

Home from Home Care Limited

The Old Vicarage

Inspection report

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Date of inspection visit:
10 March 2020

Date of publication:
26 June 2020

Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

About the service

The Old Vicarage is registered to provide accommodation and care for up to 14 people who have learning disabilities, physical disabilities and mental health needs.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

The service consists of a main house which is divided into two separate but connected, self-contained homes and a self-contained flat. There are three Mews cottages in the grounds. This is larger than current best practice guidance. We have rated the service outstanding as the size of the service having a negative impact on people, was mitigated by the building design which consisted of smaller living areas and fitted in well within the residential area where it was located. The service had been arranged in a way that ensured people received person-centred care and were supported to maximise their independence, choice, control and involvement in the community. Staff did not wear anything that suggested they were care staff when coming and going with people.

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

People received an exceptionally personalised service that supported their very individual needs which was a great achievement on behalf of the provider, given the challenges people faced due to their physical, learning and mental health disabilities. One relative said, "No other company comes close, they know exactly what is needed. They go above and beyond every time." Staff went the extra mile to support people to undertake a variety of exciting and challenging activities of their choice which interested them.

The provider's vision and values were inclusive and person-centred to make sure people were at the heart of the service. This vision was driven by the exceptional leadership of the management team. Relatives spoke extremely highly about the provider and the service delivered at The Old Vicarage. One relative stated, "I cannot speak highly enough of them, they are amazing, the care is second to none. They take care of every aspect."

There was a strong emphasis on continuous improvement. An advanced centralised electronic monitoring system was in place. Every aspect of people's care and support and the management of the service were monitored in 'real time.' This enabled management staff to immediately identify any issues or changes that needed attention and evidence showed they acted swiftly, applying the ethos of the service to continually strive for improvements to people's individualised care experiences.

Staff spoke passionately about working for the company and at The Old Vicarage. One staff member said, "I love it, I couldn't picture myself doing anything else. It's like a family, they mean such a lot to me and every day is different."

People were fully and regularly supported to take positive risks to enable them to live fulfilling lives. Core staff teams worked extremely effectively together and were built around meeting the needs of people.

There was a strong emphasis on the importance of eating and drinking well. The provider had set up 'training kitchen' workshops. Staff and people attended sessions to learn how to cook from scratch.

People received care and support from staff who knew them well. Relatives were positive about the care provided. One relative told us, "The main thing is they love her" and "I wouldn't let her go to anywhere else."

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

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

Rating at last inspection

The last rating for this service was good (published 8 September 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about The Old Vicarage until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Outstanding ☆

The service was exceptionally responsive.

Details are in our responsive findings below.

Is the service well-led?

Outstanding ☆

The service was exceptionally well-led.

Details are in our well-led findings below.

The Old Vicarage

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

The Old Vicarage is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a registered manager who was registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service short notice of the inspection. This was because people were often out and we wanted to be sure staff and people would be available to speak with us.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who worked with the service and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and

improvements they plan to make or have made since the last inspection. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with three people who lived at the home. Due to the nature of their condition, some people were unable to communicate verbally, so we spent time with them and accompanied one person into the local community.

We spoke with the nominated individual, a locality manager, the registered manager, the health and wellbeing manager, the positive behaviour support manager, the learning and development manager, a member of the provider's commissioning team, the assistant manager and four care staff. We looked at care and support records, risk assessments and medicines records.

After the inspection

We reviewed a range of records. This included more records relating to people's care and support and records relating to the management of the home. We spoke with two relatives by phone and received feedback from one person's relatives by email. We contacted a number of health and social care professionals for feedback.

Is the service safe?

Our findings

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

At the last inspection this key question was rated good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- People were supported to take positive risks to enable them to live fulfilling lives. One relative told us, "It is very safe, as safe as it can be. If she rides her bike, they follow everything to the letter of the law."
- Personalised positive behaviour support plans were in place. The provider's positive behaviour support team worked alongside people and staff. They knew people well and were able to give personalised advice and guidance. When people's behaviours fluctuated, the provider's electronic management system enabled staff to analyse and identify any trends or themes so targeted action could be taken to reduce any anxiety or distress.
- Assistive technology was used to ensure people lived with as few restrictions as possible. Epilepsy monitors and sensors were used to alert staff to anyone having a seizure.
- Accidents and incidents were analysed and monitored. Because the provider's system was centralised, lessons learnt could be shared across all services.

