Torcare Limited

Old Vicarage Care Home

Inspection report

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Ratings

Overall rating for this service	**Good**
Is the service safe?	**Good**
Is the service effective?	**Requires improvement**
Is the service caring?	**Good**
Is the service responsive?	**Requires improvement**
Is the service well-led?	**Good**

Overall summary

This was an unannounced inspection on 8 April 2015 and 10 April 2015.

Old Vicarage Care Home is part of Torcare Limited and is one of three care homes, which Torcare Limited own and operates.

Old Vicarage Care Home provides accommodation for up to 20 older people, who require support in their later life or are living with dementia.

There were 16 people living at the home at the time of our inspection. The home is on two floors, with access to the upper floors either by stairs or a lift. There are shared bathrooms, shower facilities and toilets as well as a shared lounge and dining area.

We last inspected Old Vicarage Care Home in September 2014. At that inspection we found the service was meeting all the essential standards that we assessed.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

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.

People told us they were well supported by staff who were kind and caring. Through their interactions, the registered manager and staff showed respect and consideration for people. People's friends and families were welcomed by staff. People's privacy and dignity was maintained by staff by ensuring curtains and doors were closed when people were supported with personal care. We found people did not have a lock on their bedroom door which would provide them with privacy if they wished and security of their belongings when out of the room. The registered manager had not recognised this but told us she would ask people if they would like a lock and install them as requested.

People told us they had no concerns but were confident if they did they could speak with the registered manager and with staff. People were encouraged to give feedback about the care and support they received and their feedback was valued and used to make changes. The registered manager valued feedback and complaints to help improve the service. External health and social care professionals were complimentary about the staff and the care home.

People told us they felt safe. People were protected from abuse because staff had been trained to recognise abuse, and were confident to whistleblow about poor practice. Staff were confident they would be listened to and that any concerns raised would be taken seriously. Safe recruitment procedures were in place. Staff underwent the necessary checks which determined they were suitable to work with vulnerable people, before they started their employment. People told us there were enough staff. The registered manager regularly reviewed the staffing levels in line with people's individual care needs to help ensure there were always sufficient and appropriately skilled staff available.

People, when appropriate, had been assessed in line with the Deprivation of Liberty Safeguards (DoLS) as set out in the Mental Capacity Act 2005 (MCA) and applications had been made by the registered manager as required. However, care plans did not always detail information about people's mental capacity.

People received an individual approach to their care and people's care plans detailed information about their personal histories to help staff get to know people and help promote engaging conversations. People told us there were social activities, but some people told us they would like more to do and to be offered the chance to get out and about more.

People were protected from risks associated with their care, and documentation was reflective of people's individual needs. People's care plans were reflective of the care being delivered, however information about how to support people with diabetic care and tissue viability was not always documented. People were involved in their care, however were not aware of their care plan.

People's personal confidential information was stored securely; however, people's care plans were not always locked away and staff were observed to talk about people's individual care needs in front of another person.

People told us the meals were nice and people were offered choices. The chef told us she was passionate about making sure people enjoyed the meals and welcomed both positive and negative feedback. People's nutrition was monitored but the registered manager had not identified other alternatives to weigh people if they could not stand on scales, but told us she would seek immediate advice from external health professionals.

People's medicines were managed safely and, where possible, people's independence with their own medicines was promoted. The registered manager had a monitoring system in place however some recording discrepancies demonstrated the system was not always effective. People were supported to maintain good health through regular access to healthcare professionals, such as GPs, social workers, and district nurses.

Staff told us they felt well supported and the registered manager offered and encouraged training opportunities. Staff were expected to complete an induction and partake in supervision and appraisals to help them reflect on their practice and ongoing development.

The registered manager was knowledgeable about people, and took a hands-on approach to the management of the care home. The registered manager told us she was well supported and met regularly with her

Summary of findings

line manager. Staff told us the registered provider was interested in investing in the care home, for example had they had recently upgraded some bedrooms and purchased a new cooker.

