

Trident Reach The People Charity Vicarage Road (B)

Inspection report

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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 

Overall summary

This inspection took place on 26 November 2015 and was unannounced. We last inspected this service in April 2013 and found it compliant with the regulations we looked at.

Vicarage Road (B) is a residential home which provides support to people who have learning disabilities. The service is registered with the Commission to provide personal care for up to six people and at the time of our inspection there were six people using the service. There was a registered manager at this location. 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 and associated Regulations about how the service is run.

Prior to our inspection we received some information concerning people's safety at the home. During this inspection we found no evidence to substantiate that people were at risk of harm.

Summary of findings

People were kept safe. Staff were confident to whistle-blow when they felt someone was at risk of harm. Risks to people were identified and managed appropriately.

There were enough staff to respond to people's needs promptly and the provider's recruitment practices ensured people were supported by suitable staff.

Staff knew how to manage people's medicines safely. The registered manager conducted regular audits and we saw that any errors had been dealt with appropriately.

People were supported by staff who had received regular training and supervisions to maintain their skills and knowledge. Staff received additional training when people's care needs changed.

People's rights to receive care in line with their wishes were upheld as they were supported in line with the principles of the Mental Capacity Act 2005 (MCA). The registered manager and staff were keen to ensure that others respected the rights of people with learning disabilities and had promoted the value of the people who use the service in the local and wider community.

There was a wide choice of food available and people could choose what they wanted to eat. People had the

opportunity to help with shopping and preparing meals if they wished. Meal times were promoted as social events with people who used the service and staff sitting down together.

People had developed caring relationships with the staff who supported them. People were supported to undertake activities which they enjoyed.

People felt that concerns would be sorted out quickly without the need to resort to the formal complaints process. Records showed that any issues were dealt with appropriately and to people's satisfaction.

The registered manager service encouraged people to comment on how the service operated and to be involved in directing how their care was provided and developed. The service had a well-developed understanding of equality, diversity and human rights and put these into practice.

The registered manager worked with other locations within the organisation to promote good practice. The registered manager actively sought ways to develop the service.

There were processes for monitoring and improving the quality of the care people received. The provider conducted regular audits and we saw that action plans had been put in place when it was identified improvements were needed.

Summary of findings

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 safe. The registered manager and staff took action to protect people from the risk of abuse.

There were enough staff to keep people safe from the risks associated with their individual health conditions.

People received their Medications safely.

Good



Is the service effective?

The service was effective. Staff were clear about the requirements of the Mental Capacity Act 2005 (MCA) and promoted people's rights.

Staff had the skills and knowledge to support people in line with their care plans.

When necessary people were supported to access other health care providers in order to stay well.

Good



Is the service caring?

The service was caring. There were many displays of affection and friendship between the staff and the people who lived at the service.

People were supported to express themselves and staff respected their choices.

Good



Is the service responsive?

The service was responsive. People received support promptly and in line with their wishes

People knew how to raise concerns and were confident they would be dealt with appropriately.

Good



Is the service well-led?

The service was well-led. The registered manager had a clear vision of how they wanted to support the people who used the service. Staff shared this view.

The service had a well-developed understanding of equality, diversity and human rights and put these into practice

Regular checks were undertaken to ensure the service met people's needs.

Good



Vicarage Road (B)

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 inspection took place on 26 November 2015 and was unannounced. The inspection team consisted of one inspector.

Before the inspection we asked the provider to complete a Provider Information Return (PIR). This is a form that asks for key information about what the service does well and improvements they plan to make. We took this into account when we made the judgements in this report. We also checked if the provider had sent us any notifications since our last visit. These are reports of events and incidents the provider is required to notify us about by law,

including unexpected deaths and injuries occurring to people receiving care. We used this information to plan what areas we were going to focus on during our inspection.

During our inspection we spoke with two people who used the service. We observed how staff supported people and if this was in line with their wishes. We spoke to the registered manager, five members of staff and the relatives of two people who used the service. We also spoke with a person from another organisation which promoted the needs of the people who used the service in the community. We looked at records including three people's care records and staff training. We looked at the provider's records for monitoring the quality of the service and how they responded to issues raised. We 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.

After our inspection we spoke with a person who commissions care from the service. They told us they had no concerns about the quality of care people received.

Is the service safe?

