

# The Old Vicarage

## Inspection report

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## Our findings

### Overall summary

We carried out this announced inspection on 28 June 2022. The inspection was led by a Care Quality Commission (CQC) inspector.

This inspection is one of a programme of inspections that the CQC is completing at the invitation of the Isle of Man Government's Department of Health and Social Care (IoMDHSC) in order to develop an ongoing approach to providing an independent regime of inspection of health and social care providers delivered or commissioned by IoMDHSC and Manx Care.

The CQC does not have statutory powers with regard to improvement action for services on the Isle of Man, and providers on the island are not subject to CQC's enforcement powers. The inspection is unrated and areas for improvement can be found in the Recommendations or 'Actions we have told the Provider to take' sections of this report.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

### Service and service type

The Old Vicarage is a residential care home providing accommodation with personal care for people with a learning disability and autistic people. The Old Vicarage is registered for up to three people and three people were living there at the time of our inspection. The home is close to the centre of Ramsey. Each person had their own bedroom and en-suite shower room. There was a kitchen, dining room, a reception room used for activities and crafts and a lounge.

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

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted.

To get to the heart of people's experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

These questions form the framework for the areas we look at during the inspection.

### **Our key findings**

The service was able to demonstrate how they were meeting the underpinning principles of culture, control and choice.

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. Restrictions in place had been identified and agreed through the six-monthly reviews involving people's family and social worker.

People participated in a range of activities, both within the home and in their local community. There were several staff vacancies at The Old Vicarage, which meant people's activities were adapted so two people went out with two support workers. We have made a recommendation about staffing.

We observed people were comfortable with their staff support. Staff had the training and support they needed to meet people's needs.

Staff said they felt well supported by the manager. Staff supported and prompted people to be independent where possible. Staff were safely recruited. Staff knew how to report any concerns they had.

People were supported to make choices about their daily lives through communication systems, for example the Picture Exchange Communication System (PECS), feelings boards and objects of reference. People had had limited communication skills when they moved to The Old Vicarage and staff were working to further develop people's communication skills.

Relatives were very positive about the staff team and the support provided, saying people's communication skills and independence had increased with the support from the staff team.

Person-centred risk assessments and support plans provided detailed guidance and information about people's support needs and routines, including strategies if people became anxious. These were regularly reviewed and agreed with people's families and social care professionals. Support goals were identified to work towards increasing people's skills and independence.

People received their medicines as prescribed and these were regularly reviewed. People were supported to maintain their health and wellbeing and their nutritional needs were being met.

A quality assurance system was in place, with audits and checks being made by the staff team and at a provider level. A home improvement plan identified actions from these. Incidents and

reactive approaches prevented, (where people had been supported to reduce their anxiety before an incident occurred) were recorded and reviewed to identify any learning from them for future support strategies. The number of incidents had reduced as a result of people being able to communicate what they wanted.

**We found areas where the service could make improvements. CQC recommends that the service:**

- Take action to recruit to the current vacancies and reduce the pressure on staff working additional shifts and enable each person to have their agreed support hours.

## The inspection

### About the service

The Old Vicarage is a 'care home'. People in care homes receive accommodation and personal care as a single package under one contractual agreement. Both were looked at during this inspection.

The Old Vicarage had a manager in post who was in the process of registering with the Inspection and Registration Unit of the IoMDHSC.

### Notice of inspection

This inspection was announced as part of a comprehensive inspection programme which is taking place between April and September 2022.

### What we did before inspection

We reviewed information received about the service since the last inspection. We used the information the provider sent us in the provider information return (PIR). This is information containing key information about their service, what they do well, and improvements they plan to make. We reviewed health and safety information provided by the manager. We used all this information to plan our inspection.

### During the inspection

We spent time with people and observed the support provided throughout our inspection as people were not able to communicate with us. We looked at the environment of the home, with people's permission.

We spoke with three members of staff including the manager and support workers. We reviewed a range of records. This included two people's care records and medication records. We looked at eight staff files at Autism Initiatives head office in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were reviewed.

### After the inspection

We spoke with two relatives by telephone to seek further views about the service and their experience of the care provided and met a social care professional for their feedback about the service. We also reviewed a variety of records relating to health and safety and staff training.

You can find information about how we carry out our inspections on our website:

<https://www.cqc.org.uk/what-we-do/how-we-do-our-job/what-we-do-inspection>

## Is the service safe?

We found that this service was safe in accordance with CQC's inspection framework.

