

# Trident Reach The People Charity Vicarage Road (B)

## 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 (B) is a care home without nursing. People in care homes receive accommodation and personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection. Vicarage Road (B) provides care and support for up to 6 people. On the day of the inspection 6 people were living at the home.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

At this inspection we found the service remained Good.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen." Registering the Right Support CQC policy.

People remained safe using the service. Staff understood how to protect people from harm. People's risks were assessed, monitored and managed to ensure they remained safe. Processes were in place to keep people safe in the event of an emergency such as a fire. People were protected by safe recruitment procedures and sufficient numbers of staff were available to meet people's care needs. People received their medicines as prescribed. Staff understood their responsibilities in relation to hygiene and infection control.

People continued to receive effective care. People received care from staff that had the skills required to support them safely. People were supported to have 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. People were supported to eat nutritionally balanced meals. People had access to healthcare professionals, when needed to maintain their health and wellbeing. Staff promoted people's independence.

People continued to receive a service that was caring. People were supported by staff who knew their care and support needs. People's rights to privacy and dignity were respected by staff.

People continued to receive a service that was responsive to their individual needs. Care records were personalised and contained details about people's preferences and daily routines. People were supported to pursue hobbies and activities that interested them and processes were in place to respond to any issues or complaints.

The service continued to be well led, the registered manager understood their role and responsibilities and staff felt supported and listened to. People and staff were encouraged to give feedback, and their views were

acted on to enhance the quality of service provided to people. The provider worked in conjunction with other agencies to provide people with effective care.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

<b>Is the service safe?</b> The service remains Good.	<b>Good</b> ●
<b>Is the service effective?</b> The service remains Good.	<b>Good</b> ●
<b>Is the service caring?</b> The service remains Good.	<b>Good</b> ●
<b>Is the service responsive?</b> The service remains Good.	<b>Good</b> ●
<b>Is the service well-led?</b> The service remains Good.	<b>Good</b> ●

# Vicarage Road (B)

## **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 comprehensive site inspection took place on 18 June 2018 and was unannounced. The inspection team consisted of one inspector.

Before the inspection visit we reviewed the information we held about the service. We looked at the statutory notifications that had been sent to us. A statutory notification is information about important events which the provider is required to send us by law.

During the visit we spoke with two people who used the service and three relatives. We spoke with four staff and the registered manager. We looked at the care files of two people who used the service to see if their information was accurate and up to date. We reviewed three staff files to see how they were recruited and checked information about their training. We also looked at records relating to the management of the service. This included audits the registered manager had in place to ensure the quality of the service was continuously monitored and this included medicine administration checks.

# Is the service safe?

## Our findings

At our last inspection 'safe' was rated as 'Good'. At this inspection people who lived at the home continued to receive good safe care.

One person told us when asked if they felt safe and happy living at the home, "Yes." A relative commented, "I have no concerns whatsoever with the care [person name] is safe." Conversations with staff demonstrated they had a good understanding of how to protect people from the risk of abuse or harm. We saw throughout the day people were happy to approach staff and appeared relaxed around the home. The registered manager was aware of their responsibilities in raising and reporting any potential harm or abuse to the local safeguarding authority. This implied people were supported by staff who knew how to protect them from harm and keep them safe.

People's risks were known by staff and were being monitored and managed. For example, one person was at risk of falls, staff were aware of the times when this person needed to be supported with their mobility. Risk assessments were detailed and up to date and included information about any best interests practice in place such as the use of covert medicines. Staff were aware of the risk for some people of not taking medicines and when covert medicines should be given. Covert medicines usually involves disguising medicines by administering it in food and drink. As a result, the person is unknowingly taking medication.

There were sufficient numbers of staff on duty to respond to the needs of the people living at the home. One member of staff told us, "There are enough staff to care for people and give them the time they need." The home sometimes used bank and agency staff who knew people well, which was important as some people living at the home had complex needs. We saw throughout the inspection staff responded quickly to meet people's care needs.

The provider's recruitment processes were robust and ensured relevant checks had been completed before staff started to work with people. These checks included references and a Disclosure and Barring Service (DBS) check. The DBS check helps providers reduce the risk of employing unsuitable staff.