Using medicines safely

- An effective medicines management system was in place.
- People's independence with medicines management was assessed and encouraged. One person liked to pick up their medicines from the pharmacy, another person self-administered their medicines and signed their own medicines administration record.
- Technology was used to monitor the effect which medicines had on people's health. This information was then shared, when required, with the relevant health professionals, so any adjustments or changes needed in people's medicines could be made. The provider's electronic monitoring system triggered an alert when medicines were late or not recorded so action could be taken.
- Staff followed best practice guidelines around medicines management to ensure people achieved the best possible outcomes.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to protect people from the risk of abuse. Safeguarding was an agenda item at monthly staff supervision sessions and staff had access to a portal where they could "escalate a concern" directly to the nominated individual. Calls were made to staff on a monthly basis by an external human resources company so any concerns or issues could be raised.
- Safeguarding ambassadors were in place. They attended meetings and provided information and updates around safeguarding to staff and people.

Staffing and recruitment

- There were enough staff to meet people's needs. Each person had a "circle of support" which involved four core staff who knew them well.
- Safe recruitment procedures were followed. A values-based assessment process was in place to help ensure the right staff, with the right attributes, were recruited. One relative stated, "Staff are recruited for [name] using a tool which they have devised themselves. The interviewer gives information about [name's] needs and then asks how they would answer them in different circumstances. This is really helpful in getting the right kind of staff who will be resilient and able to work with them."
- People were involved in staff interviews so they could give their opinion on the suitability of prospective staff.

Preventing and controlling infection

- Effective procedures were in place in relation to infection control and hygiene. The provider was proactive with regards to the current Covid-19 pandemic. The health and wellbeing team were monitoring any changes in people's health which may indicate a concern such as a cough or temperature so immediate action could be taken.

Is the service effective?

Our findings

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

At the last inspection this key question was rated good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and feedback confirmed this.

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

- People's individual nutritional needs were met. The provider had set up "training kitchen" workshops. Staff and people attended sessions to learn about cooking. People had fun making meals from scratch such as pasta with pesto using a pasta maker and pestle and mortar. One person who had previously disliked pesto sauce, now loved it.
- People had recently attended a celebration and awards event. There was a Bollywood theme with Indian food. Care was taken to ensure that options were available that met people's individual requirements.

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

- Technology was used to carry out a holistic assessment of people's needs. Each aspect of the person was assessed.
- There was a transition process in place before people moved into The Old Vicarage to make sure people's needs could be met by staff. One relative told us, "[Name of person] had a long transition which involved Home from Home Care getting a detailed history of [name] from us and their previous placement which has contributed, we feel, towards the very informed and robust care they are receiving."
- The service worked in partnership with other organisations to ensure they kept up to date with new research and developments.

Staff support: induction, training, skills and experience

- People were supported by staff who were suitably trained and experienced. Staff told us and records confirmed that staff undertook training to meet the specific needs of people. A staff member told us, "The developments you are offered are fantastic. They are always wanting staff to progress." Relatives spoke positively about the staff and their skills. One relative said, "The training is amazing... I know a lot of time is spent on training the staff."
- An "attributes programme" was in place. This mapped the competencies and interests of staff with people which helped ensure each person's core team was made up of staff with the necessary skills needed to help people achieve their desired goals and outcomes.
- The provider employed their own trainers, who delivered training which was tailored to the needs of people. The trainers worked alongside staff and people to help ensure people experienced positive outcomes.
- The provider worked with an external HR consultant to collect staff feedback on a regular basis. Staff were contacted on a regular basis to share their views.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other

agencies to provide consistent, effective, timely care

- People were supported to have access to a range of external and internal healthcare professionals to help ensure their physical health and mental wellbeing were maintained. The provider employed a clinically led team known as the 'Health and wellbeing team.' This team helped staff to positively and proactively manage health risks and long-term conditions to improve people's health outcomes.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The 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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

- Staff followed the principles of the MCA. They assessed people's capacity every time a care and support plan was created, reviewed or updated. The relevant individuals with the authority to act on people's behalf and health and social care professionals were involved in this process.
- The registered manager had applied for DoLS applications in line with legal requirements.

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

- The service was built around the needs of people to promote their health, safety and wellbeing. The main house, self-contained flat and the three Mews cottages all had cooking and laundry facilities to promote people's independence. The concrete flooring had been replaced with a more cushioned design to reduce the risk of injury should someone fall. One person had a small turfed area of grass in their garden. This was changed to artificial grass because the person did not enjoy cutting the grass and became anxious when this needed to be done.
- People were actively involved in decorating their living and bedroom areas to ensure the décor and design reflected their personalities and preferences.

Is the service caring?

