

Swanton Care & Community Limited

The Old Vicarage

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?	Requires Improvement ●

Summary of findings

Overall summary

The inspection took place on the 28 and 29 September 2016 and was unannounced.

The Old Vicarage provides care and support for up to 17 people. The Old Vicarage is a home which supports people who have mental health needs. The home comprised of two buildings, a period property offering accommodation over two floors and a purpose built block called St Mary's comprising of self-contained flats.

There was a registered manager 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 a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. During this report the registered manager will be referred to as the manager.

Some important safety checks relating to water temperatures and some equipment used in the building had not been carried out for some time.

There were some systems in place to monitor the quality of the service. However, not all of these were robust. In some areas the manager and the provider did not have an oversight on elements of the service provided.

People benefited from being supported by staff who were safely recruited and well trained. Staff felt supported in their work by the manager. There was consistently enough staff to safely meet people's individual needs. Staff understood how to protect people from the risk of abuse and knew the procedure for reporting any concerns.

Staff knew and understood the needs of people living at the Old Vicarage. People received care which was person centred, the manager and staff knew the people they supported.

Staff received yearly appraisals. Staff also had regular supervisions. The manager observed practice and was involved in the daily running of the service.

Staff told us they were happy working at the Old Vicarage. Staff were committed and dedicated to the service. They assisted people with kindness. People's dignity and privacy was maintained and respected. People were treated as individuals. People's wishes and what was important to them was promoted by staff and the manager.

The Care Quality Commission (CQC) is required to monitor the Mental Capacity Act (MCA) 2005 Deprivation of Liberty Safeguards (DoLS) and report on what we find. The service was depriving some people of their

liberty in order to provide necessary care and to keep them safe. The service had made applications for authorisation to the local authority DoLS team. The service was working within the principles of the MCA. The manager and the staff had a good knowledge of the MCA and DoLS.

People's care plans contained important, relevant and detailed information to assist staff in meeting people's individual needs. People's needs were regularly reviewed and monitored.

People were supported to maintain good health and wellbeing. The service responded proactively to changes in people's health and their wellbeing.

The service encouraged people to maintain relationships with people who were important to them. People benefited from being supported to do what they wanted to do. People experienced a variety of individual and group events. People were supported and given opportunities to explore their interests. The service encouraged people to be independent and to fulfil their goals.

There was a positive and open culture at the Old Vicarage. The service was welcoming and friendly.

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 ●

People's medicines were stored and administered safely.

Staff were safely recruited to meet people's individual needs.

People were supported by staff who knew how to prevent, identify and report abuse.

People were kept safe as risks had been identified, and managed appropriately.

Is the service effective?

Good ●

The service was effective.

People benefited from being supported by trained staff who felt supported in their roles.

Staff assisted people in a way that protected their human rights. The service was meeting its responsibilities under the MCA.

People had enough to eat and drink.

People's health and wellbeing were supported and maintained by having access to appropriate professional healthcare services.

Is the service caring?

Good ●

The service was caring.

Staff had a good knowledge of the people they supported and delivered support in a caring way.

Care and support was provided by staff in a way that maintained people's dignity.

Staff promoted people's independence.

People were involved in making decisions around the care and support they needed.

Is the service responsive?

Good ●

The service was responsive.

Care and support was provided in a personalised way that took people's wishes, needs and life histories and future goals and aspirations into account.

The service encouraged people to maintain meaningful relationships with those who were important to them.

There were social activities, and the service encouraged people's involvement.

The home had a system in place to gain people's views on the service provided.

Is the service well-led?

The service was not always well-led.

The manager and provider did not have an oversight on elements of the service. Some of the auditing systems in place were not robust.

The staff and the people they supported benefitted from a manager that demonstrated dedication and commitment to the service.

People were supported by staff that were happy in their work and felt valued.

Requires Improvement 

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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 28 and 29 September 2016 and was unannounced. The inspection was carried out by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

The registered manager had completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

Before we carried out the inspection we reviewed the information we hold about the service. This included statutory notifications that the provider had sent us in the last year. A statutory notification contains information about significant events that affect people's safety, which the provider is required to send to us by law.

During our inspection we spoke with nine people who used the service. Observations were made throughout the inspection. We also spoke with two relatives.

We spoke with the manager and four members of the care staff. We also contacted the local safeguarding team, the local authority quality assurance team, and the clinical commissioning team (health) for their views on the service.