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

Risks people may face were identified and guidelines were in place to manage these risks. Staff knew people's needs and how to mitigate the risks they faced. A detailed positive behaviour support (PBS) plan provided clear guidance for the support people needed to manage their anxieties. The manager was a PBS trainer for the provider.

Records were written where staff had supported a person to reduce their anxiety without the person's behaviours escalating. These were called reactive approaches prevented (RAPs). Incident reports were also written when needed. These were reviewed by the senior support worker and manager to identify any patterns and what worked well and what did not. We saw the number of RAPs and incidents had reduced over the past twelve months.

Staff felt well supported after an incident by the manager and their colleagues. Where required, a post incident review would be held. One support worker said, "We try and learn from incidents; if something worked in an incident, we'd tell their key worker so they can put it in the support plans. However, what one staff uses may not work for everyone."

Equipment within the home was regularly checked by members of staff and was serviced in line with manufactures guidance. External risk assessments for Legionella disease and fire had been completed. Any issues identified had been actioned.

## **Staffing and recruitment**

There were staffing vacancies at The Old Vicarage. Bank staff were used to cover the rota where possible, however, we were told that there was rarely staff available to provide people with the two-to-one support they were assessed as needing. When this happened, two staff would support two people together. A support worker said, "[Name] and [Name] get on well so we can go out two staff with both of them; but they can't do separate activities on their own the same."

The Old Vicarage had a 'buddy' system with another of the provider's homes that was close by. This meant the staff teams could support each other if needed, for example in the event of an incident.

Staff were safely recruited, with all pre-employment checks completed before new staff started working at the service.

## **Using medicines safely**

People received their medicines as prescribed. Assessments identified the support each person needed to take their medicines. Guidance was in place for medicines administered 'when required' (PRN). Staff had annual medicines administration training and a competency assessment was completed.

Where one person had refused their medicine, advice had been sought from the GP and a different way of administering the medicines had been agreed. This meant the person now routinely took their medicine.

## **Systems and processes to safeguard people from the risk of abuse**

Staff had completed training in safeguarding vulnerable adults. They knew the signs of potential abuse and how to report this. Staff were confident the manager would respond to any concerns they raised. The provider had safeguarding and whistleblowing policies which gave guidance for staff in raising any concerns they had.

## **Preventing and controlling infection**

The home was clean throughout. Daily and monthly cleaning schedules were in place for staff to follow. Staff had completed training in infection control.

Current guidance was being followed for the use of personal protective equipment. Staff took regular tests for COVID-19. We were assured that the provider's infection prevention and control policy was up to date.

## Is the service effective?

We found that this service was effective in accordance with CQC's inspection framework.

### **Staff support: induction, training, skills and experience**

Staff received the training they needed for their roles. However, one person living at The Old Vicarage had other syndromes and diagnosis, in addition to their autism. Staff had not had formal training for these needs, although they had worked with a learning disability nurse so they could meet the person's needs, who said, "Staff are aware of additional common issues for [Name's] diagnosis." A support worker said, "Staff need to understand differences for [Name] and their relationships with people as it's different to others with autism." We were told this had recently been raised with the provider and additional training was being arranged.

Face to face courses were being re-introduced following the COVID-19 pandemic when training moved to on-line meetings. Training in autism was part of the initial induction and the positive behaviour support training. One support worker said, "The PBS training made me think differently in different situations. [Manager Name] is the PBS trainer now, so can provide tips and give us ideas of what to try."

New staff completed a week-long induction, completing the required training, and then shadowed experienced staff for two weeks. This meant they could get to know people, their support needs and how they communicated. All support staff were enrolled on a level three health and social care course when they had completed their probationary period.

Support workers said they felt well supported by the manager and colleagues. There was a small staff team at The Old Vicarage and we were told the communication within the team was good. A support worker said, "We will chat about an issue as a team. Since [manager Name] came here it's been an open forum; the whole team is supportive." Staff had regular supervision meetings.

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

As far as possible, people should be enabled to 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 Manx legislation. Best practice in care homes, and some hospitals, is for example through Mental Capacity Act 2005 (MCA) application procedures called the Deprivation of Liberty Safeguards.

We checked whether the service was working within the principles of the good practice on mental capacity.

Restrictions in place at The Old Vicarage were discussed and agreed at the six-monthly reviews with the person's family and social care professional that they were in the person's best interests. However, there was no evidence of a corresponding capacity assessment for these restrictions.