Our findings

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

At the last inspection this key question was rated good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were treated with kindness. Relatives said people were very well cared for. One relative said, "They are without a mum and dad, so it has to be a very personal approach so she feels she is mothered and they do love [name of person]."
- Each person had their own "circle of support" network which included four core staff. These staff knew people well. We observed positive interactions between people and staff. There was lots of smiling, laughter and good humour which demonstrated the strong bond between them.
- Staff spoke enthusiastically about the people they supported and the care provided. Comments included, "It meets the family and friends test. I can truly say from the bottom of my heart that they are cared for" and "The individuals have a fun packed life, they have lots of choices right down to menu planning. Everyone has a say, and they are listened to."

Supporting people to express their views and be involved in making decisions about their care

- Staff used inclusive ways to help people communicate their wants and wishes. A staff member told us, "We don't do traditional residents' meetings we do 'My say' meetings, it's all about the individuals...The people that use the service determine the service." Regular meetings and reviews were carried out to involve people and their relatives in their care and support.

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence was promoted. Staff explained that people's names were not written on their clothing to maintain their dignity. Housekeeping skills were encouraged to promote people's living skills.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated good, at this inspection this key question has now improved to outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

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

- People received an exceptionally personalised service that supported their very individual needs. Staff used inclusive and individual ways of involving people and their family in their care and support plans, so that they felt consulted, empowered, listened to and valued. One relative said, "They will come to me and we will work together. They always go the extra mile." One person showed us their care plan which they had helped devise with staff. We saw and heard about their love of fire engines.
- The service was extremely creative in supporting people to communicate their wants and wishes where they could not verbalise these for themselves. Each person had a very personalised 'My say' meeting to review their care and support, set goals and ensure staff were supporting them to achieve the best possible outcomes. Staff used a variety of strategies to involve people in their 'My say' meetings. This included showing people photographs, objects and pictures and closely observing their reactions to these items to help identify the success of the activities which had been undertaken. One person's 'My say' meeting minutes stated, "The photos caught [person's] attention, especially the picture of him attending the [amusement] arcade. [Name of staff member] asked him whether they would like to go to Cleethorpes Arcade and he stood upright and began to smile while touching the photo." The nominated individual told us, "Just because people don't say anything, it doesn't mean they don't have anything to say."
- The service was very adaptable and flexible to meet any changes in people's health or needs. One relative told us, "They know exactly what needs to be done" and "They always go above and beyond." An air conditioning unit had been installed in one person's room after their relative pointed out to staff that the circulation of fresher, cooler air would benefit the person's wellbeing. In addition, a water isolating valve had been fitted which restricted water flow and this supported the person during any dips in their mental health to help ensure their health and safety.
- The flexibility and responsiveness of the service was aided by the provider's innovative technology system which supported staff to monitor even the slightest change in people's health or wellbeing so action could be taken to help ensure people achieved the best possible outcomes. There had been a significant reduction in one person's behavioural incidents due to the careful monitoring and consistency of staff. Their relative stated that staff had done a "remarkable job," in supporting the person when other placements had not succeeded.
- The exceptional collaborative working, bespoke care planning and consistent approach of staff had a positive impact on people's health, independence and wellbeing. One relative told us how staff had worked tirelessly to ensure their relation was not been admitted to hospital due to a decline in their mental health. They stated, "They worked around the clock with her, they were unbelievable, we can't thank them enough. It was eight months without going to hospital." We read a letter which a mental health nurse had sent to the

provider about the multidisciplinary working at The Old Vicarage. This stated, "It is because of the relationship and trust that they have built with the service user and the excellent communication between them, myself, the family and the consultant psychiatrist...that have allowed the service user to remain in her home."

- Care records were extremely person-centred and tailored to each person and the data generated allowed staff to refine care and support plans.

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

- Staff provided excellent support to assist and enable people to lead rewarding lives. People's disabilities were no barrier to them living an "ordinary" and "equal" life. All activities were encouraged to help people reach milestones and goals in their lives. These included swimming, cycling and horse riding.. One person requested a large swing for their garden area and the provider arranged for this to be custom made and built for them, just how they wanted it. Staff told us of the positive impact this had on the person's health and wellbeing.
- There was a strong emphasis on 'active support.' This approach emphasises "doing with, rather than doing for." The provider was able to show us numerous examples of people being actively engaged in meaningful activities which helped develop their living skills and enhanced their quality of life. The quality of the staff team and the standards of service they delivered, had enabled people to move forward and achieve things that they had not previously been able to achieve in other care settings or in their family environments before coming to live at The Old Vicarage.
- People were supported to maintain relationships that were important to their emotional wellbeing. Staff supported people to visit their relatives regardless of the distance involved. Each journey was specifically tailored to the meet the needs of people.
- Staff organised video calls and other forms of contact such as emailing. One relative said, "They have started doing emails. Staff help [name] to send little kisses back so I know she has got my emails." These emails not only had a positive impact upon the person's wellbeing, but also reassured their relative.
- Staff spoke proudly of people's progression and their achievements - big or small, all were celebrated. One staff member told us, "I was knitting with [name] and now we have a little knit and natter. It's a new skill she has learned and I am so proud of her."
- The provider funded two vehicles which were individually tailored to meet the needs of people to help ensure social inclusion and access to the local and wider community. This unlimited access to transport had a positive impact on people's happiness and wellbeing.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The AIS was comprehensively met. The provider had accessed a variety of resources to support people. Information had been developed to ensure it was accessible to people using the service.
- Care plans contained detailed information on people's specific communication needs and the support they needed to communicate effectively.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure in place. This was also available in an easy read format for people who were unable to understand the written word. None of the relatives we spoke with raised any complaints about the care provided.