There were quality assurance systems in place. Incidents were recorded and analysed. Learning from incidents and concerns raised was used to help drive improvements. There was a care standards committee, involving people, staff and relatives, which met regularly to discuss relevant topics affecting the care home.

Summary of findings

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 was safe.

People told us they felt safe.

There were enough staff to meet people's needs.

Staff knew what action they would take if they suspected abuse was taking place. Safe recruitment practices were in place.

People were protected from risks associated with their care and documentation was reflective of people's individual needs.

People's medicines were managed safely and where possible, people's independence with their own medicines was promoted.

Good

Is the service effective?
Aspects of the service were not effective.

People's human rights were respected and the registered manager was aware of the Mental Capacity Act and associated Deprivation of Liberty Safeguards. People's care plans did not always record whether their mental capacity impacted on their ability to make day to day decisions, which meant it was unclear how staff supported people to make decisions.

People's nutritional needs were met. People were supported to maintain a healthy balanced diet. People's care plans were not always in place to support their nutritional needs however the registered manager took immediate action to address this.

People told us they felt supported by staff who were trained to meet their individual needs.

People had their health needs met and could access appropriate health, social and medical support as soon as it was needed.

Requires improvement

Is the service caring?
The service was caring.

People told us staff were kind and caring

People were looked after by staff who treated them with kindness.

People's view and opinions were valued. People were informed and involved in decisions about their care and support.

People's privacy and dignity were maintained.

Good

Is the service responsive?
The service was responsive.

Requires improvement

Summary of findings

People had care plans in place to address their health and social care needs. However, care plans were not always reflective of people's needs.

Staff communicated with each other and external professionals to co-ordinate a person's care.

People's individuality was recognised by staff when providing care and support. People told us there was not always enough to do and limited opportunities to go out.

People felt confident to complain. The registered manager recognised the value of complaints and used them to improve the service.

Is the service well-led?

Good

The service was well-led.

People knew who the registered manager was and told us she was approachable.

The registered manager promoted a positive culture and staff felt they were valued.

The registered manager and provider had systems in place to help ensure people received good quality care and support.

Old Vicarage 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.

We visited the home unannounced on 8 April 2015 and 10 April 2015. The inspection team consisted of three inspectors.

During our inspection, we spoke with 10 people living at the care home, one relative, the deputy manager, three members of care staff, the chef, the registered manager and a senior manager from Torcare Ltd.

We observed care and support in communal areas, spoke with people in private and looked at seven care plans and associated care documentation. We also looked at records that related to medicines as well as reviewed documentation relating to the management of the service. We looked at policies and procedures, staffing rotas, the accident book, five staff recruitment and training files and quality assurance and monitoring paperwork.

Before our inspection we reviewed the information we held about the home. We asked the provider to complete 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. We reviewed previous inspection reports and notifications of incidents that the provider had sent us since the last inspection. A notification is information about important events, which the service is required to send us by law. After the inspection we made contact with one district nurse, a speech and language therapist, a social worker and seven GPs.

Good

Is the service safe?

Our findings

People felt safe living at the Old Vicarage, comments included, “very safe”, “ever so safe” and “no one has ever been unkind, quite the opposite”.

People were protected from abuse as staff had undertaken safeguarding training. Staff knew what action to take if they suspected abuse was taking place and had access to the safeguarding policy. They told us they would have no hesitation in reporting concerns to the registered manager and were confident action would be taken.

People were protected by staff who had been recruited appropriately. The registered manager followed a policy which ensured all employees and volunteers were subject to necessary checks to determine they were suitable to work with vulnerable people.

People felt there were enough staff on duty to meet their needs and staff responded to their call bell promptly. Comments included, “I think they are working wonders” and “they are really marvellous, I couldn’t wish for anything better”. Staff also told us they felt there were enough staff. The registered manager explained staffing numbers were reviewed in response to people’s individual care needs. For example, on the day of our inspection an extra member of staff was working to provide additional support to one person. Staff were not rushed during our inspection and supported people at each person’s own pace. For example, we observed one person received support to sit in a chair. Time was taken to reassure the person and give them guidance about the best way to sit down whilst using their mobility aid.