Our findings

The two people we spoke with told us they felt safe. When asked if they felt safe a person who used the service told us, “Yes”. Relatives we spoke with said they felt people were safe. One relative told us, “I don’t visit as much as I like, but this is because I know they are safe. If not I would visit more.” Throughout our visit we observed that people were confident to interact with staff and there was a range of communication aids available to help people express themselves. This gave people the opportunity to say if they felt unsafe.

Staff we spoke with could explain the process they would take if they felt a person was at risk of abuse. A member of staff told us, “I wouldn’t stand still. I would do something.” This person was able to explain the provider’s whistle-blowing policy and another member of staff told us they had used this policy when they felt it necessary. They confirmed that they had felt supported by the provider during the process and that it had produced a positive outcome. When necessary the registered manager had notified the local safeguarding authority when people were felt to be at risk of harm. A person who had recently investigated a safeguarding concern about the service told us that the registered manager had supported the investigation and the concerns were not substantiated. Staff we spoke with and records confirmed that they supported people’s rights and freedom such as voting in elections. Throughout the day we saw that staff respected people’s choices.

The provider had conducted assessments to identify if people were at risk of harm and how this could be reduced. Care records contained information which enabled staff to manage the identified/assessed risks for each person and

staff we spoke with were able to explain how they would support people in line with their care plans. This meant that staff would take the appropriate action to keep people safe.

People who used the service, relatives and staff we spoke with told us that they felt there were enough staff to meet people’s care needs. On the day of our visit a member of staff had not attended their shift. However, the registered manager had taken swift action to ensure another member of staff attended to support the people who used the service. The registered manager told us that the provider maintained a resource of bank staff which they could access when necessary. We saw that people were supported promptly when requested and staff had time to sit with people and enjoy chatting and relaxing together.

People’s medication was managed safely. Medicines were stored correctly to ensure they were safe and maintained their effectiveness. People had lockable medicine cabinets in their bedrooms for the storage of creams which had to be applied when receiving personal care.

Staff we spoke with were knowledgeable about people’s medicines and support they needed to take them effectively. Medication stocks were counted several times a day to ensure people had received their medication as prescribed. We counted the tablets belonging to one person who used the service and found the quantity held matched the provider’s own records.

People’s care records contained details of the medicines they were prescribed and any side effects. Where people were prescribed medicines to be taken on an “as required” basis there were details in their files about when they should be used. This helped to ensure people received their medicines consistently or when they needed them.

Is the service effective?

Our findings

People were supported to maintain their health and welfare. Relatives told us they were pleased with how people were supported and one relative felt a person had improved since using the service.

Staff told us and records confirmed that they received regular training and supervisions with senior staff to maintain their skills and knowledge. All the staff we spoke with said their training had made them confident to support the people who used the service. A member of staff told us, “The registered manager will soon let us know if we are behind in our training.”

Staff told us they underwent a robust induction process which included a mix of formal and practical training sessions. This included shadowing experienced staff and completing competency assessments in order to learn people’s specific care needs. We saw examples of when other health care professionals had visited the service to train staff to meet people’s individual needs. People were supported by staff who knew best practice and current guidance.

Staff reviewed people’s support at daily handovers and regular staff meetings. Care records were up to date and contained detailed guidance for staff about how to keep people safe from specific risks. This meant that staff were aware of how to support people’s most current care needs.

We saw that staff regularly sought the consent of the people they were supporting. We noted that people were supported in line with their wishes. The registered manager and staff we spoke with were knowledgeable about the principles of the Mental Capacity Act 2005 (MCA). When a person who used the service was thought to lack mental capacity the provider had a process to assess how care could be provided in line with their wishes and best interests. We saw that people had been supported by people who were important to them to express their views. When it was identified that a person lacked mental capacity, the provider had approached the appropriate

authority for approval to support them in a specific way and explore if less restrictive alternatives were available. Decisions about the care people received were made by the people who had the legal right to do so.

We observed that people looked forward to meal times and appeared to enjoy the foods they were given. One person who was eating porridge for breakfast told us this was one of their favourite meals. Staff told us that people were involved in choosing their meals and we saw a person supported to go to a local shop and buy items for their evening meal. We saw that people were eating foods that their care records said they liked. People were regularly offered a choice of foods and drinks and when a person couldn’t decide what to drink they were provided with several options. There was a wide range of food available including fresh fruit and vegetables. A member of staff who was preparing an evening meal was able to explain people’s dietary needs such as soft foods and how they ensured meals were prepared as healthily as possible. They could explain the nutritional content of the meal they were preparing and said, “I’ve learnt all this from here.” This supported people to eat and drink the foods of their choice.

