



Inspection Report on

The Old Vicarage

**The Old Vicarage
Church Lane
Cardiff
CF3 2UF**

Date Inspection Completed

23 August 2021

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About The Old Vicarage

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Orbis Education and Care Limited
Registered places	10
Language of the service	English
Previous Care Inspectorate Wales inspection	22 November 2017
Does this service provide the Welsh Language active offer?	No

Summary

The Old Vicarage provides care for 10 people aged 18 – 65 years with a diagnosis of autism and its associated needs. There is a manager in place registered with Social Care Wales and the responsible individual is Lyndsey Price.

The home has a culture of empowerment and people are encouraged and supported to have their say and to develop skills in all aspects of their lives. Care planning is inclusive and a rights based approach is evident. Care staff know people well and they follow people's plans to provide consistent care and routines. They are responsive and patient but their infection control practice requires improvement.

People feel safe at the home and safeguarding practice is transparent and evidences learning. People are encouraged to be as healthy as possible and they are supported to manage their behaviour in line with their positive behaviour support plans.

The home is clean, homely and adapted to meet individual needs. The outdoor area provides suitable facilities and is used creatively by people for events and hobbies. Some improvements are needed in relation to health and safety checks and repairs.

Quality assurance measures are in place which evidence that action is being taken to drive improvements. Partnership work is valued and a proactive approach is taken to maintain people's quality of life throughout the pandemic.

Well-being

People express their views and they are able to influence their care and their environment. A wide range of consultation processes ensures people make choices about their day-to-day care, activities and the wider development of the service. They are involved in their person centred planning processes and they help to identify their goals. They choose the décor and furnishings in their bedrooms to suit their tastes and needs and they participate in decision making about the home. They take an active part in enhancing the environment and plan and participate in social events.

Care staff support people to maximise their physical and mental health. Care staff are attentive to people's changing health needs and they help to manage their anxieties so they can attend regular health appointments. Regular exercise and nutritious food choices are promoted, though diets are not always particularly healthy. Health passports provide clear information for professionals. People follow regular routines which promote their health and well-being and staff adhere to positive behaviour plans to reduce people's anxieties and help them to manage their behaviour.

People are safeguarded. People told us they felt safe at the home and that if they were worried about anything they would talk to care staff about it. The care staff know their safeguarding responsibilities. People have access to advocates and they see their family regularly. A rights based approach is promoted by the sharing of important information with people living at the service and the encouragement of their participation in care planning and decision making.

People live in a home which meets their needs. People are encouraged to make the home as homely as possible. People's bedrooms are personalised to reflect their tastes and hobbies and areas of the home are adapted to meet particular needs. The home is clean, safe and welcoming and people are involved in developing it.

Care and Support

Care planning is inclusive. People have provider assessments and regularly reviewed personal plans, though attention is needed to ensure the reviews consistently meet the regulatory requirements. People and their families take part in person-centred planning processes which feed into personal plans. Creative approaches mean that people participate in identifying goals and activities and suitable strategies to manage behaviour. People have copies of their plans in a suitable format.

Care staff are familiar with people's plans and risk assessments. Our observations and the completed daily diaries show care staff follow people's plans. Care staff know people well and use clear language and communication tools to ensure people understand what is being said to them. They treat people with dignity and respect and a culture of empowerment is evident in their approach. Humour is used to good effect and care staff are responsive and patient and provide reassurance when needed.

Care staff follow plans to support people to manage their behaviour. Incident records show care staff use the de-escalation strategies outlined in people's plans to address challenging behaviour with physical intervention rarely being used. Debriefs are held with care staff which evidence reflection and learning and the debriefs with people living at the home provide reassurance. People are helped to understand the service's commitment to the reduction of restrictive practice.

People are supported to lead active lives. Records show people are taking part in a wide range of activities of their choice in the community and within the service's skill centre The Orb. People are encouraged to carry out their own domestic chores and their self-care skills are promoted. People are proud of their work and they enjoy planning and hosting social events in the garden. New activities are explored to promote and maintain people's work, independence and social skills.