People received their medicines as prescribed. One member of staff said, "There are always medicine trained staff on each shift. We are trained to give people their medicines and have our competency checked by the manager." We found medicines were securely stored and disposed of safely. Where people required medicines to be given to them 'as required' there was guidance in place which instructed staff on when these medicines might be needed.

We saw the home was clean and well maintained. Staff had access to personal protection equipment (PPE) when delivering care. Systems were in place to manage emergency situations such as fire. Each person had a personal evacuation plan (PEEPS) to enable emergency services to know how to support people. A system to monitor accidents and incidents that happened in the home was in place, when any issues occurred it was recorded in daily handover notes and an incident sheet completed this allowed the registered manager to carry out audits to identify any patterns or trends.

# Is the service effective?

## Our findings

At our last inspection 'effective' was rated 'Good'. At this inspection people who lived at the home continued to receive good effective care.

People who lived at the home had lived there for a number of years. Regular reviews of people's needs took place to ensure they received the support they required. Care records we looked at showed where possible people and their relatives had been involved in any reviews to determine people's needs along with information about their health requirements. We found information in care records was comprehensive and information up to date.

People were supported by staff that had the skills and knowledge to meet their needs. One member of staff told us, "Most of the training is on line we have had moving and handling, first aid and safeguarding training. Our competencies are checked by the manager." New staff received an induction when they first started in the home which included working with experienced members of staff and completing the Care Certificate training. The Care Certificate is an identified set of standards for health and social care staff. Staff told us they received regular one to one meetings with the registered manager which provided them with the opportunity to discuss any concerns or work practices. Staff also said that they attended a 'handover' when they started their shift. This ensured they had up to date information about any change in people's needs.

People were encouraged to eat balanced meals to maintain their health. One person we spoke with confirmed that they enjoyed the food offered to them. Staff were able to tell us how people communicated if they did not want to eat what was on the menu. Staff said they were offered an alternative choice. We saw meal times were a social occasion and where people might require assistance or prompting to eat and drink staff were available to offer support. Staff were aware of people's individual risks in relation to eating and drinking and how food stuffs should be prepared to reduce the risk of choking. We saw people received sufficient amounts of food and drink to remain healthy.

Relatives we spoke with confirmed their family members received effective care and support from healthcare professionals to maintain their health and well-being. One relative commented, "Staff always ring to let me know what is happening and what they have done. I have no concerns that [person name] health needs are not being met." People's care records we looked at showed us how staff at the home worked in partnership with professionals such as doctors, social workers and other healthcare professionals to ensure people's needs were continually met.

The accommodation had been adapted to meet people's physical health needs.

We checked whether the provider was working within the principles of the Mental Capacity Act 2005 (MCA), and whether any conditions on authorisations to deprive a person of their liberty were being met. 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Staff we spoke with were knowledgeable about the MCA and DoLS and what that might mean for people living at the home. We saw evidence that mental capacity assessments and best interests discussions had taken place when necessary and in accordance with the legislation. At the time of our inspection four people had authorised DoLS in place.



# Is the service caring?

## Our findings

At our last inspection 'caring' was rated 'Good'. At this inspection people who lived at the home continued to receive good care.

One person told us when asked if staff were kind and caring to them, "Yes." Relatives we spoke with confirmed that the staff were caring. One relative said, "Staff are very thoughtful and kind. I am very happy with the care given, staff are very pleasant." We observed peoples care and saw that interactions between staff and people were kind and respectful. We saw people were supported by staff they had got to know which had enabled them to build up positive relationships. Staff told us they liked working at the home and enjoyed spending time with the people who lived there. One member of staff said, "I am very happy in my job I have got to know what people like and don't like. I like to build on their likes to make sure they have a good day."

People were involved in day to day decisions about how and where they spent their time. There were areas within the home where people could choose to spend their times for example, in the lounge watching television, in the conservatory or garden areas or quiet time on their own.

