

The Vicarage (2008) Limited

The Vicarage

Inspection report

Bradworthy
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Ratings

Overall rating for this service

Good



Is the service safe?

Requires improvement



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Good



Overall summary

The inspection took place on 4 November 2015 and was unannounced. The service was last inspected in May 2014, using the new inspection methodology and had been found compliant in all five domains of safe, effective, caring, responsive and well-led. At the time of this previous inspection, ratings for each domain and for the service overall were not given.

The Vicarage provides accommodation with personal care for up to six people over the age of 18 who have a diagnosis of a learning disability. The home is a three storey house located on the edge of Bradworthy, a village

near Holsworthy in Devon. It is within walking distance of the village. There are bedrooms on the ground and first floors and all bedrooms are for single occupancy. The home is staffed 24 hours a day.

At the time of the inspection, six people had lived at The Vicarage for a number of years. Some people had complex needs and communication difficulties associated with their learning disability. Because of this, we were only able to have limited conversations with some people about their experiences. We therefore used our observations of care and our discussions with staff to help inform our judgements.

Summary of findings

The home had a manager who had been registered in the role with the Care Quality Commission since 2008. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers and nominated individuals, 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.

There was a clear vision of the purpose of the home which was described as "about giving people the opportunity to live the lives anyone else lives; but with a bit of support." A health professional said the home was "extremely well led". Staff commented that the registered manager was very supportive and approachable.

People living at the Vicarage said they liked living there and thought the registered manager and staff were kind and caring. Throughout the inspection we observed people being treated with respect, supported to make decisions about what they wanted to do and appearing happy and relaxed. People were supported to undertake activities either independently or with staff. Activities were planned each week at a home meeting and were based upon people's expressed preferences. People were able to change their mind about what they wanted to do and staff were happy to help them rearrange their plans. People were also able to choose what they ate and get involved in menu planning for the home each week.

Care records were well written and described the risks, needs and aspirations of people living in the home. Risk assessments and care plans were updated regularly and also reviewed when a person's needs changed.

Although medicines were administered and recorded safely, there had not been checks made on creams and emollients to ensure they were all within date. Medicine administration records were all stored in a single file without any separators between people's records, which increased the risk of errors in medicine administration occurring.

We recommended that the provider should consider reviewing their medicines policy and procedures to ensure they are in line with national guidelines.

There were sufficient staff to support people's needs throughout the week. However, staff were not always recruited safely as checks on previous employment had not always been carried out. Other checks, such as the Disclosure and Barring Service checks were in place prior to staff starting work at the home. Staff were supported to undertake an induction when they first joined the home. Staff also refreshed some training courses, such as safeguarding vulnerable adults, on an annual basis and were supported to undertake a nationally recognised qualification and other training, for example constipation, from time to time.

The home was maintained and looked after and there were audits undertaken regularly to ensure it met health and safety standards. However some areas of the home felt rather impersonal and cold. However staff said that people were checked to see if they were warm enough and there were no restrictions on the heating being put on.

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 mostly safe.

People said they felt safe and happy at the home, supported by staff they liked. Health professionals described the home as providing safe effective care.

There were sufficient staff to support people safely and meet their needs. However staff had not always been recruited safely as previous employment checks had not always been undertaken.

Staff had received training and knew how to protect people from abuse, including reporting concerns to the appropriate authority. There were risk assessments in place for each person and staff knew what they needed to do to support each person safely.

Improvements were needed to create safer management of medicines.

Requires improvement



Is the service effective?

The service was effective as staff had the knowledge and skills to carry out their roles and responsibilities.

Staff undertook an induction programme when they first joined the Vicarage. Staff also received training to support their ongoing needs and were encouraged to undertake nationally recognised qualifications. Staff were supported by the registered manager and senior staff through meetings, supervision and appraisals.

People's capacity to make certain decisions had been assessed. Where they did not have capacity, applications had been made to the local authority for a Deprivation of Liberty Safeguards (DoLS) authorisation.

People were supported to access health services and have their other health needs met.

Good



Is the service caring?

The service was caring as people felt supported by staff who knew them well and helped them to be as independent as possible.

People were supported to be actively involved in decisions in their care and treatment. People were supported to stay in touch with their families, including making visits to see them.

People were treated with respect and dignity and staff were aware of the need to ensure people were able to have privacy when they wanted it.

Good



Is the service responsive?

The service was responsive as people received personalised care that was adapted according to their needs.

Good



Summary of findings

There were systems in place to manage complaints, although there had not been any formal complaints for over a year.

