

Mr & Mrs R Miles

The Old Vicarage

Inspection report

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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 ●

Summary of findings

Overall summary

This inspection took place on 17 June 2016 and was unannounced.

The service is registered to provide residential care for up to 10 people who have a learning disability or who are on the autistic spectrum. At the time of our inspection 10 people were using the service.

There is a requirement for The Old Vicarage to have a registered manager and a registered manager was in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Risks to people's health were identified and well managed, however hospital passports were not always in place for those people who needed them. Records had not always been made for when medicines, such as creams prescribed for use, 'as and when required' had been administered. In addition, guidelines as to when these creams were needed and the best methods of administration were not in place. Other medicines were seen to be managed and administered safely.

Staff recruitment practices were followed to ensure people were safe to work at the service, however not all staff had been asked about their health prior to starting their employment. Checking people's health in relation to the role they are to be employed in is a recruitment requirement.

People knew how to keep safe and to tell staff and their families if they were worried or upset. This showed the provider had taken steps to reduce the risks of abuse to people. In addition, staff had training on how to safeguard people and care plans and risk assessments considered what actions were required to keep people safe.

The registered manager understood the principles of the Mental Capacity Act (MCA) 2005 and care plans supported how to support people's decision making. Policies were in place to follow if a person lacked the capacity to make a specific decision, however a system to record capacity assessments should they be needed was not established. The registered manager confirmed shortly after our inspection they had put in place a system to record any capacity assessments in relation to decision making should this be required in the future. People's consent was obtained prior to staff providing any care and support.

People had healthy, nutritious food and drink and received effective care for any health conditions. They had access to a range of specialist health professionals as and when required.

Staff cared for people with kindness and supported their dignity and independence. People's views were sought and respected and people were involved in planning their own care.

People received personalised and responsive care as staff understood their needs and preferences. People contributed to their care planning and were asked for any complaints or feedback at regular meetings.

The registered manager was clear on their role and responsibilities and was supported by an established and supportive staff team. Staff were motivated and understood their roles and responsibilities. Systems were in place to check on the quality and safety of services provided.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not consistently safe.

Hospital passports were not always in place where needed and improvements were required for, 'as and when required' medicines. Staffing levels met the needs of people using the service and staff who worked at the service were safe to do so. People understood how to tell people about concerns and other risks to people's health were identified and well managed.

Is the service effective?

Good ●

The service was effective.

The principles of the MCA were understood and policies were in place should people lack the capacity to make decisions.

Staff received training in areas relevant to people's needs and were able to care for people effectively. People received support from external health professionals when required. People enjoyed their meals and received healthy and nutritious food and drink.

Is the service caring?

Good ●

The service was caring.

People were supported by kind and caring staff who enjoyed being with the people they supported. Staff respected people's privacy and promoted their independence. People's views and opinions were respected and people were involved in planning their own care.

Is the service responsive?

Good ●

The service was responsive.

People received responsive and personalised care. People's preferences were understood by staff and people maintained relationships with those that were important to them. People could raise concerns and suggestions.

Is the service well-led?

Good 

The service was well led.

The registered manager understood their responsibilities and were supported by a motivated and supportive staff team. The service was managed with an open and approachable leadership style. Systems and processes were in place to check on the safety and quality of service provided.

The Old 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 unannounced and took place on 17 June 2016. The inspection was completed by one inspector.

We spoke with all 10 people who used the service. We also spoke with the relatives of five people who used the service. We spoke with two members of staff and the registered manager. We looked at three people's care plans and we reviewed other records relating to the care people received and how the home was managed. This included some of the provider's checks of the quality and safety of people's care, staff training and recruitment records.

Is the service safe?

Our findings

We saw some people had important information about risks to their health recorded in a 'hospital passport.' Hospital passports are designed to help hospital staff know how best to communicate with the person and quickly know information about any health conditions should they require admission to hospital. We saw this was not available for one person who had a serious health condition that would, potentially, require fast hospital interventions should the person's condition deteriorate. We made the registered manager aware of this and they confirmed a hospital passport would be put in place for this person.

Families told us they felt any risks to their relatives were well managed. One family member told us how the registered manager had obtained specific equipment to reduce the risks from their relative's health condition. We saw care plans identified any health risks to people, including guidance for staff on how to identify early signs that people were unwell and what actions to take. We also saw information was recorded on whether people had allergies and what alternative treatments were suitable. Risk assessments were in place for other risks identified for people, such as from making hot drinks or from a risk of choking. Clear actions were provided on all risk assessments on how staff could minimise risks to people, for example, one person had been identified as being at risk of scalding so to reduce this risk, this activity was always undertaken with staff supervision.

