lack of monitoring had meant it had not been identified 1 person was not receiving all of their meal and drink preferences. A new daily record and audit was put in place following the inspection to enable monitoring of this part of people's care.

- The service had recently identified that the menu in place for people did not always promote a balanced diet. A newly formulated menu was put in place that incorporated more fruit and vegetables into people's diets.

Adapting service, design, decoration to meet people's needs

- People's care and support was not always provided in a well equipped, well-furnished and well-maintained environment. Many communal areas of the home needed redecoration and there had been a lack of consideration of people's sensory needs within the environment.
- People had personalised their bedrooms which included items which were important to them.
- People had access to equipment to enable them to mobilise and specialist facilities were available in bathrooms.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People had not always had their healthcare needs monitored. We identified that 1 person had a period of time without a bowel movement. This increased their risk of becoming constipated which could lead to serious healthcare concerns. The service had not monitored this healthcare need sufficiently to identify this as a concern. Steps were taken to address this during the inspection.
- People's care plans indicated they should be weighed monthly. Weight records indicated that people had not been weighed at this frequency. We raised this with the area manager who informed us the scales had broken but staff hadn't reported this. Action was taken during the inspection to ensure people were weighed.
- There were also elements of good practice and the service was supported by a weekly ward round via the GP. We were also informed of positive outcomes for some people's health, including 1 person who wanted to lose weight and 1 person who needed to gain weight to support their health. Both people had been encouraged and supported to achieve or work towards this outcome.
- People were supported to attend annual health checks, screening and primary care services. External services such as chiropody also attended the home.
- People had health action plans and hospital passports in place to provide guidance around the support people would need and key information should they need to attend medical appointments.

Ensuring consent to care and treatment in line with law and guidance

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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

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

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Where it had been determined that a person may lack capacity to make a specific decision, staff clearly recorded assessments. Whilst best interest decisions had been recorded this could be further improved by showing how others involved in people's care had been consulted.
- There were systems in place to provide oversight of all DoLS applications that were in place, when reviews were required and renewal dates. This ensured any restrictions on people's care were kept under review.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Supporting people to express their views and be involved in making decisions about their care; Ensuring people are well treated and supported; respecting equality and diversity

- People were not always enabled to make decisions for themselves or involved in their care. We observed some staff did not always offer people choices at mealtimes or inform them of the meal they were about to receive.
- We observed some staff make decisions for people without always involving them. On 1 occasion a staff member moved a person in a wheelchair without asking them and on another occasion staff put music on without consulting people what they would like to listen to.
- Care was not always designed to make sure people's needs were met. One person was not wearing socks and their feet appeared cold. We were not provided with explanation of why the person didn't wear socks based on analysis and function of this action.

The provider had failed to ensure people were always involved in decisions about their care. This was a breach of regulation 9 (person centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider began addressing the working culture of staff during the inspection and informed us they had commenced staff meetings and observations of care to guide staff on best practice.
- There had been inconsistent leadership and many staff changes over the months leading up to the inspection which had led to a lack of continuity of care. This was being addressed by the current management team with the aim to upskill the current staff team.
- We also observed positive interactions between staff and people living at the home, where staff involved people in their care and knew them well.
- Staff we spoke with enjoyed supporting people and we observed kind, caring interactions between some staff and people.

Respecting and promoting people's privacy, dignity and independence

- Staff knew when people needed their space and privacy and respected this.
- Staff supported some people to increase their independence and managers spoke of how they could encourage this further with people living at the home.



Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Staff had not always used person-centred approaches to discuss and plan with people what goals and aspirations they may have. We were not provided with information around goals that had been set for people to aid their quality of life.
- People, and those important to them, had not always taken part in making decisions and planning of their care and risk assessments. There was little information to suggest how people had been supported to contribute to their care plans.
- Staff had not used a person-centred approach to provide people with an opportunity to contribute to reviews of their care plans. Whilst we were informed that key worker reviews took place, we found these had not been carried out consistently and the ones that had been completed did not clearly indicate how the person had contributed to the review.