Is the service well-led?

The service was well-led as there was a registered manager in post who worked with staff to ensure they delivered care, which reflected the ethos of the home. This ethos was centred on promoting people's independence.

People and staff all praised the registered manager and said they felt able to talk to her whenever they needed to.

There were systems in place to audit the quality of the home. Improvements to the home were ongoing and involved staff and service user feedback.

The staff at the home worked with other health and social care professionals to ensure people were supported to live happy, fulfilled and healthy lives.

Good



The Vicarage

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection was undertaken by two inspectors on 4 November 2015 and was unannounced.

Before the inspection, we reviewed information we held on our systems. This included the statutory notifications submitted to us. A notification is information about important events which the service is required to tell us about by law. We also reviewed the Provider Information Return (PIR) which had been submitted to the Care Quality Commission in September 2015.

At the time of this inspection there were six people living at the home. Some people were able to tell us about their experiences although other people had communication difficulties. This meant we also spent some time observing how staff interacted with people.

We talked with the registered manager and three staff. After the inspection we contacted four health and social care professionals who worked with people at The Vicarage and received responses from three of them.

We looked at a sample of records relating to the running of the home and to the care of people. This included four people's care records including their risk assessments and care plan as well as two people's medicine administration records. We also reviewed two staff records, one of whom had started working at the home in the last twelve months. We were shown records which related to the running of the home, including staff rotas, supervision and training records, incidents and accident records, complaints and compliments received by the home and quality monitoring audits.

Is the service safe?

Our findings

People said they felt safe and happy living at The Vicarage. People interacted with staff throughout the inspection chatting in a relaxed and confident manner about their plans. One person said “I like living here.” Another person described how they had been bullied in a home they had previously lived in, but that they were not bullied at The Vicarage. A health professional said the home “have provided safe and effective care.”

Staff had not always been recruited safely. One record did not have satisfactory checks made in relation to previous employment, although a satisfactory Disclosure and Barring Service (DBS) record had been received. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. The registered manager said they would ensure in future they recorded how they had risk assessed decisions to recruit people, including where previous employment references had not been received. The other record of a member of staff who had been in post for a number of years contained all the pre-employment checks including references from previous employers and a DBS check.

Aspects of the medicine administration records (MAR) were not completely safe. MARs for the people at the home were stored in one folder with no file dividers between each person’s MAR. This meant that staff could inadvertently look at records relating to one person when administering medicines to another. One person had medicines recorded on two sheets, but there was no indication that there was a second sheet when looking at the first. The registered manager said they would improve the recording system file to ensure these issues were addressed.

Medicines had been signed for on the MAR sheet for each person following the correct procedure and there were no gaps on the MAR sheet.

Prescribed medicines in tablet form were stored safely in a locked cabinet. However prescribed creams, emollients and homely remedies such as cough linctus for all the people at the Vicarage were stored together in a box in the office. This increased the risk of staff selecting the wrong medicine for a person. An audit had been completed for medicines but had not identified that some creams and liquid medicines were past their expiry date and should

have been disposed of. Creams did not identify when they had been opened or when they should be disposed of. The registered manager said they would undertake an audit of all medicines and review the storage arrangements for these medicines.

There were systems in place for returning unused medicines to a local pharmacy, however these did not identify whose medicines they were.

We recommend that the provider should consider reviewing their medicines policy and procedures to ensure they are in line with national guidelines.

Staff had been trained to administer medicines and records showed that the training had been refreshed on an annual basis. The registered manager described how they had also used a staff meeting to discuss medicine administration. They described how they had focussed particularly on medicines which were administered on an ‘as required’ basis such as medicines for people living with epilepsy. This meant that staff were supported to be competent to administer medicines safely. A member of staff said they felt very confident about administering medication and were supported by more senior staff if they had any concerns.

Throughout the inspection, we observed staff working with people in an unhurried way. Staff rotas showed that there were normally three staff on during the day to support people and one sleep-in staff at night. The registered manager said they lived close by and they were able to get to the home within a few minutes, if necessary. One member of staff said they found the work “very relaxed, we are able to do what the ‘guys’ want.” The majority of staff had worked at the home for a number of years and therefore knew people well.

There was a safeguarding policy and procedure and records indicated that staff had received training about safeguarding vulnerable people from abuse. Staff had received training when they first joined the service and as an annual refresher.

