The Old Vicarage Residential Care Home Limited

The Old Vicarage Residential Care Home

Inspection report

84 Main Street
Skidby
Cottingham
North Humberside
HU16 5TH

Tel: 01482876633
Website: www.theoldvicaragech.co.uk

Date of inspection visit:
08 March 2018
16 March 2018

Date of publication:
11 April 2018

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

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and on-going monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Since our last inspection two managers' had withdrawn their applications to register with the Care Quality Commission (CQC). The last registered manager in post voluntarily resigned their registration on 31 March 2017. It is a condition of registration that all providers must have a registered manager in position to comply with Section 33 of the Health and Social Care Act 2008. This was discussed during our inspection and the deputy manager told us the current acting manager was absent. Since our inspection the deputy manager has submitted an application to register as manager with the CQC. They had received a letter to attend a fit and proper person's interview in April 2018. This interview forms part of the registration process for all new registered managers.

People were protected from avoidable harm and abuse. Systems were in place to record and analyse concerns and included actions the provider had taken to safeguard people. Staff were knowledgeable about potential types and signs of abuse and knew how to report internally and to external agencies.

Risks had been identified and assessments completed and regularly reviewed each month. These included guidance for staff on how to reduce risks to ensure people received safe care and treatment. The provider had processes in place to manage safe administration, disposal, ordering and storage of medicines.

The acting manager reviewed people's dependency levels monthly to ensure appropriate staffing levels were in place. The provider had robust recruitment processes in place which included pre-employment checks to confirm new applicants were of suitable character prior to commencing their employment.

Staff were knowledgeable about people's needs and specific health conditions. The provider ensured staff received training and regular supervisions to support them in delivering person centred care to people.

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.

Staff worked with people to understand their likes, dislikes and preferences so they could build person centred care plans. This ensured people's well-being, privacy, dignity and independence were respected.

The provider had equality and diversity policies in place. Staff understood and valued people's diverse needs and recognised the specific individual needs of each person.

Staff delivered person-centred care in line with the information held in people's care plans. People felt

supported to live as they had chosen and enjoyed a range of daily activities and events organised by the provider.

Staff, relatives and people living at the service told us they knew how to complain should they need to and felt confident that management would address their concerns.

The provider sought feedback from staff, relatives and people living at the service to continually improve practices and empower people to voice their views and opinions which were utilised to improve the running of the service.

Quality assurance systems highlighted any areas that required attention to ensure the service remained effective. Regular audits were completed by senior members of staff to ensure best practices were being followed and to highlight any areas that required development, such as additional staff training when minor concerns had been identified.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

The Old Vicarage Residential Care Home

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 was a comprehensive inspection. The inspection took place on 8 and 16 March 2018 and was unannounced.

The inspection team consisted of one adult social care inspector.

Information was gathered and reviewed before the inspection. We requested feedback about the service from the local authority commissioning and safeguarding team, visiting health professionals and the local fire officer. We reviewed information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with six people receiving a service, three visiting relatives, a health professional and a singer who told us they had visited the service once a week for the last three years. We spoke with six care workers and two housekeepers. We spoke with the acting manager, one director and the director of operations.

We reviewed a range of records which included care plans and risk assessments for four people. We checked four staff files which included training and supervision records. We observed staff administering medicines and serving food and drinks at lunchtime. We looked at maintenance and other quality improvement records which contained various audits and safety checks completed by the provider.

Good

Is the service safe?

Our findings

People told us they felt safe living at the home and were happy with the staff that worked there. One person said, "Yes, I definitely feel safe" Staff had completed safeguarding training and were knowledgeable about the types of potential abuse to look out for and how to report them. Concerns had been referred to the local authority and investigations completed. The provider had followed advice to ensure actions were followed up to keep people safe. One member of staff told us, "I would report any concerns to the acting manager and I am confident they would address them immediately. A couple of years ago I raised concerns about a member of staff speaking to a resident inappropriately, the manager addressed those concerns straight away."