- People had an excellent relationship with staff and therefore felt able to discuss any problems with them. Because of this relationship, staff were quick to notice any unusual changes in behaviour which might need investigation.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated good, at this inspection this key question has improved to outstanding. This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- An innovative management and staffing structure was in place. The registered manager was supported by 20 specialist teams. Each team had a particular expertise such as positive behaviour support, health and wellbeing and transition and review. This meant the registered manager had a wide-range of support and had more time to focus on supporting staff to ensure the best possible care and support was being provided. Core staff teams within The Old Vicarage worked effectively together and were built around meeting the needs of people.
- People and relatives spoke extremely highly of the home. One relative told us, "She is so much better. If every service was as good as this, then we wouldn't need to worry." Another relative stated, "We believe The Old Vicarage is outstanding in their care and would recommend it to other parents." We asked one person how they would rate The Old Vicarage and they put both thumbs up to indicate it was outstanding.
- Staff spoke passionately about working for the company and at The Old Vicarage. One member of staff told us, "It's home from home -it's like coming to another family. You are coming because you want to come, everyone wants to give it 150%."
- There was a strong emphasis on continuous improvement. An advanced centralised electronic monitoring system was in place. Every aspect of people's care and support and the management of the service were monitored in "real time." This enabled management staff to immediately identify any issues or changes that needed attention.

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

- The Old Vicarage was based on family values. The directors of the provider organisation Home from Home Care Limited had been inspired by members of their own family to create bespoke services which put people at the centre of everything.
- There was a strong organisational commitment to ensuring people received person-centred care. Staff supported people to undertake opportunities that were challenging and offered them developmental opportunities. One person enjoyed working at the provider's social care exchange hub. This was a resource centre where a number of activities took place.

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

characteristics

- Engaging with people, families and staff was paramount to the provider to ensure people achieved the best possible outcomes. Creative ways were used to involve everyone in the running of the home. One person carried out health and safety checks. They had undertaken specific training in this area. They gave us a health and safety tour of the service and also stayed for our non-confidential feedback following our inspection and signed our form.
- Monthly 'parent calls,' were carried out by a member of the provider's team. These were in addition to the calls made by staff at The Old Vicarage. These calls offered families an additional opportunity to provide feedback on the quality of the service provided.
- The provider worked with an external HR consultant to collect staff feedback on a regular basis. The provider received anonymised summary information from the external HR consultant which they used as part of their continuous quality improvement processes.

Working in partnership with others

- Partnership working with outside agencies was very important to the provider with the aim of delivering seamless care. To improve people's experience of accessing health care services, the provider had also delivered training to health care professionals.
- The provider worked in partnership with a national charity, advocating for people's human rights. They used their connections to develop training to better support people to be able to communicate their needs. They were also working with Skills for Care to share their use of technology to innovate in social care. They were facilitating the placement of two graduates from the Skills for Care management scheme who were focusing on projects linked to innovation and assistive technology.
- Recruitment ambassadors were in place. They attended job fairs, universities and care colleges, on a regular basis to discuss what it was like to work in health and social care.
- Supporting the local community was very important to the service. People undertook various activities within the local community. A staff member from the swimming pool had written to the home and stated, "As part of the community it's really important that the local individuals in the area want to come to our swimming pool and use the service."
- People and staff were actively involved in raising money for the provider's charity which aimed to provide services for people experiencing isolation. The aim was to collect sponsors for the charity's "Move a Mile" event. Each person's aim was to move a mile by whichever method they chose. People not only had fun during the event, but in taking part, they had helped to support the local community.
- The provider recognised the importance of supporting other providers during the Covid-19 pandemic. They were helping with the supply of sanitiser to two home care services to assist them with infection control.