The provider had failed to ensure people were involved in planning and reviewing their care and setting goals for further development. This was a breach of regulation 9 (person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following the inspection we were sent information around action planned to begin to address these concerns including reviewing care plans with those who knew people well.
- The service had supported 1 person to begin the process of looking for employment. This had led to the person partaking in a job interview.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People had not always been supported to regularly participate in social and leisure activities based on their interests.
- We saw that despite people's social interests such as going to football matches, attending church or being part of the local community been recorded in their care plan, people had not been supported to pursue these interests.

The provider had failed to ensure people were supported to partake in activities of interest to them to enhance their quality of life. This was a breach of regulation 9 (person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The area manager informed us they had identified this as a concern and as such a new activity schedule

had been put in place. This activity schedule needed refining to ensure planned opportunities were in place for people to access activities of interest to them.

- People had been supported to stay in contact with their loved ones. For some people, advocacy services would be beneficial, which the service began the process of accessing as a result of the inspection.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Some people had individual communication plans/ passports that detailed preferred methods of communication, including the approach to use for different situations. For 1 person the communication plan was not consistently used and for another person, out of date information was present.
- There were limited visual structures or communication aids available to facilitate people's communication and support them in making choices in their care.
- Whilst staff who knew people well could explain how people communicated, guidance was needed to ensure all staff had a consistent approach.
- Following the inspection, the service informed us of pictorial aids they were introducing to support people's communication. The service also informed us of their intention to contact the local speech and language teams for assessments of people's communication needs.

Improving care quality in response to complaints or concerns

- There had been no complaints raised with the service. There was a process in place should people or their representatives wish to raise a concern or complaint.

End of life care and support

- Whilst no one living at the service was receiving end of life support, the service had considered people's end of life wishes as part of their care plans.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The provider's governance systems had not enabled them to take timely and effective action to address concerns relating to fire safety concerns in the building. One fire door had been broken for a number of months prior to the inspection and a complaint around the repairs to the fire door had been raised with the landlord. However, the provider had not ensured all mitigation was put in place or established effective systems to monitor progress with the repair and as such this placed people at potential risk of harm should a fire occur.
- The provider had not ensured effective systems were in place to monitor people's care. We identified that records around people's healthcare needs such as food and fluid intake, weight records or bowel monitoring charts had not been monitored. The provider had therefore not identified where people were not receiving their preferred meals, had not been weighed monthly or had required medication in relation to constipation.
- Systems to monitor medicines management had not always been effective at identifying concerns or in identifying where further instructions were needed around 'as required' medications.
- Systems to oversee agency staff induction and supervision were not effective. There was no evidence of agency staff completing inductions or of supervision carried out. In addition, systems were not effective in identifying that all permanent and agency staff had not completed required competency checks.
- We were informed that the area manager had identified concerns at the service in June 2023 and an action plan was put in place to address these concerns. However, this action plan had not identified the concerns from the inspection and had not proven an effective method for monitoring progress made with improvements in the service.
- The provider relied on registered managers self-reporting on their compliance within the service and the area manager completing quarterly audits as their method of monitoring services. These quarterly audits had not been undertaken. These monitoring methods had not provided the provider with effective oversight of the service.

The provider had not established robust and effective systems to monitor the quality and safety of the service. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The management team took action during the inspection to begin to address these concerns and following the inspection sent further information of actions they would be taking.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There had been a number of manager changes at the service over the months leading up to the inspection. This had led to uncertainty and inconsistent leadership within the service. Staff commented that they felt positive about the current management team and the changes they were making.
- Staff felt able to raise concerns with managers without fear of what might happen as a result.
- The area manager shared their willingness and desire to improve the service.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Staff gave honest information and suitable support, and applied duty of candour where appropriate.
- The provider showed a commitment to addressing the concerns identified through the inspection and shared information relating to action they would be taking.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- A staff survey had been carried out across the provider's services and analysis from this survey produced. The provider may wish to consider service specific staff surveys moving forward to capture the specific views of staff in different services.
- Staff felt supported by the current management team and able to raise suggestions for improvements.
- The provider was in the process of seeking feedback from people and those important to them via surveys with an aim to use the feedback to develop the service.

Working in partnership with others

- The service worked well in partnership with other health and social care organisations, to ensure people's needs were met.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had failed to ensure safe medication practices were in place. 12(2)(g).
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The provider had failed to ensure all staff had been fully inducted, supervised and trained for the role. 18(1)(2)(a).