We saw that mealtimes were a social occasion with both the people who used the service and staff all sitting together to eat. When one person chose to eat in the kitchen, this was respected and a member of staff joined them so they were not eating alone. There were communication aids available to help people decide what they wanted to eat and healthy eating guidance so people could make informed choices. This supported people to eat and drink enough to keep them well.

Records showed that people had regular access to healthcare services when people became unwell or it was felt their needs were changing. During our visit a person was supported by staff to attend an appointment with their GP and staff made an appointment for another person to receive a follow up examination. We saw evidence that meetings had been arranged with other health care professionals to review people’s care plans. This helped people to stay well.

Is the service caring?

Our findings

All the people we spoke with said they enjoyed living at the service. A person who used the service told us, “Happy here.” Another person said it was, “Horrible,” before turning to a member of staff and laughing. It was obvious the person was sharing a joke with the member of staff. Later the person told us they enjoyed living at the home and that staff were their, “Friends.”

A relative we spoke with said the service was caring and welcoming when they visited, describing it as an, “Open house.” Another relative said, “The staff are really nice. One person is wonderful with [Person’s name]. There is clearly a rapport.”

Staff we spoke to were knowledgeable and took an interest in people’s lives and wishes. Two of the people who used the service were brothers and staff said it was important to them that they were kept together in order to maintain their family links. Staff knew people’s preferred methods of communication. When one person held out their arms a member of staff said, “Do you want a hug?” which they did. On another occasion a member of staff recognised that a person wanted to listen to some music and played a CD. Several members of staff joined in singing with the person. The person was clearly enjoying the experience.

The registered manager told us that people were supported to attend social events in order to meet and form friendships with other people. They regularly

organised events at the home and invited relatives and members of the community to attend. We saw evidence that people enjoyed going to college because they had made friends with several other people who attended.

The provider had a process in place to support people to be involved in developing their care plans and expressing how they wanted their care to be delivered. We saw that there were regular review meetings with people who used the service. When necessary people were supported with communication aids and people who were important to them to help express their views. The provider sought out and respected people’s views about the care they received.

One care plan had identified a person was to be encouraged to undertake local shopping trips independently and to help with tasks around the home. The person had expressed an interest in these tasks and it was felt they would help promote the person’s independence and sense of self-worth. During the day we saw the person was supported to go out and buy some vegetables for soup.

We saw that when one person chose to nap in the conservatory, staff respected this and closed the blinds so they would not be disturbed. Staff told us that another person’s care plan had been reviewed to reduce the number of times staff were to observe the person in bed. This was to respect the person’s privacy and personal space.

Is the service responsive?

Our findings

Relatives we spoke to said that the service supported people to engage in activities that were important to them. A person said they had been supported to keep in touch with their relative and we saw that on one occasion staff had arranged for a person's relatives to make a surprise visit to the home. There was evidence that people were supported to engage in their religious beliefs and visit their chosen places of interest, such as college and the seaside.

During our visit we observed people were continually supported to engage in the activities they said they wanted to do, such as going out and listening to music. Staff continually asked people what they wanted to do and would make suggestions when people appeared withdrawn. We saw staff encourage a person to play catch which they clearly enjoyed and when a person said they were cold a member of staff immediately offered to fetch the person a cardigan. We saw that people had been involved in designing their bedrooms and noted that furnishings reflected people's preferences and care needs. The registered manager told us that a person's bedroom had been designed to maximise their interaction and enjoyment of their sensory equipment. One person who used the service told us they liked the seaside and we saw this was reflected in their bedroom's decoration.

Several people who used the service had been supported to attend a local gay pride festival. The registered manager told us that this was to enjoy the carnival atmosphere and support people to express their personal preferences if they wished to do so.

People told us and records confirmed that they were involved in reviewing their care plans. A relative told us, "They are always involving me." When necessary people received help to express their views from the people who they said were important to them such as relatives and social workers. People told us and records confirmed that the registered manager sought people's opinions of the service at regular meetings. Care records were updated to reflect people's views when they changed. This supported staff to provide care in line with people's latest wishes.