People were supported by staff who understood and managed risks effectively. Staff regularly checked people who chose to spend time in their bedrooms to help ensure they were safe. People had personal emergency evacuation plans (PEEPS) in place which meant, in an evacuation, emergency services would know what level of care and support people may need.

Risk assessments were in place to identify where there were health concerns such as those at risk of falls, skin damage or malnutrition. Risk assessments were reviewed to ensure the information was reflective of each person’s current care needs.

People’s falls were reviewed by the registered manager to help explore themes and trends. This helped the registered manager to take action to reduce falls for people. For one person, documentation showed the action which had been taken and the intervention by external health and social care professionals.

People received their medicine safely and people were encouraged to administer their own medicines. For people who chose to self-administer their medicine, there was lockable storage in their bedroom and documentation had been completed with the person to help manage any associated risks. One person explained “I order them myself on the phone, the staff collect them for me but I do everything else myself, which is what I want”. Staff demonstrated a good level of knowledge around the administration of medicines and told us they had sufficient training.

There was a system in place to help ensure people received their medicine safely and as prescribed. However, we found discrepancies with the recording of some medicine on the medicine administration records (MARs). We spoke with the registered manager about this, who told us she would speak with the staff and immediate action would be taken to address the concerns raised.

Requires improvement

Is the service effective?

Our findings

People's weight was monitored and action had been taken when concerns had been identified. However, one person who had not been eating very much had not been weighed for the past three months because they had been unable to stand on the scales. The registered manager had not considered other monitoring tools such as the malnutrition universal screening tool (MUST). 'MUST' is a five-step screening tool to identify adults, who are malnourished, at risk of malnutrition (under nutrition), or obese. It also includes management guidelines which can be used to develop a care plan. The registered manager told us training and advice regarding the MUST would be implemented immediately. External health professionals, such as speech and language team (SALT) had been consulted when concerns regarding people's diet had been impacting on their health.

People had care plans in place to provide guidance to staff and manage associated risks relating to nutrition. However, one person who suffered with diabetes did not have a diabetic care plan in place. This meant staff did not have the required information about how to meet this person's care needs. Their care plan also did not address the associated risk and care required in respect of foot care and optical care. The registered manager took immediate action to update the care plans and ensure the staff were knowledgeable about the person's needs.

People, when appropriate, were assessed in line with the Deprivation of Liberty Safeguards (DoLS) as set out in the Mental Capacity Act 2005 (MCA) and applications had been made by the registered manager as required. DoLS provide legal protection for vulnerable people who are, or may become, deprived of their liberty. The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. Care plans did not always detail information about people's mental capacity. We spoke with the registered manager about this who told us action would be taken to make these changes straight away.

People were not restricted from leaving the care home. Although there was a coded lock on the internal doors, the number was displayed for people. One person confidently knew where to find the number and assisted us to open the door.

People had their health needs met. Records demonstrated and people told us they had access to external health and social care professionals. Discussions confirmed people were actively involved in regularly monitoring their ongoing health and social care. For one person, their social worker had been providing regular support, and for another person they had received regular visits from the local district nursing team. External health professionals spoke positively about the care home, the management and the staff.

People told us they had enough to eat and drink, comments included, "oh plenty, the food is lovely you can't fault it…we are well fed", "ordinary, but delicious" and "food always good. I don't have any complaints". We spoke with the chef about people's nutrition; they explained how they adapted meals to meet people's individual needs, for example for people who had swallowing difficulties and who suffered with diabetes. The chef was passionate about her role at the care home and about making sure people enjoyed the meals which were served.

