

Trident Reach The People Charity

Vicarage Road (A)

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 ●

Summary of findings

Overall summary

Vicarage Road (A) is a residential home which provides care to people who have learning disabilities. The service is registered to provide personal care for up to six people. At the time of our inspection the service was supporting six people.

At the last inspection, the service was rated Good. At this inspection we found the service remained Good.

People at the home were safe. Staff demonstrated that they were aware of the action to take should they suspect that someone was being abused. Staff knew the risks associated with people's specific conditions and the actions required in order to minimise the possibility of harm. There were enough staff to meet people's care and support needs promptly. People received their medicines when they needed them although action was needed to accurately record medicine storage temperatures.

People were supported by staff who had the skills and knowledge to meet their needs. People were supported to have the maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Menus had been developed in response to people's preferences and nutritional needs. When necessary people were helped to eat by staff. People in the home were supported to make use of the services of a variety of mental and physical health professionals.

People told us that the registered manager and staff were caring. People were supported by regular staff who spoke fondly about the people they supported. People had key workers who understood people's preferred communication styles and assisted them when necessary to express their views. Staff promoted people's independence however staff sometimes used infantile language when recording how people required supporting. The registered manager told us they would take action to address this.

Staff supported people to engage in activities they enjoyed. On occasion some people were left without stimulation or meaningful interactions from staff. People's care and support was planned in partnership with them so their care plans reflected their views and wishes. People told us that the nominated individual, registered manager and staff were approachable and would take action if they were not happy or had a complaint. The registered manager was developing a process to review and assess informal complaints and comments for any trends and themes.

People told us that the home was well run. The registered manager was aware of their responsibilities to the commission and they were knowledgeable of the type of events they were required to notify us of. Staff told us that the registered manager was supportive and led the staff team well. People had the opportunity to influence and develop the service they received. The provider and registered manager made checks to help ensure that the standard of care was maintained.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Vicarage Road (A)

Detailed findings

Background to this inspection

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

This comprehensive inspection took place on 7 June 2017 and was unannounced. The inspection team consisted of one inspector.

As part of planning the inspection we reviewed any information we held about the service. We also checked if the provider had sent us any notifications. These contain details 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 visit.

During our inspection visit we spoke with two people who lived in the home and the relatives of two further people. Some people living at the home were unable to speak with us due to their health conditions. We used our Short Observational Framework for Inspection (SOFI) and spent time in communal areas observing how care was delivered. Using this tool helped us to understand the experience of people who could not talk with us.

We also spoke the registered manager and three members of the staff team. We sampled the records including three people's care plans, staffing records, complaints, medication and quality monitoring.

Is the service safe?

Our findings

All of the people we spoke with told us that they felt safe in the home. One person told us when asked, "Safe? Yes." A relative told us, "People are very safe here. I've never seen anything wrong." We saw people were comfortable to approach staff when necessary and appeared relaxed and at ease around the home.

Staff knew how to protect people from the risk of abuse. They told us they received regular training in recognising the possible signs of abuse and how to report any suspicions. One member of staff told us, "We look out for things. For marks and things when getting people dressed." There was information available for staff and visitors of the action to take should they suspect that someone was being abused.

Staff we spoke with knew how to support people in order to protect people from the risks associated with their specific conditions. Staff told us that people were always supported by two members of staff to reduce the risk of people falling when being hoisted. This protected the person from falling. The registered manager had assessed and recorded the risks associated with people's medical conditions and the action staff were to take in order to minimise the possibility of harm. Risk assessments had been completed of locations people visited in the community to reduce any risks of harm when people were not in the home. People had 'Hospital passports' which were care files that contained a summary of their current conditions, care needs and medication. This enabled any risks associated with people's conditions could be shared with other health professionals.

There were enough staff on each shift to keep people safe. Staff told us they felt there were enough staff so they didn't have to rush and could ensure people were supported in line with their care plans. We observed that staff responded promptly to meet people's care needs and intervene when people were at risk of harm or required reassurance. People were supported by the number of staff identified as necessary in their care plans to keep them safe. When staff were absent their planned work was covered by colleagues working additional hours. One member of staff told us, "It is very rare that we need a member of the bank team." Robust recruitment checks had been completed by the provider's human resources department to ensure people were supported by suitable staff.

People received their medicines safely and when they needed them. Medicines were kept in a suitably safe location although records could not demonstrate that all medication had been consistently stored at the correct temperature to ensure they remained effective. The registered manager told us they would take prompt action to address this. The medicines were administered by staff who were trained to do so. Where medicines were prescribed to be administered 'as required', there were instructions for staff providing information about the person's symptoms and conditions to help staff decide when they should be administered. Staff had accurately recorded when people had received their medication and audits by the registered manager demonstrated that people had received their medication as prescribed.

Is the service effective?

Our findings

The people and relatives that we spoke with told us that staff were good at meeting their needs. One person told us that staff looked after them, "Good." The relative of one person said, "I am so pleased [person's name] is here." Another relative told us, "There are no complaints. They are very good here."

People were supported by staff who had the skills and knowledge to meet their needs. Staff told us, they had received induction training when they first started to work in the home. Staff then received regular updates in relation to basic skills and received additional training when necessary to meet people's particular medical conditions. Two members of staff told us they had recently attended specialised training to support some people who were developing a particular condition. Staff confirmed that they received informal and formal supervision from the registered manager on a regular basis to reflect on their practice.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Staff demonstrated an understanding of people's rights to choose how they were supported and respected their decisions. We observed staff asking people what they wanted to do and where they wanted to be in the home. When people were felt to lack mental capacity the registered manager had held meetings with appropriate others to identify care which would be in the person's best interests. One person's relative told us, "I'm involved in making decisions."