We saw people had personal emergency evacuation plans in place for staff to follow, to help keep them safe should there be a need to evacuate the building. Evacuation procedures were practised to ensure that people were familiar with them. Procedures were in place to record any accidents or incidents; however no accidents or incidents had occurred since our last inspection. Plans were in place to reduce risks relating to people's care.

Medicine administration record (MAR) charts showed staff had signed to confirm they had administered people's medicines as required. However, staff had not always completed the MAR charts for when people were prescribed medicines 'as and when required,' such as emollient creams. We were told that these creams were being used, however there were no records made to show when this had been given, or whether it was not required on any particular day. Having clear records of when any prescribed medicines have been administered, refused or not required, including for creams and emollients, helps to reduce any risks associated with medicines. There were also no guidelines in place for creams prescribed, 'as and when required,' including where creams should be applied and any strategies to help people engage positively with their medicines administration when needed. This meant that there was a risk that staff may not have a consistent understanding of when and where to administer these and there was no written guidance in place for the staff to follow. We made the registered manager aware of this requirement. The registered manager confirmed shortly after our inspection that they had arranged for pharmacist advice on guidelines for medicines prescribed, 'as and when required' and MAR charts for administration of creams were being completed.

Families we spoke with were satisfied with how staff managed their relatives' medicines. One family member we spoke with told us, "[Person's health condition] is now controlled as a result of [registered

manager] pushing for new medicines and hospital reviews." We observed people being supported to take their medicines as part of our inspection. Staff prepared the person's medicine and administered this to them discreetly. Medicines were kept secure and we checked one person's medicines and found the correct amount of medicine was held in stock. Processes were in place to ensure medicines were safely checked in to the service and returned to the pharmacist when not required.

All the people who used the service told us they would tell, "Everyone," including staff and other people living at The Old Vicarage if they felt unsafe or were worried about anything. Families we spoke with all shared the view that people were cared for safely and one relative told us, "They are absolutely safe," and told us the premises were kept secure. They told us that in addition, staff were also, "Careful about visitors coming in." This helped people stay safe in their home.

Records showed the registered manager checked people understood how to report any concerns. Care plans identified where people were vulnerable to abuse and identified actions to reduce risks to people. For example, staff were prompted to remind a person not to talk with people they did not know when they went out on their own. Procedures were also in place to reduce the risk of financial abuse as financial risk assessments identified safeguards for staff to follow, including keeping receipts and keeping people's bank cards safe. Staff we spoke with told us about the safeguarding training they had completed and told us they would raise any concerns with their manager. Records showed all staff had received up to date training in safeguarding people. The provider had taken steps to reduce the risk of abuse occurring to people using the service.

Staff spent time talking and sharing activities with people during the day of our inspection visit. Families told us staff were always available whenever they visited. We looked at the staffing rotas with the manager who told us staffing levels were determined by people's day to day needs as well as what support people needed to attend any planned events, appointments or activities. For example, the day after our inspection visit some people were going on a day trip. We could see the registered manager had planned enough staff to go on the trip as well as having staff available at the location for those people who choose not to go on the trip out. Sufficient staff were deployed to meet people's needs safely and provide the support they required.

Recruitment records showed relevant checks had been carried out on staff before they started work to help the provider make a judgement as to whether people were of suitable character and were safe to work with the people using the service. These checks included checking people's Disclosure and Barring Service (DBS) certificate, obtaining written references and checking people's previous employment history. However, employers are also required to verify people are in good health to undertake the work they are being recruited to do. Checks on people's health had not been completed on two of the files we saw. Checking people's health in relation to the role they are to be employed in is a recruitment requirement. We made the registered manager aware of this so that this requirement could be checked.

Is the service effective?

Our findings

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and they are appropriately supported to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be made in their best interests and as least restrictive as possible.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). At the time of our inspection no-one had been identified by the provider as requiring an assessment for a DoLS.

Where people may not have capacity to make a decision the registered manager was aware that any decisions relating to their care were required to follow the principles of the (MCA) and had a policy in place to support this. In addition, care plans supported the principles of the MCA as they provided details on how best to support people to understand the decisions they were being asked to make. For example, one care plan recorded, a person was able to make their own decisions so long as things had been explained simply and slowly. However, the provider did not have any paperwork ready for use should a person require a capacity assessment to make a specific decision. We discussed this with the registered manager who confirmed shortly after our inspection that paperwork to record any capacity assessments for specific decisions were now in place.