People told us they felt supported by staff who met their needs. Comments included, "I'm well looked after" and "they look after me very, very well". People were cared for by staff who received an induction programme and training applicable to their role, such as dementia care and medication administration. Staff told us, they felt well supported. The registered manager confirmed they were aware of the new care certificate. The care certificate is a national induction tool which providers are required to implement, to help ensure staff work to the desired standards expected within the health and social care sector. Staff also received ongoing supervision in the form of one to one meetings with their line manager, and annual appraisals of their work. Supervision is a process by which a person reflects on their work performance and identifies training and development needs. The registered manager confirmed the frequency of supervision was flexible in order to help support staff.

Good

Is the service caring?

Our findings

People were complimentary of the staff who cared and supported them, comments included, “you’re well looked after here”, “kind, they do anything”, and “very kind and helpful”. They also told us their family and friends were welcomed and treated with respect and consideration. One person told us, “they get well looked after when they come in” and another person explained, “visitors can visit at any time”.

People were cared for by staff who showed respect and understanding. For example, when we arrived some people were still enjoying a lie-in and having breakfast in bed. People told us they were able to choose when they got up and when they went to bed. People were able to choose how they wanted to spend their day; we saw some people chose to spend time in their own room, whilst others enjoyed socialising with others in the lounge or dining room. People were able to bring their pets to live with them.

Staff were flexible to people’s individual care needs and adapted their care and support as necessary. For example, one person’s emotions changed from day to day. The staff and registered manager were knowledgeable about this person and care was adapted on a day to day basis depending on how the person felt.

People’s views and feedback were valued and an important part of the day to day running of the care home. For example, people had been asked to complete a survey and feedback about the care and support they received. For people who were unable to do this independently they had been supported to complete the form by staff, or their relatives. People were encouraged to provide verbal feedback about the food. The chef told us she was passionate about ensuring people enjoyed the meals and was flexible to make changes when people requested. The chef told us, “some days I am doing three to four different lunches, but it is what I am here for”. The chef was also knowledgeable about what people liked and made sure they had what they enjoyed. For example, one person particularly liked the home made cakes and the chef took them a piece of cake whenever they wanted it.

People’s personal information was not always held confidentially, for example people’s care plans were stored in an unlocked cupboard in an area of the care home which was accessible to people and staff handover took place in front of a person who lived in the home. We spoke with the registered manager about this, they told us a lock would be installed on the cupboard immediately and that she would speak with the staff team about the importance of maintaining confidentiality at all times.

People’s privacy and dignity were respected. People confirmed staff always made sure their dignity was protected when staff delivered personal care. Staff knocked on doors prior to entering people’s bedrooms and spoke with people respectfully and by their chosen name. People however did not have a lock on their bedroom door which meant their privacy and security of their belongings could be compromised. People did not raise this as a concern with us, but the registered manager told us she would ask people if they would like a lock and make arrangements for them to be installed as required.

Requires improvement

Is the service responsive?

Our findings

People received care from staff who responded to people by showing an individualised approach to people's care, for example, staff were aware of people's, likes and dislikes. Staff respected people's individuality and knew people well. People's personal history was in place in their care plans which demonstrated staff took time to get to know a person as an individual. People were encouraged and supported to maintain links with the community if they wished, for example people attended the local church.

People had a care plan in place to provide guidance and direction to staff about how to meet their needs. People's care plans gave information about people's health and social care needs. However, not all care plans contained all of the information required to reflect the care being provided. For example, all records stated that staff were to check the person's skin for any pressure areas, however, there was no care plan in place relating to skin integrity.

People told us they were not aware of their care plan, but the registered manager told us care plans were discussed and reviewed with people. The registered manager told us she would look at better ways to make people more aware of their care plans.

People's care was personalised to meet their individual needs, for example one person was unable to leave the care home alone and it was important that this person had time outside. A member of care staff had therefore been assigned to ensure the person was able to go out for a walk. For another person who had frequent falls and would not ask for support, the registered manager told us how the team had adapted and had been flexible in their approach to support. The person's care plan had been adjusted and external health and social care professionals had been involved.