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS)." We saw that people who were subject to DoLS authorisations were being supported in line with their requirements. The registered manager was developing a system to review authorisations and ensure any extensions were applied for within an appropriate time scale.

People enjoyed their meals. Menus had been developed in response to people's expressed and known preferences. Meal times were promoted as a social occasion and during our inspection we were invited to attend a person's birthday party. When necessary the people who required assistance to eat were helped by staff. Staff were aware of risks related to eating and drinking including people's food allergies and how people needed their foods and drinks prepared to reduce the risk of choking. People received sufficient food and drink of their choosing in order to remain well.

People in the home were supported to make use of the services of a variety of mental and physical health professionals including GPs and dieticians. The service had recently recorded positive feedback they had received from a visiting health professional which stated that, "I will now be able to close [discharge] my patients as I feel they will be cared for effectively."

Is the service caring?

Our findings

People who used the service and relatives told us that the registered manager and staff were caring. One person shared jokes and laughter with a member of staff. They told us about their key worker and how they liked them. They pointed to a member of staff and told us they were their, "Mate." A relative told us, "All the staff are very kind." People were happy and content in each other's company.

People were supported by regular staff which had enabled them to build up positive relationships. Staff spoke fondly about the people who used the service and how they enjoyed supporting them to engage in things they liked. We observed when two staff arrived at the home they immediately hugged and kissed a person and wished them happy birthday. People received care from staff who understood their likes and needs.

People were supported to express their views and involved in making decisions about how their care was provided. We saw staff regularly ask people how they wanted supporting and respected their wishes. We observed staff communicating with people in their preferred styles which supported people to express their views and feelings. Records showed that people were regularly approached to review their care and identify if they would like to make any changes. This helped people to feel listened to and included in how the service was run.

We saw staff respected people's privacy and took care to ask permission before supporting people with personal care. People were supported to be as independent as they wished and could help themselves to snacks and drinks. People were encouraged to help with chores such as laundry and preparing meals if they wanted. Relatives told us they were encouraged to call and visit the service so people stayed in contact with those who were important to them. Although we observed staff treated people with dignity we noted that staff had sometimes used infantile language to record how people had been supported with personal care. The registered manager was aware of these incidences and showed they were taking action to ensure staff referred to people in a dignified manner.

Is the service responsive?

Our findings

Staff and the people we spoke with told us about the activities that people enjoyed and we saw that staff supported people to choose what they did each day. One person's relative told us, "Staff know what he likes. What he likes to eat and where to go."

During our visit people were supported to engage in activities they enjoyed. This included one person meeting a relative for lunch in the community and another person visiting a hairdressers. We observed staff organise and hold a party to celebrate a person's birthday. All the people in the home were invited to join in and everyone appeared to enjoy the event.

Staff we spoke with knew people's preferred activities and what they enjoyed. We noted on several occasions however that although some people appeared happy to be left alone staff did not regularly interact with them or offer support to engage in more stimulating activities. The registered manager told us that it was important for staff to respect people's wishes if they wanted to be left alone however they would take action to ensure staff regularly checked that this was what people wanted. Records showed that people were regularly supported to engage in activities they liked. We saw that activities were varied and reflected their known interests. Staff told us and records confirmed that people were regularly supported to engage in their preferred activities in the community such as attending their chosen place of worship. Records contained details for staff of how people liked to dress and how they wanted to be referred to. People appeared well dressed and we saw staff refer to people by their preferred names.

People's care and support was planned in partnership with them. We saw that people and those who supported them had regular reviews of their care to ensure records reflected people's latest needs and wishes. There was guidance for staff about people's preferred communication styles so they could understand and respond effectively to people's views and wishes. One person told us they enjoyed meetings with their key worker and said they were, "Good."

People in the home and relatives told us that the registered manager and staff were approachable and they felt confident they could tell them if they were not happy or had a complaint. One person's relative told us, "We are always talking. I can speak up, if I want." Although no complaints had been received people were confident that the registered manager would respond appropriately and make any necessary changes. Details of the provider's complaints process and how to raise concerns were available around the home. The registered manager told us they were developing a process to review and assess informal complaints and comments for any trends and themes.

Is the service well-led?

Our findings

All the people we spoke with told us that they felt that the home was well run. One person said, "I like it here. She's my friend [referring to a member of staff]" A relative told us, "[The registered manager] is great." We saw that people who use the service appeared happy in the home.

At the time of the visit the service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager was aware of their responsibilities to the commission and they were knowledgeable of the type of events they were required to notify us of. Their latest inspection ratings were displayed appropriately and the registered manager could explain the principles of promoting an open and transparent culture in line with their required duty of candour.

Members of staff told us that the registered manager was supportive and led the staff team well. One member of staff told us, "It is really, really good here. Everything is explained to me." Another member of staff told us, "It's enjoyable to come into work." Staff described an open culture, where they communicated well with each other and had confidence in their colleagues and in their manager.

There were systems in place to ensure people were involved in commenting on their care plans. These included regular meetings to obtain people's views about the quality of the service they received. Additional systems were in place when necessary to help people express their views. Where there were instructions for staff or when people's care plans had changed, staff had signed to indicate that they had read and understood them. We saw that people's activity plans and menus were updated in response to people's wishes. People had the opportunity to influence and develop the service they received.

The provider and registered manager made checks to review the quality of care people received. The registered manager told us and we saw that they had taken action when necessary to improve the care people received. Records showed that there were systems to make sure that relevant checks had been made on services and equipment in the home so they continued to meet people's specific needs.