Risk assessments were recorded in people's care plans and reviewed each month. Staff told us they regularly read this information and that changes were communicated to them during handovers, supervisions and during staff meetings. This ensured staff had detailed information and guidance to support people safely without undue restrictions.

The provider carried out checks to ensure the environment, equipment and utilities were up to date and remained safe to use. This included fire risk assessments, checks on the water quality and gas safety. The fire service inspected the home on 15 November 2016 where deficiencies had been highlighted to the provider. The fire officer confirmed they had completed a follow up visit September 2017 and found the provider had taken satisfactory actions to resolve the deficiencies. In their dealings around fire safety they found that the management was, "Very competent, caring and co-operative in fulfilling the requirements of the Regulatory Reform Fire Safety Order 2005."

Staff had access to personal protective equipment (PPE), such as gloves and aprons to prevent and control the spread of any infections. We observed staff wearing appropriate PPE when administering medicines, prior to providing personal cares and during meal times. Hand wash dispensers and paper towels were readily available in all bathrooms and toilet facilities.

Records included personal emergency evacuation plans (PEEP's). These provided detailed information about the assistance people required to safely evacuate from the premises in the event of an emergency.

We observed staff responding to people's call bells in a timely manner and providing meaningful interactions with people throughout the day. One member of staff was seen kneeling down by the side of a person to ask them how they were and if they needed anything. The person living with dementia responded with a smile and chatted to them for a while. Staff comments about staffing levels included, "Yes, I feel there is enough staff to meet people's needs." A relative told us, "There is enough staff to cope but could do with a spare pair of hands, can be difficult to get hold of staff."

The provider's recruitment practices were robust and checks had been completed prior to employment to ensure people were of good character and therefore safe to work with vulnerable people.

Medicines were administered safely by trained staff that were knowledgeable about people's prescriptions and health conditions. We observed pain charts being used to record the effectiveness of medicines used for pain relief and where people had patches body maps recorded details of the area they had been applied. This was an effective way of ensuring repeat applications were not administered to one area repetitively which could cause soreness and irritation to the skin.

Good

Is the service effective?

Our findings

People and their relatives told us that staff were skilled and knowledgeable. One relative said, "Staff are well trained." However, we had received some feedback from a health professional stating that they had concerns regarding staffs confidence and understanding when dealing with patients in their care." This was in relation to high numbers of visits and medication requests and faxes. The provider was invited to attend a meeting to discuss these matters and assured us that staff have received additional training which has lowered the number of requests made.

Staff felt supported to carry out their role. All staff completed a comprehensive induction to the home and were introduced to the people who lived there. Refresher training was planned to enable staff to maintain their skills and adhere to current best practice. One member of staff told us, "We receive in house training and complete some online. Seniors receive training from the pharmacy for medicines management and if we see external courses of interest we can ask to attend them."

Records confirmed staff received regular documented observations on their competency to provide people with appropriate care and support. The deputy manager confirmed they completed these two to three months apart alongside the supervisions.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The provider was following the MCA. Where the provider had concerns regarding a person's capacity to agree to informed decisions about their care and support, care plans recorded that assessments had been completed. Where restrictions were needed to keep people safe, applications for DoLS had been submitted to the local authority for further assessment and approval.

Staff had received training in the MCA and understood the importance of obtaining people's consent and encouraging them to remain independent. One member of staff told us, "We have a couple of residents that often choose not to participate in activities or may not want personal cares at the time they are offered. We document this and go back at a later time to see if they are ready. We respect their choices and always ask for their input." We observed staff assisting people up the stairs, allowing them time and giving reassurance when needed. Independence was encouraged and another member of staff said, "If we know they are able to do certain things we encourage them. We have introduced over lunchtime tea and coffee served in small teapots to encourage residents that are able to pour their own drinks. This is working really well and the residents like it."