Relatives we spoke with were aware of the provider's complaints process. Relatives said they could talk openly with staff and their concerns would be addressed appropriately. One relative told us, "If we have concerns, they are dealt with." We observed that people were confident to approach and speak with the staff who were supporting them. There were details of the provider's complaints policy around the home and this was available in a variety of formats to meet people's specific communication needs. There was a formal process in place to submit any complaints or incidences to the provider's head office for review in order to identify any adverse trends and the actions required to reduce the risk of them happening again.

Is the service well-led?

Our findings

Relatives we spoke with were happy for people to be supported by the service. A person who is responsible for buying care packages from the service told us they had recently visited the service and had found no concerns. We saw that people were encouraged to express their views about the service and were involved in directing how their care was provided and developed. The registered manager had found innovative ways of supporting people to express their views, such as inviting local councillors and MPs to visit the home during election campaigns.

Staff felt valued and expressed their confidence in the leadership at the service. During an annual open day at the service, the registered manager took the opportunity to display a picture of each member of staff who worked at the service and wrote underneath what they thought was good about the person. These views were shared with over 100 people who attended the event. The registered manager told us, "The staff team are wonderful."

Staff we spoke with said they felt supported to work at the service and there was obviously a team spirit. When a member of staff was unable to attend their shift during our visit, two other members of staff attended quickly to replace them. A person who normally worked nights at the home told us they were happy to come in to work early because they, "Liked to spend time with the people here."

The registered manager shared their knowledge and experience with others in order to improve the service people received. This involved mentoring members of staff in the provider's organisation and they told us that they had spent time supporting one of the provider's other services which required improving.

The registered manager worked with other agencies to promote the standing and awareness of people living with learning disabilities in the community. This had included producing a management training video about change management with the Social Care Institute for Excellence and working with the National Citizens Service (NCS). The registered manager told us, "I will volunteer for anything. If we can be there at the beginning we can be the driving force for improvement."

Young people involved with the NCS had visited the home to meet with the people who used the service. This helped them to get an insight into the challenges faced by people

living with learning disabilities. Feedback from these young people included, "So many amazing people," "An amazing, inspiring place," and, "I loved every moment." During our visit representatives from the NCS visited the home and presented the registered manager with plaques from a recent awareness event organised by the young people who had met the people using the service. The plaques had been signed by members of the public pledging to support and respect all people living with learning disabilities.

The service had a well-developed understanding of equality, diversity and human rights and put these into practice. The registered manager told us that when an election official questioned the mental capacity of a person who used the service to vote in a general election they ensured the person's right to vote was respected. After the event they informed the person's local councillors and MP of this incident to ensure people with learning disabilities would be supported to vote in future elections when they had the mental capacity to do so. On another occasion people were supported to attend a local gay pride festival.

The registered manager understood their responsibilities. This included informing the Care Quality Commission of specific events the provider is required, by law, to notify us about and working with other agencies to keep people safe. A person who investigated a recently alleged safeguarding concern at the home told us the registered manager had been open and transparent during the investigation and no concerns were found. A member of staff told us that when they had raised concerns in line with the provider's whistle-blowing policy that they had been handled appropriately. It had not affected their relationship with the registered manager and they were happy with the outcome. We saw the registered manager actively promoted and endorsed the use of the provider's whistle-blowing policy to staff.

The service had a clear leadership structure which staff understood. Staff told us and we saw that they had annual appraisals and regular supervisions to identify how they could best improve the care people received. The provider operated a key worker system which meant that specific staff were responsible for developing and leading on the quality of the care people received. Other staff could approach key workers for guidance and advice on how to

Is the service well-led?

meet people's needs. Key workers we spoke with were knowledgeable about the people they supported and championed their rights to be treated appropriately and in line with current legislation.

The provider had processes for monitoring and improving the quality of the care people received. We noted that when adverse events occurred the registered manager had identified the actions to prevent a similar incident from reoccurring. The provider conducted regular audits and we

saw that action plans had been put in place when it was identified improvements such as decoration were needed. There were systems in place to review people's care records and check they contained information necessary to meet people's current conditions. We looked at the care records for three people and saw that they had been regularly reviewed. Therefore staff had access to information which enabled them to provide a quality of care which met people's needs.