We reviewed the care records of three people and the medicines records of four people. We also looked at records relating to the management of the service. These included training records, health and safety check records, audits, accidents and incidents.

Is the service safe?

Our findings

The people we spoke with told us they felt safe and protected living at The Old Vicarage. One person said, "I feel safe, the staff they talk to you and stuff." Another person told us, "Yes I do (feel safe), the doors are locked, and you use a code or your key fob." A relative told us they felt their relative was safe living at the home.

The staff we spoke with understood how to protect people from the potential risk of harm or abuse. Staff told us the different types of abuse and how they would identify if a person was experiencing harm in some way. One member of staff told us if a person was presenting as withdrawn this could be a particular sign of a person experiencing harm. The staff we spoke with said they would report any concerns to the manager or to the provider. One member of staff said, "I have ethics I will always whistle blow." Another member of staff said, "Every service user needs to be safe and free from abuse." Staff directed us to the provider's 'whistleblowing' telephone number which was displayed around the home. Some staff also showed us another phone number displayed in the staff office; this was the local authority's safeguarding number. However, when we spoke with staff, they were not aware of this team, and what they did.

We spoke with the manager about how they and the staff managed people's needs in order to keep them safe. Some of the people who lived at the home were at risk of self-harm and had a history of mental health needs. The manager told us some people had certain 'conditions' to their stay at the home. If people broke these conditions the manager discussed this with the person and their care team. This is a group of health and social care professionals who are assigned to support individuals. The manager also told us how people had their needs reviewed and monitored on a regular basis to ensure they were safe.

We were told about the various measures the manager had taken to ensure the building was secure. There were CCTV cameras on the outside of the buildings. We were also told about the systems that were in place to enable people to access the local area in a safe way. People would tell staff where they were going and when they would be back. Staff would ask if people had their mobile phones with them and these were charged with credit to enable them to call the home and ask for assistance if it was needed.

We looked at some people's care records. These were very detailed and clear. The records demonstrated what needs individual people had and how the staff and the manager managed these needs, in order to keep people who lived at the home, as safe as possible.

The service had plans to respond to emergencies. There was an evacuation plan which included personal evacuation plans for all the people who lived in the home. We could see there were regular fire drills, this included regular tests of the fire alarm and evacuations. These evacuations included both staff and people present at the home when the test evacuation took place. The service also had a business contingency plan to respond to emergencies which could affect the service.

We were told that when new staff or agency staff started on their first shift at the home, they received a safety induction. The manager showed us records of short inductions for these members of staff to ensure

they knew what to do in an emergency and that they understand the layout of the building.

We were shown records which confirmed that certain safety tests were taking place. These included yearly tests of the fire alarm and fire extinguisher equipment, all electrical items were checked, and there was an annual test for Legionella. This is a bacteria which can grow in water supplies, and can cause people to become ill.

The manager had a system of responding to accidents and incidents. We looked at these records and we could see issues had been identified and responded to ensure people were safe.

There was enough staff to meet people's needs. People told us staff responded to their needs and spent time with them. The people we spoke with told us that staff responded to their requests for emotional support when they asked for this. Staff told us they did not feel rushed or hurried in their work. They also told us they were able to spend time with people and people's planned one to one support time always took place.

There were safe recruitment processes in place, which helped to ensure that only those people suitable to work in care, were employed. We looked at the personnel files of some members of staff. We could see the appropriate security checks had been completed to ensure people were safe to work in care. Staff identification had been verified and the Disclosure and Barring Service (DBS) checks had been carried out.

The manager told us about the disciplinary procedures of the home. We were shown staff personnel files when this had been applicable. We could see in these situations regular meetings with the manager took place to address the issue and monitor progress. We saw that in some cases additional training was provided.

Some people were independent with their administration of medicines. We could see there were risk assessments completed by staff to confirm to them and the manager if a person was able to continually administer their medicines. We looked at one person's record who self-administered their medicines and we could see this had been reviewed on a regular basis. This was to check they were taking their medicines as the prescriber had intended and their medicines were stored securely.

People's medicines were stored in a secure way in people's rooms. There was clear guidance for 'as required' medicines to ensure people only had these medicines when they needed them.

We looked at people's Medication Administration Records (MAR) and we found these had been completed appropriately by staff. However, we found one person's MAR had not been updated to demonstrate a recent issue with their medicines. We brought this to the attention of the senior member of staff who manages people's medicines and the manager who said this issue would be addressed and noted for the future.