People received person centred support from staff to maintain their health and wellbeing. The cook told us they involved people in menu choices and if they wanted something else after choosing their meals this was catered for. We observed staff sitting with people to assist them to eat and drink when this was needed. Staff were mindful of maintaining independence and one told us, "We have four people that may require assistance, some days they can feed themselves and other days they may struggle and need a hand. It's

changeable and depends on what type of day they are having." The cook was aware of people's likes and dislikes as well as any dietary preferences. People told us they could access health services such as visits from their GP when needed. Records confirmed that visits were regularly attended by district nurses, chiropodist and the local GP Practice.

Good

Is the service caring?

Our findings

People and their relatives spoke of caring and helpful staff. People told us they were happy with the care and support provided and that they felt staff cared about them. One person said, "I definitely feel cared for, the staff are lovely. Nothing is any trouble for them. When I ask for something they always attend and help me." A relative told us, "Staff are really kind, they get on well with [Name], they know [Name] well. One minute [Name] can be lashing out and next minute laughing with staff and very loving – they [Staff] are really good with [Name]."

We observed many positive interactions between staff and people living at the home. Staff ensured there were no missed opportunities when passing residents in communal areas or their rooms; they stopped to have a chat and interact with people. One member of staff was seen talking calmly to one person who was a little confused, they knew about their life history and engaged them and those around them in meaningful conversation about their work history which continued after the staff had left. A member of staff told us, "We treat people the same as we would our own family, everyone works together as a team."

Staff could tell us how they supported people in a dignified way. One member of staff said, "We always knock on doors and ask if they are ready for personal cares. We cover them up and ensure doors are closed so they have respect and privacy." One person told us, "I do feel my dignity is maintained at all times." A relative said, "Sure they [Staff] do maintain everyone's dignity and [Name] appearance is always well attended to."

Relatives told us there were no restrictions on visiting times. Staff were aware of the importance of maintaining good family relations and the impact this had on people's well-being. One member of staff told us, "We look after visitors and welcome them into the home. I always offer them a cup of tea." A relative said, "We visit whenever we want, we can just drop in" and "Staff are always really friendly. Communication is good they keep me updated when I visit and by phone."

Information on advocacy services was available for people and their relatives. Advocacy seeks to ensure that people, particularly those who are most vulnerable in society, are able to have their voice heard on issues that are important to them.

The provider stored information securely so that only those individuals who needed to had access. Staff understood the importance of maintaining people's confidentiality and did not share information they discussed with people unless it was in the person's interest to maintain their safety, health or wellbeing.

The provider had policies in place to ensure they promoted equality and diversity. Staff told us about people that had specific needs, such as dietary requirements that were specific to people's cultural and religious beliefs. Some people visited church or attended communion sessions held within the home.

Good

Is the service responsive?

Our findings

Care plans included important information so that staff could tailor care and support to meet individual's needs, including dietary requirements, needs and how to support them, and a summary of the key points within each care plan. One person told us, "Staff know what I like and offer me choices." Best interest decisions had been recorded when people did not have the capacity to make decisions for themselves. People's representatives and other health professionals involved in their care had been invited and were present.

Care records were reviewed six monthly or sooner if any changes had been identified. This ensured information was kept up to date and reflective of any change in needs. For example, one person had refused a tablet form of medication for pain relief on two occasions. The staff ensured that this was regularly reviewed and requested an alternative form of pain relief from the GP. A liquid form was prescribed and the staff administered this with no further issues, its effectiveness was monitored and documented.

Daily records highlighted any potential risks or concerns for staff to monitor. For example, pressure sores were checked weekly by the district nurse, staff repositioned people at regular intervals encouraging their food and fluid intake to aid the healing process. Staff told us that communication across the team was good and that handovers informed them of any changes without delay. People felt comfortable talking with staff and told us they discussed changes in their needs which staff supported and recorded.