People's consent for their day to day decisions was sought by staff before they provided any care or support. For example, people were asked whether they wished to speak with us during our inspection. People had also been asked whether they wanted to go on a trip out. For those people that chose not to go, their decision was respected. People were asked for their consent and given choices over their care. Records confirmed staff received training on the principles of the MCA and DoLS. People's consent to care and treatment and their decision making was being supported in line with the principles of the MCA.

One family member told us, "I don't think anyone could care for [my relative] any better than [The Old Vicarage] do." We found staff skills and knowledge in other areas relevant to people's care had been kept up to date. This included skills and knowledge in specific health conditions, such as epilepsy and administration of medicines for epilepsy. Staff we spoke to told us how they received training that was relevant and useful to their work. Records showed staff had received up to date training in other areas relevant to people's care and support such as first aid, infection control, fire safety and food hygiene. Staff told us they felt supported by the registered manager and their colleagues. One staff member said, "I feel supported so I'm confident and know I'm doing things right." Staff told us they had regular contact with the registered manager for support. Records showed supervision meetings with staff reviewed their performance and updated them on any changes in the service. This showed staff had relevant skills and knowledge and were being supported to meet people's needs effectively.

We saw people had a balanced and healthy evening meal. People ate together in a social and enjoyable environment and we saw people were offered drinks throughout the day. People who went out to a day centre took a packed lunch. One family member told us, "[Staff] do a fabulous pack up, full of fruit and sandwiches." All families spoke highly of the nutritious and home cooked meals for people. Families also told us how staff had encouraged healthy eating habits and encouraged people to try new things for added variety in their diet. One family member told us, "[Name of person] has an active life and healthy eating habits with salads and yogurts; all healthy, fresh cooked, good food." People's food preferences were recorded in their care plans and people told us they made their meal choices a day in advance. People with special dietary needs had these requirements recorded in their care plan and staff were able to tell us about their needs. People were supported to receive nutritional food and sufficient drinks of their choosing.

Families told us that their relatives were supported to maintain good health and see external health professionals whenever required. One family member told us with regards to their relative's health, "Since coming here, [name of person] has never looked back." Another family member told us how staff noticed their relative was not eating as usual and took them to the GP who was able to identify and treat an infection. The family member told us they felt the staff did well to obtain medical advice so promptly. They told us, "[Registered manager] is such an advocate for getting people appropriate treatment." Records also showed people had contact with, for example, chiropodists, dentists and opticians when required. This meant people received appropriate care and support for their health and care needs.

Is the service caring?

Our findings

People told us they were happy with the staff who supported them. A recent residents' meeting had also asked if people were happy with staff. People's comments had included staff were, "Nice and kind and friendly." During our inspection visit, we observed people and staff enjoyed each other's company and people were relaxed and comfortable with the staff working at the service.

Families all shared the view that staff built up caring relationships with their relatives. One family member told us, "The staff are so permanent, they've known [my relative for a long time.]" Another family member told us staff supported their relative in a, "Friendly and caring way." Staff we spoke with spoke warmly of the people they cared for and of the friendly atmosphere. One staff member told us how they made sure people were happy by talking with them. They told us, "It's nice to see people happy." Staff supported people with kind and caring attitudes.

People had their views about their care and treatment respected by staff. One person was planning to not go on a planned outing and this view was respected and supported by staff. Families we spoke with told us they were involved, with their relatives, in planning their relative's care and support. One family member told us they were involved, along with their relative in their care planning. They told us, "You have to draw information from people in a friendly and caring way; It takes time to get to know [my relative] and [staff] have done that." People were involved in planning their care and support.

One person told us how they went out in the local community and they enjoyed this. We saw a care plan and risk assessment was in place to support this regular activity. Care plans also supported people's choices and included consideration for independent mental capacity assessors (IMCA's) to support people with any future decisions and choices when and if appropriate. IMCAs support people who lack the capacity to make specific important decisions. IMCAs are mainly instructed to represent people where there is no one independent of services, such as a family member or friend, who is able to represent the person. Family members told us how their relative's had been supported in their choices and to develop their independence. One family member told us, "[Staff] have recognised [my relative's independence]." People's choices were respected and their independence promoted.