Care records we looked at showed as far as possible people and their relatives were involved in planning their care. One relative commented, "I am involved in any review of care." The provider had ensured people had information in line with the Accessible Information Standard for example in picture format. The Accessible information Standard is a framework that makes it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. People's preferred styles of communication were known by staff and respected. Staff we spoke with knew people very well, their likes and dislikes and the way that they communicated. They explained that one person responded to music and another might use body language or gestures to communicate how they were feeling or what they wanted.

People were supported to be as independent as they wanted to be. For example, people were encouraged and supported to eat and drink independently and we saw one person mobilised independently around the home using their wheelchair.

We saw staff respected people's dignity and privacy and ensured they asked people's permission before supporting them with care. We saw one person chose to spend time alone in their bedroom and staff respected their decision. Information regarding people was kept locked so that people were assured their personal information was not viewed by others.

## Is the service responsive?

### Our findings

At our last inspection the home was rated as 'Good' in their responsiveness towards people. At this inspection people who lived at the home continued to receive good, responsive care.

We saw staff were responsive to people's needs and had a clear understanding of people's needs and how they liked their support to be provided. Care records we looked at were person centred and contained detailed information about people's preferences and daily routines. For example, one person enjoyed taking part in musical activities. A keyworker system was in place to ensure people were supported by a consistent member of staff. Staff explained the communication process in the home was good. For example, information about changes in people's needs were shared at a verbal and written handover meeting when staff arrived on shift.

People were supported to take part in activities of their choice. Relatives and staff we spoke with confirmed people enjoyed a wide range of different activities to meet their personal choices. For example, going out for a walk, visiting cafes and public houses for drinks and meals. People also attended college and discos. One person we spoke with confirmed they enjoyed the different activities they undertook. We saw activities were varied and reflected people's individual interests such as attending football matches. Care records showed that people were regularly supported to engage in activities they liked.

Relatives and one person we spoke with told us that the registered manager and staff were approachable and they felt confident they could tell them if they had any concerns or issues. One relative commented, "If I had any concerns I would speak to staff and things would get sorted straight away. I don't have any issues at all about the care [person] receives." No complaints had been received about the home since our last inspection.

At the time of this inspection, the provider was not supporting people with end of life care. However the registered manager said if people required end of life care they would have conversations with people, their relatives and professionals to discuss a person's wishes and preferences in relation to this.

# Is the service well-led?

## Our findings

At this inspection, we found the home continued to be well-led as we had found during the previous inspection.

A registered manager was in post. 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 understood their responsibilities for reporting certain incidents and events to us that had occurred at the home. For example, serious injuries. The provider had also ensured information about the service's inspection rating was displayed as required by law. The registered manager worked closely with other agencies in order to improve the service and keep abreast of any developments in the care sector. For example, social care agencies and other services such as healthcare professionals. Care records we looked at indicated professionals had been contacted and advice followed.

Relatives and staff we spoke with said the service was well-led. One relative said, "The registered manager is brilliant and keeps me well informed. They will email or telephone I have no issues they are very hands on and it is always a pleasure to go and visit [person's name] at the home." During our inspection we saw the registered manager had a visible presence in the home and worked alongside staff to support people. This ensured that they had an overview of the care and support provided to people living at the home.

All the staff we spoke with felt supported in their roles. One member of staff told us, "I really enjoy working here I feel very well supported in my job by the [registered manager] and my colleagues." Staff said the registered manager was always available to speak to should the need arise; and that they received regular supervision sessions which provided them with the opportunity to discuss any concerns or training needs. They were confident any issues they might raise would be listened to and they were aware of the whistle-blowing policy. They said they would contact either CQC or the local authority if they had any concerns which they felt were not addressed appropriately by the provider. We found the management of the service provided staff with the support they needed.

People and their families were able to provide feedback to the provider about the quality of service they received through surveys and conversations. Systems were used where necessary to help people to express their views. For example, pictures or gestures. This meant people and their families had the opportunity to be involved in the service and showed the provider took account of people's views.

Systems were in place to monitor the quality of the service provided. This involved regular checks of different aspects of the home. This included monitoring incidents and accidents in order to identify patterns and trends along with taking steps to learn from the events to reduce the likelihood of a re-occurrence. Checks were also completed on the environment and cleanliness of the home to ensure the home was a safe place for people to live. We found effective systems were in place to monitor the quality and care

people received.