Each person's care plan included a 'life story' which included details about the person's family life, interests, employment and significant dates. One member of staff told us, "We read the care plans which include information about people's likes, dislikes and preferences, this helps us to provide the individual with the care and support they want." The cook said, "When people arrive I read their dietary requirements, but I like to talk with them as you can find out other things that they like during discussions." The deputy manager had introduced person centred bathing or shower records, encouraging staff to offer alternative times or days and noting any preferences such as bathing temperatures and toiletries each person preferred.

We observed staff encouraging interactions during our inspection. People were having discussions amongst their friends at lunchtime and staff asked them if they would like to play any games after lunch. Staff told us that relatives often took out their loved ones and the service organised events such as summer barbecues and trips out into the local community. During the second day of our inspection a singer attended which people told us they were looking forward to. We could see that activities and books were available for people to use and the acting manager told us that the hairdresser visited once a week. We heard lots of singing between staff and people living at the service. Other activities such as dominoes and pamper sessions had been organised for the week.

The provider had a complaints policy in place which included guidance on how to complain and timeframes for outcomes. People and their relatives knew how to complain and records of complaints showed they had been managed in line with company policies and procedures.

The provider discussed people's wishes and preferences for end of life care. Where people had agreed, this and any advanced decisions were documented in their care plans. Relatives had sent thank you cards to staff for the care and support provided to their family members during their last days.

Good

Is the service well-led?

Our findings

The service did not have a registered manager in post. The acting manager was absent and the deputy manager supported us during this inspection. A registered manager is a person who has registered with the Care Quality Commission. 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 deputy manager had a clear understanding of the registered manager's role and the regulatory requirements expected of them. During our inspection we discussed the registration requirements under section 33 of the Health and Social Care Act 2008. Since our inspection the deputy manager has submitted an application to register as manager with CQC.

Staff were motivated in their role and spoke highly of the support they received from management at the service. One said, "I feel supported by my manager. I think it helps that they have worked as a carer previously on day and night shifts. They understand the role and help us when we need support. If we are short staffed the manager will make sure we have sufficient cover even if it means they help out and work with us." Some relatives knew the senior managers and directors by name. One told us, "The manager is lovely, and [Name] gives me a hug they are really nice" another told us, "The staff work together and the manager is supporting them well. I always feel welcomed."

The provider consulted with people, staff and relatives about the service. Feedback was sought using an annual questionnaire. The service was awaiting all the results from this year's feedback. However, we were able to look at last year's results and overall it reflected good feedback from people and their relatives. The analysis was very brief and did not show improvements had been made as a result of the developmental feedback given. We discussed with the deputy manager about recording any themes or patterns so these could be addressed as part of the final action plan. The relatives we spoke to felt involved in the planning and review of people's support. Staff told us that people were involved in changes, such as menu planning and were able to taste food samples and give their views on whether they thought it should be part of the next menu selection.

The provider completed quality assurance checks and audits to remain compliant with regulatory requirements, maintain standards of service and identify any areas for improvement. Some records could have benefited from further analysis and a more detailed evaluation so that lessons could be learnt. The deputy manager discussed plans to improve this in areas such as accidents and incidents and utilising feedback from staff and relatives to continually improve the service.

The provider maintained links with other health professionals. We received mixed feedback about the effectiveness of the service when dealing with people's care and support needs. Some health professionals felt that the service referred too often for minor issues that staff should be able to manage, and that guidance given to staff was not always taken on board or applied in practice. However, we received good feedback in relation to attendance at regular service reviews, monitoring and actions in relation to pressure

sores, dressings being replaced and catheter care. We discussed this feedback with the director and deputy manager and they assured us that measures had been put in place to support and train staff to maintain improvements in this area.

The deputy manager advised that in order to keep up with best practice they kept their training up to date and worked alongside the local authorities to provide good care and support. Policies and procedures were updated annually and all staff signed them to confirm their understanding.