Families told us they felt their relatives' privacy and dignity was promoted by staff. One family member told us when they visited their relative, "We're always given a private room." They told us this was a different room to their relative's bedroom and they appreciated the quiet time to chat with their relative in a relaxed environment. During our inspection staff administered people's medicines discreetly and in private. We also observed that people chose to spend time in different parts of the building, including time in their own private bedrooms. We observed staff respected people's privacy and knocked before entering people's bedrooms. People had expressed this was important to them in their care plans, which for one person stated, 'I like people to knock before coming in.' People received support from staff who supported the principles of dignity and respect in their day to day work.

Is the service responsive?

Our findings

People we spoke with told us about the things they enjoyed doing and the things that were important to them. People enjoyed going to day centres and the activities they did there. One person was proud of their art and craft achievements and was looking forward to a forthcoming exhibition of their work. Another person told us they enjoyed gardening. Other people told us they enjoyed visits from their families and outings and meals at their homes. During our inspection visit we saw people helped around the home with cleaning and bringing in washing from the washing line. People told us the two household pets were important to them and told us how they helped to care for them. People were supported to follow their interests and maintain relationships that were important to them.

When we spoke with staff they had a good understanding of people's wishes and aspirations. They were able to tell us about people's individual interests and preferences. One member of staff told us they had supported a person to visit local places of interest on a local walk. This was important to the person as their family was local to the area. We spoke with other people local to the area and they told us they had also been supported to contribute and discuss their knowledge of local history with staff. Staff also contributed their knowledge of people's preferences in staff meetings, for example that one person preferred to wash the pots rather than dry them. We also saw that regular meetings with people discussed their preferences, for example, people had recently discussed ideas of where to go on holiday. Staff understood what people were interested in and helped to support those interests.

Families we spoke with told us they were invited, along with their relative to contribute and agree to how any care and support should be provided. One family member told us, "[Name of person] is always involved." They told us how the registered manager had talked with them and their relative about supporting their mobility in a different way. The registered manager had asked for their views and comments and checked the person agreed to try the new method before implementing it. This meant the registered manager listened to people's experiences and views to identify improvements in their care.

People we spoke with and their families, told us they had no concerns or complaints about the service. However should they need to, they told us they would feel confident to raise any issue with any member of staff or the registered manager. We saw that people were asked at their regular residents' meetings whether they wanted to make a complaint or suggestion. One family member told us, "I'm very happy with how [name of person] is cared for; I have no worries." Another family member told us, "Any complaint would be looked at fairly and dealt with in the right manner." We saw the provider had a policy and procedure in place to manage and resolve any issues raised.

Is the service well-led?

Our findings

The Old Vicarage is required to have a registered manager and a registered manager was in place. The registered manager was aware when statutory notifications were required, however told us no notifications had needed to be submitted since the last inspection. Notifications are changes, events or incidents that providers must tell us about. The registered manager was supported by an experienced and committed staff team who were motivated and enthusiastic about their work. Staff we spoke with told us they enjoyed their role and enjoyed any new responsibilities. They told us how the registered manager supported them when they were doing something new for the first time. Staff were clear on their roles and responsibilities and this was supported by guidance. For example, guidance was in place for staff members on the 'sleep in' duty, as well as cleaning schedules for different cleaning tasks. Staff understood their roles and responsibilities and received support to develop their skills and experience.

People spoke warmly about the registered manager and we could see the registered manager regularly spent time with people, sharing conversations and laughter. Families we spoke with told us they were warmly welcomed by the registered manager and staff working at the service. One family member told us, "You get a nice hello as soon as they open the door to you; there's a lovely feeling there." Another family member told us, "[The registered manager] is straightforward, approachable and honest and not afraid to say 'I don't know'." Staff told us they found the registered manager open and approachable, one staff member told us, "I can approach [registered manager] anytime." The service was managed with an open and approachable management style.

People's views and experiences were regularly gathered through residents' meetings and reviews of their care and support. Families completed questionnaires designed to identify where the service was doing well and where it could improve. The returns we read were all positive. We saw staff meetings provided staff with opportunities to share views and work as a team when contributing ideas for improving people's care and support. The service sought people's views and experiences with a view to identifying improvements and developments.

During our inspection, we reviewed records relating to the care people received and how the home was managed. We could see records were mostly well maintained and up to date. Systems to check on the quality and safety of services were also in place. For example, we saw fire safety checks, health and safety checks, and general audits of the environment. Checks on water safety and a fire drill were due at the time of our inspection and the registered manager informed us shortly after the inspection actions had been taken to complete these. Systems were in place to check on the quality and safety of care provided and records were mostly up to date and well maintained.