Is the service effective?

Our findings

The service was effective at meeting people's health and social care needs. People spoke positively about staff. "Staff are reasonable, they try to make our lives as comfortable as possible. On a daily basis they pop in, they are very helpful". Another person told us, "[Staff] are fine, great." A relative told us, "We can't praise them [staff] enough."

We looked at the training programme for care staff. We could see staff were up to date with their training which included refresher training. This included training in areas such as food safety, first aid, safeguarding, dignity and person centred care. We could also see staff had received additional training in subjects relevant to some of the people who lived in the home. For example epilepsy, Asperger's, and diabetes.

Staff were 'key workers' for people who lived in the home. The staff we spoke with told us about the needs people had, and how they supported these people. We looked at some people's care records and we could see these needs were identified in these documents.

Staff spoke positively about their induction programme when they started working at the home. The manager talked to us about this programme. There was a period of online training in key areas. Face to face training was then provided, which included fire awareness, and NAPPI (non-abusive psychological, and physical intervention) training. New staff completed the 'Care Certificate' which teaches fundamental standards in care. During this process new employees shadowed staff on shift until they were considered to be competent by the manager or a senior member of staff. We looked at a new recruit's staff file and we could see they had had regular meetings with the manager to discuss their progress.

Staff told us they had regular supervisions with the manager or a senior member of staff. We were shown various records which confirmed these took place on a regular basis. The manager talked us through the topics and subjects covered in these conversations. We could see the management team tried to ensure staff had the skills and knowledge to perform well in their roles.

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 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). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The manager identified people who may be deprived of their liberty. They had made applications to the authorising body to ensure that people's rights were protected. The service continued to ensure that the person was not restricted more than was necessary to keep the person safe.

The manager and the staff we spoke with demonstrated that they understood the principles of the MCA. Staff told us how they supported people to make their own choices with their daily lives and their goals for the future. Some staff told us people who had capacity had the right to make unwise choices. Staff told us how they would support people to guide them to a positive outcome.

Staff told us that for people who may lack capacity in certain areas there would be a 'best interests' meeting involving family, professionals, and the person themselves regarding a certain decision. The manager told us about examples when they had concerns about a person's mental capacity. They told us that they contacted the person's care team for advice and further involvement.

The staff we spoke with told us how they involved people with what they wanted to eat and drink. We could see from the minutes of some 'residents meetings' that this had taken place. On the day of our visit we heard one person asking a member of staff to purchase a variety of groceries on their behalf, the senior member of staff said, "You'll have it by the end of the day."

However, when we observed lunch although there were some choices, and some people were eating different meals, people said they were tired of the same meals. One person said, "I've had enough of jacket potatoes." Another person said, "We're on a budget." We spoke with the manager about this, who told us they were recruiting a new chef and at present staff were "Pitching in making the meals." The manager told us they would speak to people about the types of meals people wanted to eat.

Some people told us they "self-catered" buying their own meals and groceries and planning what they had to eat. Staff told us about how they supported some people to buy snacks and drinks that they wanted to keep in their rooms.

People had access to health care services. We looked at some people's care records and we could see appointments had been made for people. In some of these cases people had been accompanied by their key worker, and sometimes the person had requested they visited the health professional alone. The manager told us about planned multidisciplinary meetings to review individual's support and wellbeing. From looking at some people's records we could see that these had been arranged. The manager told us they would request such a meeting if a person's needs had changed.

Is the service caring?

Our findings

People told us that staff treated them in a caring and friendly way. One person told us, "Awesome, all the staff they are like family, they treat me like a family member. High fives, handshakes." One person said, "Staff are very caring and courteous." Another person told us, "They have been very helpful, very lovely staff."

The manager told us that they, "Recruit people for their caring and empathetic approach." The staff we spoke with told us how they listened to and supported people with some of the issues and challenges they faced in their lives. We could see from people's reviews that staff engaged regularly with the people they supported.

During our visit we observed staff and people who lived at the service having positive and friendly interactions with one another. We saw a member of staff watching TV with some people and lightly chatting with them. We heard another member of staff talking about the person's day and what they wanted to achieve. One person touched a member of staff on their arm and said "You're so kind."

However, there were some times when staff did not engage with people in the friendly and positive way we had seen or in the way people told us they had. We observed lunch and found staff sat to one side of the room eating their lunch and talking amongst themselves. Some people tried to engage with some of these members of staff, but the responses were often task focused. abrupt.