People's current care needs were discussed amongst the staff team, which was important to help ensure people's needs were met and there was a continuity of care. For example, during the handover a member of staff shared one person had been having difficulties with their eyes. They explained the GP had been contacted and was expected to call back. Good record keeping showed staff were communicating and following through on concerns. For example, when a person had been unwell, documentation showed staff and the registered manager had responded appropriately and contact had been made to relevant professionals, and families had been kept informed.

People told us, and documentation confirmed, access to external health and social care professionals was available. We saw for one person, the staff had been pro-active in contacting the dentist. Feedback from external health professionals was positive. We were told the registered manager and staff made appropriate referrals, listened and implemented any advice given.

People could participate in the arranged activities at their own choice, for example bingo, listening to musical entertainers and walking in the garden. However, some people told us they would like more to do, comments included, "you don't get enough entertainment to occupy your mind", and "not many opportunities to go out". The registered manager explained she was aware of how people were feeling and told us she was learning to drive the minibus so people could go out more regularly.

People told us they did not have any complaints, but felt confident they could speak with staff or the registered manager at any time. They felt anything they wanted to discuss would be resolved to their satisfaction. Comments included, "there's nothing to complain about", "speak to the one in charge...make it known" and "there is always somebody to talk to". The registered manager had a complaints policy but explained that she "liked to nip things in the bud straight away". We were given an example of how the registered manager had changed the menu as a result of a complaint. The registered manager had accepted the valuable feedback and took immediate action by changing the ordering and wording of the menu.

Good

Is the service well-led?

Our findings

People knew who the registered manager was and were complimentary about the day to running of the service. Comments included, "it's all run professionally" and "I'm not backwards in coming forwards, if something isn't right I tell them".

The registered manager was proactive in making immediate changes when we identified areas for improvement as part of our inspection.

The registered manager spoke knowledgably about the people who lived at the Old Vicarage Care Home, and cared about providing a good service to people. This was clearly communicated to all staff to ensure a consistent message about what good care people could expect. Feedback from people was used positively to make changes and the registered manager valued staff contributions. Staff told us they felt supported and could speak with the registered manager at any time. An inclusive atmosphere was observed, for example, we saw the registered manager took time to speak with people, staff and visitors.

There was a whistle blowing policy in place and staff told us they were not fearful about raising concerns. External professionals spoke positively about the care home and about the day to day running of the service.

The registered provider held management meetings to support the registered manager and discuss the day to day management of the service. The registered manager told us the meetings were useful in helping with any difficulties or worries, and explained "they are really supportive and informative". The registered manager attended training and supervision to help develop her own knowledge and practices.

The registered manager and provider had clear systems in place to ensure the quality of the service. There were systems in place to check the care and support people were receiving was of a high standard, for example by spot checks, medicine audits and annual surveys. The registered manager explained other checks were carried out, but were not always documented. We were told additional audits and improved recording would commence.

The registered provider had a care standards committee which was set up to discuss relevant topics affecting care homes. Meetings were held twice yearly or more frequently if required. The committee was made up of representatives from each Torcare Limited home including residents, staff, managers, family members and friends of Torcare. The registered manager told us the meetings were "really supportive and informative", and helped to improve knowledge and practice.

People and their relatives were kept informed about media related information which may affect their loved one. For example, the registered provider and registered manager had recently invited families to attend a meeting to discuss the ongoing debate regarding secret filming in care homes. This meeting had been arranged to reassure people and their families that if they should ever feel concerned about the care their loved was receiving that they would always listen and take any concerns seriously.

The registered provider was in the process of reducing the number of bedrooms at the Old Vicarage Care Home so as to make some bedrooms bigger. This demonstrated the registered provider understood the importance of providing a suitable environment, to help promote a high standard of care.

Policies and procedures were in place, discussed and accessible to staff. This helped to ensure staff understood what was expected and underpinned their working practices. There was a system in place to review and update policies in line with changing legalisation or new guidance.