Staff were able to describe signs of abuse and also explain what they would do if they had a concern. This included taking immediate steps to protect the person, reporting to the registered manager and completing an incident form. They also were able to describe how safeguarding incidents should be reported to the local authority and the police, if the registered manager was not available. A staff

Is the service safe?

member said they were very aware of one person's vulnerability and described the signs they watched out for which might indicate the person was becoming distressed by a situation. They were also able to explain what actions they took to ensure the person felt safe in the home as well as outside. A health and social care professional said "staff worked cooperatively with us when there was a safeguarding concern."

People had been assessed to see if they required support to manage their money. There were systems in place to reduce the risk to people of being financially abused. The records were clear and signed for, with no crossings out. During the inspection staff requested money for one person and then updated the records. One person's care record showed they tended to spend all their money at once and needed support with budgeting. The person confirmed staff helped them with their money, but they said they could always access it when they wanted it, as long as they had not spent it all.

There were detailed risk assessments completed for people, which considered their physical, mental, social and other needs. Risks were categorised as high, medium or low risk and plans were developed to reduce the risks and support the person.

The registered manager explained how they had detailed knowledge about people's histories before they came to The Vicarage. They described how this had helped them be confident in risk assessing people in a personalised and proportionate way. This meant they had focussed on positive risk-taking strategies rather than automatically stopping people from doing something. Risk assessments described risks in detail and there were plans to reduce the risk which focussed on being as unrestrictive as possible. For example, one person's plan described how staff needed to be aware at all times of where the person was in the home. This was to ensure the person and others were kept safe. However the plans also recognised the person's right to move around their own bedroom and communal areas freely.

People's capacity to understand the risks in making decisions had also been assessed. For example, risk assessments had been developed around one person's personal hygiene routines and how these might change if their mood was low.

Risk assessments had been updated regularly and also reviewed when a person's risks or needs had changed. For example risk assessments in one person's care record had reviews completed each year. When the person had become unwell, a risk assessment had been completed to identify what changes needed to be made to take into account the person's illness.

The home had regular safety checks undertaken by an external company to ensure they met health and safety requirement. There were plans to keep people safe in the event of an emergency. These included personal evacuation plans (PEEPs) which provided simple clear instructions for staff to follow in the event of a fire. Copies of PEEPs were stored both in the person's care record and in the emergency 'grab bag' which was kept by the front door. Staff explained that this grab bag had been put together to ensure they had emergency equipment, for example torches. The grab bag also contained information they needed, all in one place, should they have to evacuate the home.

The home was clean and the registered manager said there were cleaning rotas to ensure that all areas of the home were maintained. Staff used personal protective equipment. There were systems in place to ensure soiled laundry was separated. At the time of the inspection, staff said the washing machine had broken down, but there were plans in place to deal with this. The registered manager said they were expecting delivery of a new washing machine later in the week.

The registered manager also described a contract the home had with an external agency, which supported the home to ensure they were compliant with health and safety standards.

Is the service effective?

Our findings

People were supported by staff who had the knowledge and skills needed to carry out their roles and responsibilities. One member of staff said “we get lots of training and this has really helped me.” Staff received a two day induction when they first started working at the home. This included being given an employee’s handbook, reading risk assessments and care plans for all the people at the Vicarage. They also completed training in health and safety, manual handling, essentials in resuscitation, epilepsy awareness, food hygiene, evacuation procedures, safeguarding vulnerable adults, legionella awareness, stress management and data protection. New staff were expected to complete all mandatory training within their probationary period. New staff also worked alongside more experienced staff during their first weeks to ensure they got to know people before they started working with them on their own. Records showed staff had completed their induction and other courses relevant to their role.

Staff also undertook additional training courses to support their understanding of working with people, which the registered manager said they were encouraged to do through a local college. For example, staff had completed a course on constipation in the previous year as this had been identified as an issue for some people at the home. Staff were able to undertake nationally recognised qualifications in relevant subjects, for example one staff record showed the member of staff had completed an NVQ level 3 in Health and Social Care. The registered manager said they discussed staff training requirements during their appraisal and supervision meetings.

Staff received regular supervision, both on an individual and group basis. The minutes of one group supervision meeting showed how staff had discussed their concerns about one person and agreed a strategy to support that person. This included holding a best interest meeting.

Staff described the meetings as useful as the registered manager used them as a way to discuss good practice as well as provide updates on care, such as changes to legislation. The registered manager said she was planning to discuss the ‘Social Commitment to Care’ at the next staff meeting. This meant that staff were supported to remain up-to-date with information relating to the work they were doing.