People told us how the manager and staff supported them to maintain relationships which were important to them. One person said, "My [partner] is allowed to stay overnight and has done." We could see in some people's records that plans had been made with the person to support them to maintain connections with their relatives. In some cases staff discussed with people whether certain connections would have a negative effect on their mental wellbeing. People told us their relatives visited anytime they wanted to. On the day of our visit we saw that some people's relatives were visiting them. We spoke with one relative who told us the staff and manager had supported them to maintain their relationship with their relative.

People told us they attended 'resident's meetings' and were involved in planning group outings. One person told us, "We have resident meetings; I took chocolate chip cookies last time. Everyone is free to bring things up, what they want. It's all recorded. We have got our Christmas meal organised, the patio was agreed there." Another person said, "Every resident meeting you can make suggestions, they ask us what we want, and we get to say if we are unhappy about something."

People told us how staff protected their privacy and treated them with dignity. One person told us about how staff supported them with their personal care and said, "They [staff] are respectful." Another person said, "Staff are always respectful." People told us how staff knock on their doors. During our visit we observed staff doing this and waiting for a response before they entered people's rooms.

People told us how they were supported to be independent. One person said, "I've got a programme, today I do my washing, its part of my care plan." We spoke with another person who said, "We get help every now

and then but they do try and prompt you to do it on your own." A third person told us, "I'm aiming for supported living in the flats."

Staff and the manager told us how they promoted people's independence. Some people lived in self-contained flats where they completed tasks with the support of staff. Some people accessed the community when they wanted to. Staff asked that people told them where they were going and when they would be coming back. On the day of our visit one person was cooking the evening meal for people with the support of a member of staff.

Is the service responsive?

Our findings

People who lived at the Old Vicarage received care in a person centred way. One person told us, "It is very good here, reflecting on the other residents everyone seems happy. Certainly the home is centred around us, we come first." Another person said, "If you ask for some time they'll give it to you." A third person told us, "I used to have one, one to one, now I have two one to ones a week, two hours each. I talk about everything that is on my mind."

We looked at people's care records. These contained detailed information specific to the individual person. From reading these documents we could see the service had completed a full assessment of people's needs. People's care history was explored. Their mental health needs including symptoms indicating when a person was becoming unwell were documented. What was important to people was documented, in some cases this included the important people in people's lives. People's likes and dislikes were explored. Staff also explored people's hopes and concerns for the future, their goals and aspirations.

We found that people had regular reviews. From looking at some of these reviews we could see staff had involved the person. Discussions had been had about what was working well and what wasn't working for the person. In these records we could see that various plans had been made with the person about moving forward to improve their wellbeing. We could also see how staff had contacted the relevant health professionals to respond to some of the issues and concerns that the person had identified. Reviews with other health professionals also involved the person. We spoke with one person who had just returned from an organisation where the person was going to work as a volunteer. They told us staff had supported them to become a volunteer.

We spoke with one member of staff who told us how one person had found it difficult to go out of the home. This member of staff talked to us about how the person was supported with a member of staff to do this. They said, "[Person] has [their] entire life future in front of them, I want [person] to be able to do something with their life." This member of staff told us what progress this person had made to achieve their goals.

We could see from looking at people's records and from speaking with staff that the manager and staff knew how to monitor people's wellbeing. Staff were aware of the possible triggers to a person becoming mentally unwell. One person also told us, I have had some dips, usually to do with family contact. Staff jump in when I need it. Even if I don't recognise it myself, they do."

People were supported by the staff and the manager to follow their interests. We were told about one person who enjoyed cooking but there was a risk equipment would not be turned off after cooking. The manager told us staff, "Stand back," to enable the person to cook independently. When they have finished staff check all equipment is turned off.

People told us they volunteered at various organisations. People also told us of various social activities and hobbies they enjoyed. This often involved staff taking the person to a certain venue to explore this interest. One person told us, "I'm going to Future Studio today." Another person told us, "I volunteer at [local charity's

name], I do eBay listing and check refurbished computers."

On the day of our visit we were introduced to one person by a member of staff, this member of staff made a positive comment about this person's appearance, the person answered, "I'm going to the theatre today, and then lunch." We later observed a member of staff getting prepared to accompany this person to the theatre.