We observed staff offering day to day choices and options about their care and support throughout the inspection. A support worker said, “[Name] will now choose their dinner from two or three choices. When they moved in they had a very limited diet and only ate three meals and snacks.”

### **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 maintain their health and wellbeing. People’s health needs had been identified and care plans provided guidance for staff for meeting these needs. Each person had a health action plan which detailed their health needs and documented all medical appointments.

Staff had worked with medical professionals to ensure people were able to attend appointments. For example, one person had not had a dentist appointment before. An appointment was booked for the dentist to visit the house and they dressed in their own clothes so as not to frighten the person. Staff played games about showing their smiles in preparation for the appointment. This meant the dentist was able to look at the person’s teeth without causing the person anxiety.

People also had a hospital support plan, which detailed their communication and support needs if they needed to be admitted to hospital.

A monthly report was sent to each person’s social worker, which included information about what people had done, any health issues, incidents and changes in support needs.

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

People’s nutritional needs were assessed, and they were supported to maintain a balanced diet. We saw that one person had been supported to lose weight through portion control and a healthier diet. The speech and language team (SALT) had provided advice to support one person due to the risk of choking.

### **Adapting service, design, decoration to meet people’s needs**

The Old Vicarage was a large house, with all bedrooms being en-suite. Equipment, for example a shower seat, was in place where required. One person did not like many things in their bedroom. An area on the landing had been created with a window seat, their games and toys so they could sit and relax without their room being cluttered.

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

Each person’s needs were assessed and reviewed every six months or when there were any changes in their needs or activities. People’s family and social worker were involved in the reviews. Progress on achieving current goals was discussed as well as any new goals people wanted to work towards.

## **Is the service caring?**

We found that this service was caring in accordance with CQC’s inspection framework.

### **Ensuring people are well treated and supported; respecting equality and diversity; Respecting and promoting people’s privacy, dignity and independence**

Staff knew people and their individual needs well. A comprehensive ‘All About Me’ document provided details of people’s likes, dislikes, communication and personal history. This provided a clear overview of people’s support needs.

Staff clearly explained how they supported people with dignity and respected their privacy. We observed positive interactions between people and members of staff throughout the inspection. People were comfortable with the staff support they had.

We observed support workers prompt and encourage people to do the things they were able to themselves, for example making their own breakfast. Support plans clearly identified where people were to be prompted to be independent and where they required more support. A support worker said, "Staff used to have to do everything for people. Now they get their own breakfast, [Name] will help make meals, [Name] can now shower themselves and [Name] brushes their teeth; they will listen to staff, and we count down from 10 for each side of their mouth."

Relatives we spoke with were positive about the skills people were learning so they were becoming more independent. One relative said, "[Name's] definitely doing more for themselves; I'm amazed what they can now do."

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

We observed staff supporting people to make choices about what they wanted to do, both verbally and through picture communication systems. This involvement was clearly identified within people's support plans and daily routines.

## **Is the service responsive?**

We found that this service was responsive in accordance with CQC's inspection framework.

### **Meeting people's communication needs**

Best practice in communication (for example the Accessible Information Standard) describes how to tailor communication to people with a disability or sensory loss, and in some circumstances, their carers, so that they get information in a way they can understand it. It also says that people should get the support they need in relation to help them communicate.

People's individual communication needs were assessed. Some people used the Picture Exchange Communication System (PECS), choice boards and social stories to communicate. PECS is a way for autistic people to communicate without relying on speech. To communicate, people use cards with pictures, symbols, words or photographs to ask for things, comment on things or answer questions.

We were told they had not used the PECS system before moving to The Old Vicarage and people being able to communicate more had reduced their frustration and anxieties, which meant there were now fewer incidents. A relative said, "[Name] never used PECS at home, they would take you to what they wanted. [Name's] a lot less angry than they were so being able to communicate better must have helped; they're very laid back now."

We observed the PECS being used throughout our inspection. One person kept their PECS strip with them, so they knew what they were going to be doing. Choice boards and apps on people's electronic devices were also used to show people different options so they could choose what they wanted.

One person used visual aids, objects of reference and social stories rather than the PECS system. Staff would show them an object which they meant they knew what was happening or where they

were going. For example, if they were shown their flask they knew they were going out to the park. The manager said, “We don’t show [Name] a PECS picture as they won’t respond. There’s a difference for [Name] compared to autistic people and their use of PECS.”