Staff also received an annual appraisal, although one staff record showed their annual appraisal was overdue as it had last been carried out in January 2014. The registered manager said they were in the process of ensuring that all staff appraisals were up to date.

There was a hand-over between staff at the end of each shift to ensure staff knew what tasks they were expected to do and also knew about any concerns relating to the people living at The Vicarage. There was also a communications book in which key information that needed to be communicated to staff coming onto shift was written down. Staff signed to say they had read information in the book. During the inspection staff used the communications book to update key information about a person to ensure all staff were aware of the change to their care.

Some people living at the Vicarage had little or no verbal communication. Staff communicated with these people speaking slowly, and often repeating things, to help the person understand what they were saying.

People’s physical and mental health needs were addressed by staff working with health professionals including the person’s dentist, the learning disability team and the local hospital. The registered manager said they had very effective partnership working with the local GP and felt able to phone for advice and help whenever needed. Staff arranged appointments with other health professionals when they had concerns about a particular aspect of a person’s physical health. Care records contained details of appointments and check-ups which had been arranged for people. Each person’s care record also contained a ‘hospital passport’ which contained essential up-to-date information about the person including medical history, medicines, the person’s communication skills and their likes and dislikes. This passport was taken with the person if they were admitted to hospital to ensure staff at the hospital had the information needed to support the person effectively.

People’s consent was sought before any care was given and staff respected people’s wishes if they did not want to receive care at a particular time. Staff knocked on people’s bedroom doors before entering the room and spent time asking them what they wanted to do before helping them to do it.

Is the service effective?

The Mental Capacity Act (MCA) 2005 provides the legal framework to assess people's capacity to make certain decisions at a particular time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant.

Staff supported people to have as much freedom as possible and considered ways to keep restrictions to a minimum. Staff were able to describe how they supported people's independence. For example they described one person, who lacked capacity to make certain decisions, who was offered a choice of two sets of clothes to wear each day to help them maintain their independence.

People were free to move around the home and also to spend time on their own in their bedrooms. However some people were not free to go in and out of the home without staff accompanying them, although others were able to go to the local village on their own. Some best interest assessments were in some people's care record, but in other care records there was no clear record of how the capacity assessment had led to a best interest decision. However there was no evidence that this had had an impact on the care provided to people.

Where people require some restrictions to be in place to keep them safe, applications to the local authority to deprive them of their liberty in line with the Deprivation of Liberty Safeguards (DoLS) should be submitted. DoLS provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after the person safely. Applications had been made under the MCA for a DoLS authorisation for all the people living at The Vicarage. These had not yet been assessed by the Local Authority DoLS team.

Staff had undertaken training in MCA and understood the need to support people taking this into account. Staff were able to describe how they supported people in the least

restrictive way possible. Throughout the inspection, we observed staff talking to people about the choices they could make and explaining why something was not possible, if necessary.

People had locks on their bedroom doors but staff said these were not normally used by people. One person said they only locked their bedroom if they were going away for a few days. Staff knocked on people's doors before entering their bedrooms.

Most people tended to congregate in the kitchen which was the focus for much of the activity, although people also spent time in their bedroom. The kitchen was warm and had a friendly atmosphere with people and staff discussing activities throughout the day. During the inspection the main sitting room and a smaller room, which could be used as a private seating area, were not used very much. The main sitting room in particular felt quite cold and looked uninviting. We discussed this with staff. One member of staff said "It could be warmer and cosier...it's a big, old home." However staff also said people were always checked to see if they were cold and that there were no restrictions to putting on the heating. Bedrooms were individually decorated and people were able to have their own furniture and other items of their choice, including pictures and ornaments in their bedroom. The registered manager said they had a maintenance schedule to ensure that improvements were made where needed. They said they would consider how they might improve areas such as the sitting room by making it cosier and more personalised.

Meals included fresh ingredients and people were involved in choosing the menu. At a meeting held each Sunday, each person was given the opportunity to select the main meal on a day during the week. However, people were offered an alternative if they did not wish to eat the main meal on offer. People who wanted to follow a particular diet, for example vegetarian, were supported to do so. People were encouraged to eat healthily and have drinks throughout the day. People who were at risk of choking had been assessed and care plans described what actions staff needed to take to reduce the risk.

Is the service caring?

Our findings

Throughout the inspection we observed people interacting with staff who were knowledgeable about their preferences. People looked relaxed and happy with staff. Staff helped people to undertake activities they enjoyed. There was frequent friendly banter in the kitchen between staff and people living at the Vicarage. The registered manager said it was really important that people felt “It was their home, which staff came into.” A health professional commented “The staff I have met are very caring people and I have had no concerns regarding the care.”