People are safeguarded. Care staff know the safeguarding procedures and the manager has a positive and transparent working relationship with the local safeguarding team. Records show learning and appropriate action being taken in relation to safeguarding incidents and all staff are up to date with their training. Protocols are achieved with the police which reduce safeguarding concerns and the service encourages the involvement of other professionals and parents.

Environment

The home is suitable and meets people's needs. The home is clean and provides a variety of spaces where people can relax on their own or spend time together. The furnishings are robust and of good quality and people are supported to maintain their belongings in an organised manner for easy access. Living arrangements are adapted to meet particular needs and rooms are re-purposed in consultation with people. Bedrooms reflect people's particular tastes and hobbies. The amount of bedroom furnishings is tailored according to each individual's particular needs. In this context, we recommended that suitable window privacy is put in place for one of the bedrooms. Kitchens are large and suitably resourced and photographs of people and their framed artwork dotted around the home, promote a sense of belonging and attachment.

The outdoor areas provide space and suitable facilities and managers engage and involve people in creative activities and events. People like using the large swings and the bike track. They enjoy gardening and they help to look after the home's pet rabbit and to paint the colourful picnic tables. People plan and run events such as tea parties and barbeques outdoors.

The home is subject to significant damage and wear and tear and some areas are in need of refurbishment. Records for repairs show the majority are responded to in a timely manner. However, a repair request for the back doors not releasing to a fire alarm remains outstanding and could potentially pose a significant risk to people living at the home.

Overall, the home is safe and secure. The large gates are secured and suitable ID checks are carried out on arrival. Most health and safety checks are carried out at the required regularity, although records of fire extinguisher and fire doors checks are not compliant. Care staff and people take part in regular fire drills and follow up action is taken in relation to the fire risk assessment and internal health and safety audits.

Infection control measures are in place but they are not always followed. Out temperature was not taken on arrival and we were not asked to take an LFT test. Anti-bacterial gel is dotted around the home and staff wear PPE. Covid outbreaks are managed in line with Public Health Wales (PHW) guidance and records show vigilance in the care of people during these periods. Basic infection control measures are not always followed when care staff support people with their cooking.

Leadership and Management

People have access to information. The statement of purpose is regularly reviewed and the service broadly matches its description. People living at the home have a guide to the service and copies of their personal plan and the complaints procedures in suitable formats. The safeguarding procedure is displayed in a visual format in the home and complaints are resolved satisfactorily.

There is a suitable number of skilled, experienced and trained care staff available to support people to achieve their well-being outcomes. The staff team is relatively stable and the two shift patterns have a balance of more experienced care staff with new starters. The rotas show there are almost always suitable numbers of staff in place to meet the identified staffing ratios.

Care staff are trained in the core areas and they also engage in training in other areas relevant to their role. Staff tell us the training is of good quality and their requests for additional training are responded to. Newer care staff speak positively about the induction process and all care staff describe the team as supportive and the managers as approachable and available.

Care staff are supervised but not all are receiving it at the regularity outlined by the provider. Care staff value supervision and records show that it provides a balance of welfare and work issues and a follow through of identified actions. Annual appraisals are completed which identify future learning.

Quality assurance processes are in place which promote improvement. The regulation 73 visits and quality of care reports evidence consultation and action being taken to provide a responsive, developing service. Feedback from people and their families is positive and partnership work is valued. Managers ensure that action is taken to address shortfalls identified in internal audits and a creative, proactive approach is evident to maintain people's quality of life throughout the pandemic.

Areas for improvement and action at, or since, the previous inspection. Achieved

Areas for improvement and action at, or since, the previous inspection. Not Achieved

None	
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Areas where priority action is required

None	
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Areas where improvement is required

Infection control measures not followed.	
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Not all safety checks completed within timescales, repair to fire doors outstanding.	
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Supervision of staff not meeting service's required timescales.	
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The area(s) identified above require improvement but we have not issued a priority action notice on this occasion. This is because there is no immediate or significant risk for people using the service. We expect the registered provider to take action to rectify this and we will follow this up at the next inspection.

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