People also used a limited number of individual signs to communicate what they wanted. A support worker said, “All three have their own signs for things and you need to use different signs for each for same thing.”

Positive behaviour support plans also detailed how people may communicate they were in pain or anxious and the strategies staff were to use to manage these.

### **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**

People had structured days with clear routines for different times of the day, for example in a morning and in the evening. Autistic people often need a structured day to reduce their anxieties. People had regular contact with their families.

Within this structure people were given choices of what they wanted to do using the PECS system, choice boards and objects of reference. This included a variety of indoor and outdoor activities, for example going swimming, for a walk, using the computer or having ‘time out’. Activity choices were tailored depending on people’s mood and whether there were enough staff for two to one or one to one support. A relative said, “[Name’s] doing a lot more activities than they used to; they’ve been having a ball. The staff send me videos of what they’ve been doing.”

When choices had been made a PECS strip was used so the person could refer to it and see what was planned for the day. We observed people being supported to make a choice of what they wanted to do and then doing what they had chosen. A member of staff said, “We go (with people) to lots of places on the island that I’d not been to before.”

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

Detailed person-centred support plans were in place and were regularly reviewed. These provided step by step guidance for support workers for different routines and activities. The support plans identified what people were able to do themselves, depending on their mood and levels of anxiety, and what support staff should provide.

People also had agreed support goals they were working towards. These were personalised goals agreed with the person, their family and social worker. For example, to use more public transport or to be involved in more baking. We saw that several goals had already been achieved, for example responding to the fire alarm and completing their own personal care.

### **Improving care quality in response to complaints or concerns**

The provider had a complaints policy in place. There had been no formal complaints made in the last year. There was regular communication with people’s relatives, which meant any issues could be resolved informally. A relative said, “If I have any concerns, they listen to what I have to say and act on it.”

### **End of life care and support**

At the time of our inspection no one was receiving end of life care. Discussions had not yet taken place with people’s families about any end of life wishes or decisions.



## Is the service well-led?

We found that this service was well-led in accordance with CQC's inspection framework.

### **Continuous learning and improving care; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements**

A quality assurance system was in place. Regular audits were made of the care files, medicines, and health and safety. A monthly service report was written detailing what people had been doing, any incidents and staffing.

The manager felt supported by the area manager, although they didn't visit the home too often. They said they currently met regularly, and they were able to contact them by telephone if they needed to.

A 'responsible person' visit was completed by the area managers every six months. This checked files were up to date, medicines, staffing and looked at the environment. Peer to peer reviews were also completed by the manager of a different Autism Initiatives home, which looked at a range of areas within the home. A house action plan was written to identify all actions needed. These were seen to have been completed.

All staff were clear about their roles at the service. There was a delegation of tasks to named members of staff. The staff therefore learnt about all the different tasks required in the home. A support worker said, "[Manager name] has brought in a jobs list which is allocated to staff, so we all get an equal opportunity and if someone is off, we all know what to do."

The provider held a monthly meeting with the area managers to discuss all Autism Initiatives homes on the Isle of Man. This enabled learning from one home to be shared with other homes. They also had regular meetings with colleagues based in England and were able to access specialist support in mental health through Autism Initiatives.

### **Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics**

The staff were all positive about working at The Old Vicarage and the support they received from the manager. They said they worked well together as a team and were able to contribute ideas and openly discuss people's support and different strategies. One support worker said, "The attitude here is that we'll try something and if it doesn't work, we'll review it in a few months as it may not work straight away."

A 'quality of life' document recorded the successes people had had in gaining new skills since living at the home. These included getting a voluntary job, communicating feelings and reducing prescribed medicines.

There was regular contact with families and communication between the staff and the families was positive. Relatives were positive about the support provided at The Old Vicarage. A relative said, "With staff help [Name] is becoming independent from us (parents)" and another said, "It's wonderful, [Name] looks fantastic and is very, very happy."

**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**

The manager knew the types of incidents that needed to be notified to the Registration and Inspection Unit, for example serious injuries. They understood their role in terms of the regulatory requirements.

**Working in partnership with others**

A monthly report was sent to each person's social worker, detailing updates in progression towards agreed goals, changes in health and any incidents. The social worker was also involved in the six-monthly reviews. The service worked with a range of professionals, for example speech and language team, occupational therapist, dentist and GPs.