Staff were able to provide detailed descriptions of what people enjoyed doing and how they ensured they were enabled to do this. People were offered activities which they were interested in, both on an individual basis and as a group. During the first day of inspection, one person was supported to go out for a walk whilst another person was encouraged to book a table for a meal they wanted to have at a local inn.

Staff had supported one person to buy some equipment which helped them enjoy a particular activity which previously they had only been able to do away from the home. Staff said they had considered whether this would mean the person had less interaction with people outside the home. However they had found that the person was much happier now and was more able to do other activities as well.

Staff said some people had wanted to develop an end of life plan. Staff had supported these people to choose the music they wanted played at their funeral; who they would like to invite to a celebration of their life; and what should happen to their belongings when they died. The end of life plans in these people’s care records were in an easy-read format and one person said they felt very pleased they had been able to develop this.

People living at The Vicarage had a personal plan which described things they enjoyed. The personal plan focussed on the positive aspects of the person and what they

enjoyed doing. Staff described how they supported people to be independent. One person was very involved in the community and described how important it was to them to be able to walk to the village and meet friends there.

Family and friends were encouraged to visit whenever they wanted and the registered manager said staff supported people to maintain contacts with family by visits and by phone. The registered manager also said they sent email updates on the home to family on a regular basis so they were aware of what people were doing. A health and social care professional said staff supported one person to remain in touch with family by taking them to visit the relative, who could not easily visit the home.

People were treated with respect and dignity. For example, one person said they wished to rearrange an activity to another time. Staff discussed what time would suit them better and helped them to come to a decision. Another person who wished to go for a walk was supported to choose and put on appropriate footwear and clothing in a dignified way.

Staff were aware of the preferences of people, and how these could change. For example one person was supported to eat vegetarian food when they decided they did not want to eat meat.

Although some people did not have people did not have very much verbal communication, they were supported to express their views and be involved in decision making about their care. This included making choices about the activities they did, the food they ate as well as everyday living choices such as when to get up or go to bed.

Staff were aware of the need to provide privacy for people in the Vicarage. People were able to ask staff to leave the room when they wanted to talk to inspectors. For example, during the inspection, one person requested to speak with the inspectors and the registered manager was quick to leave the room so the person could speak in confidence. It was evident that the person also felt confident and comfortable to ask for this private time.

Is the service responsive?

Our findings

People received personalised care which had been planned to meet their individual needs. Care records were neatly presented in a standardised format which meant staff were able to access information easily. Care plans were up to date and gave detailed, highly personalised descriptions of people's health and social care needs and clear guidance about how these should be met.

Because all the people had been at The Vicarage for a long time, there was some information, which were stored separately from the care record. This included information about people's history and background. We discussed with the manager whether a summary of these details could be held in the care record, so it was easily available to staff, particularly when they were new. She said that she would develop this with each person and add it to the care record.

The care plans described what people liked and disliked and their personal routines. They also included detailed risk assessments and how to reduce the risks associated with specific areas of concern. Risk assessments and support plans were updated regularly and when people's needs changed. There was an emphasis on helping people to maintain some independence. In one care record, staff had recognised the person's needs had changed when they were unwell and had altered their care plan to take this into account.

Staff knew people well and were able to describe the care they needed to deliver which accorded with the information held in people's care plan. Staff spoke of the importance of enabling people to have as much independence and choice as possible in how they lived their lives. People living at the Vicarage met every Sunday to discuss plans for the activities they wanted to do in the forthcoming week as well as what meals they wanted to eat. However staff said the plans would often be changed as the week went on and people changed their minds. Staff said they therefore adapted the plans without any problem, to take this into account. During the inspection, one person changed their mind more than once about when they would like to undertake an activity. Staff were supportive about this and discussed with the person what needed to be done to alter the arrangements.

Staff proactively thought about the care a person might need in the future. For example, it was recognised that one

person might need to change bedrooms to a ground floor location in the future. Staff had considered how this could be achieved and what options the person might be offered, if it was be necessary.

Daily notes showed that staff followed the information in the care plan and recorded not only what had happened but also where they identified concerns. People's confidentiality was respected and all personal information was kept in a locked room accessible only by staff. Staff recognised the need for confidentiality and did not speak inappropriately in front of others. When they discussed people's care needs with us they did so in a considered, respectful and compassionate way, recognising people's strengths and abilities.