The manager told us that people had planned one to one support even if this is not funded by the local authority. The manager told us there is a weekly event which is in addition to the one to one time people had. We could see on the home's notice board a poster saying this week it was Colchester Zoo. The manager told us "It has been a meal out before, the guys like Chinese restaurants here, or we have been on the broads." People were also supported to go on short holidays. The manager told us the various holiday's people had had this year, and the ones which were planned for later this year. This was confirmed in some people's care records we looked at.

People were encouraged to make choices about their day to day lives and their futures. The manager told us about one person who made certain choices about their groceries when they go shopping with staff. Their choices are often against the advice they had received from a health professional. The manager said, "We have conversations daily with [person], but it's [their] decision." We could see in one person's care records conversations about the merits of a particular relationship to one person and the impact this may have on their wellbeing. This person's key worker said, "It is their choice."

People told us they would speak with the manager or member of staff if they had a concern or complaint. One person told us, "I can go to management if I'm unhappy, if I had a gripe that was really serious." We saw there had been a complaint made recently by a relative. From looking at the records we could see the manager had taken action to prevent it from happening again, and they had responded to the person making the complaint.

The manager, members of staff, and people who lived at the home, all talked about people being supported to move onto more independent living. Part of the service contained self- contained flats. The manager told us that an aim of the service is that most people from the main house and the self-contained flats will be supported to move into more independent environments. The manager and staff told us how they were supporting people to do this through the daily support they provided to people. From speaking with people, staff, and looking at people's care records we could see that some people were working towards this goal.

Is the service well-led?

Our findings

The service did not have effective systems in place to monitor and improve the quality of service provided. We found that safety checks such as some fire risks and water testing had not been completed since April 2016. The manager was aware of some of these shortfalls but had not taken any action to make improvements in this area.

The manager did not have a full oversight on how medicines were being managed and audited. There had been medication errors this year but not all the systems put in place were being followed. The issues we had identified on our visit had not been identified by the manager or the service's existing audits.

The manager had told us about how they ensured staff approach was caring and respectful to people who lived at the service. However, we observed some interactions which did not seem respectful to the people in the home. We raised this with the manager who said they would respond to these issues.

There was an open culture at the service. People told us they felt confident speaking with the manager and staff and raising any issues. Staff also told us they felt able to address practice issues with their colleagues and that they would share this with the manager. The manager told us about an investigation which was a response to a concern raised by a member of staff about a colleague. We were shown records demonstrating the manager was addressing this.

We could see staff had regular supervisions and staff had had appraisals. Staff said they attended meetings regularly and they felt able to share their views. We could see from the minutes of staff meetings these took place on a regular basis. People who lived at the home also had opportunities to discuss issues about their support at the 'resident's meeting' and at their regular reviews with their key workers.

The people who lived at the home all spoke positively about the manager. One person said, "I think the manager is a very nice man, nice to talk to." Another person said, "[Manager] is very nice, [manager] is approachable, staff are approachable." A relative told us, "We feel able to speak with staff and the manager... [manager] is lovely."

Staff also spoke positively about the manager. Staff said they had confidence in the manager. One member of staff said, "[Manager] is not afraid of rolling [their] sleeves up and mucking in." During our visit the manager was present in the service. We observed the manager and people speaking with one another in a friendly and familiar way. We saw the manager interacted with staff throughout our visit and assisted with the evening meal preparation. On the day of our visit the manager was involved in a social care meeting with one person, their relative, and a social worker.

The manager had a strong vision for the home. They told us, "We are a stepping stone for more independent living." The manager was clear about the values of the service which included promoting people's independence. The manager said, "We are about positive risk taking, giving people opportunities." We could

see from speaking with people, staff, and looking at people's care records this was put into practice in a planned way. One person said, "I make decisions about what I want to do with my life." We observed people accessing the local area independently or with staff. Some people told us what they were doing to enable them to become more independent.

The manager fully understood their responsibilities and had a comprehensive knowledge of the types of incidents they need to inform CQC about, as part of their role.

There were some systems in place to monitor the quality of the service. For example the manager told us, "I work the floor; I listen to ensure people are treated with dignity and compassion." The manager told us that they completed care shifts including night shifts to monitor the quality of the care provided. All senior staff also completed night shifts to monitor the quality of the care.

The manager had a programme of improvements that they wanted to make to the service. The manager and staff had recently updated a games room. They told us about the plans to improve the décor of the living room. We were told there were some spending restrictions from the provider. The manager said, "I do my very best for the Old Vicarage...I always feel we can make improvements." They went on to explain that they and a member of staff would be redecorating the living room themselves one weekend.