Activities were individualised and people did not go out in groups unless they wanted to. For example one person enjoyed disco dancing in Bude and was also going to visit Cornwall at the weekend. Staff said another person had a particular interest and sometimes went away with another person who lived locally to pursue their hobby.

The registered manager said they worked with other health and social care professionals to ensure that as changes in people's needs occurred, these needs were reassessed and care was then revised to reflect this. One health professional commented that staff were "very easy to approach when working in partnership." A social care professional said "the staff involve us when necessary. They have also asked for referrals to health professionals when an issue has arisen."

The home had a complaints policy and procedure. However the registered manager said they had not received any formal complaints as people discussed issues with her as they arose. People said they were happy they could talk to staff if they were unhappy about something and this would be dealt with to their satisfaction. The registered manager said people had been supported to access an advocacy service in Cornwall and added that if anyone needed support from an Independent Mental Health Advocate (IMCA) they would arrange it. IMCAs are a legal safeguard for people who lack the capacity to make specific important decisions: including making decisions about where they live and about serious medical treatment options. IMCAs are mainly instructed to represent people where there is no-one independent of the service, such as a family member or friend, who is able to represent the person.

Is the service well-led?

Our findings

There was a manager in post who had managed the home and been registered with the Care Quality Commission since 2008. The registered manager had appropriate qualifications for her role and had experience of working with people with learning disabilities in other organisations. A health professional commented “I can say that I have found them an extremely well led organisation.” Another health and social care professional said “The home has a good manager and deputy – they are very person-centred.”

Throughout the inspection, people and staff showed genuine affection and respect for the registered manager. One person commented how they really liked her and how she always had time to talk to them.

One member of staff described the manager as “fantastic – supportive of all staff in a very positive way. When you get something wrong, she tells you off positively; so you go away feeling ok about yourself still and having learnt something.” Another staff member said they had great confidence in the registered manager to get things done, commenting “She is very approachable and takes action if we raise a concern.”

There was a clearly expressed ethos in this service that was centred on promoting people’s independence and helping people live as normal lives as possible. Staff understood this and worked closely together to achieve the best outcomes for people.

The registered manager said: “What is great about this service is that all the care is individualised; everyone has a choice and say in the care we give.” They also commented “It is about giving people the opportunity to live the lives anyone else lives; but with a bit of support.We give people opportunities to go and do individual activities for themselves.”

This ethos carried through to people’s experience of living at the Vicarage. For example, one person said “I’ve got loads of friends here and in the village. I go out every day. I can have a snack anytime.”

A member of staff said: “What we do really well is treating people as individuals. We know what people like and dislike. Staff are kind and they don’t rush people. They support people to do things at their own pace; it’s really relaxed.”

There were systems in place to monitor the quality of services. These included regular audits undertaken by the registered manager. Staff and people were involved in discussing and planning improvements to the home. When we discussed our inspection findings with the registered manager, she was keen to use this information to make improvements to the service provided. For example, when we discussed how the home recorded informal complaints, she decided to implement a system which would allow these to be recorded and subsequently reviewed.

The Provider Information Return (PIR) described improvements to the home that had recently taken place. For example, the PIR described how the home was “in the process of putting a ‘Grab Bag’ together which will be beneficial in ensuring we are fully prepared in the event of a fire.” During the inspection we were shown the ‘grab bag’ which was located by the front door. Another example of an improvement was offering all people the opportunity to develop an end of life plan. Two care records had these plans in place. Both had been written in an easy-read format and people said they had written them with the support of staff.

There were systems in place to ensure staff were kept informed about the service and could express their opinions, views and ideas. Staff said they felt involved in decisions about the service provided and were able to feedback ideas. The service belonged to two external professional networks to ensure staff were kept up to date with current practice. A person living at the home was involved in a project with one of these organisations. The project was looking at how to improve the experience for people with learning disability when they come into contact with the criminal justice system.

There was a log of incidents which was reviewed regularly by the registered manager. An analysis of accidents and incidents was undertaken to establish whether there was anything that could be done to support a reduction in recurrences. We had received statutory notifications from

Is the service well-led?

the home in line with the requirements for reporting significant events. This helped us to judge how these events had been managed by the staff, and what had been done to reduce the risk of similar events occurring.

There were plans in place to deal with unexpected emergencies such as fire. These plans included detailed personal evacuation plans for each person living in the home.

The registered manager and staff worked closely with other agencies. Records showed minutes of meetings that were planned to discuss people's care with other health and social care professionals to determine the best way forward for each person.