

Parkcare Homes (No.2) Limited

The Old Vicarage

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

The Old Vicarage is a residential care home located in an adapted house over two floors. Some bedrooms are accessible on the ground floor, and some upstairs. There are communal areas and a garden.

The service provides personal care and accommodation for up to nine people who have learning disabilities and additional needs. Eight people were living at The Old Vicarage at the time of the inspection. This is larger than current best practice guidance, however, the size of the service was mitigated by the fact that it fitted into the residential area and other homes in the area were of a similar size.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

People were safe and protected from avoidable harm or abuse at The Old Vicarage. Policies, procedures and checks were in place to protect people and staff. Risk assessments were in place, and the environment was clean and met people's needs. Plans were in place to redecorate some areas of the building.

There were enough staff to meet people's needs. Safe recruitment and selection procedures were in place and staff received induction and training to ensure they had the skills and knowledge to effectively support people. Some staff had not had supervision as frequently as the provider required, but this was being addressed and all told us they felt well supported.

People's medicines were administered as prescribed and managed safely by competent staff. People accessed routine and specialist healthcare services as required, and were supported to eat and drink enough to maintain a balanced diet which met their needs.

People were well supported and treated with dignity and respect. They were involved in decision making where possible. People and their relatives were positive about staff.

People had care plans which were personalised and identified what was important to them. Care plans gave guidance to staff about what people could do for themselves and how best to provide support. Records were being developed to ensure people's preferences were respected in the event of serious illness or death.

People were supported to participate in a range of activities. A plan was in place to further develop more activities which were meaningful for the individual. People were supported to develop and maintain relationships with family and friends.

The service was well run and staff felt supported by the management team to provide high quality care. Checks and audits were carried out regularly to review quality and performance. Action plans enabled the provider to monitor changes and improve care for people.

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.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support usually focused on them having opportunities to gain new skills and become more independent.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 15 March 2017)

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

The Old Vicarage

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

The Old Vicarage is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

Before the inspection we reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We used all of this information to plan our inspection.

During the inspection

During the inspection we spoke with three people who lived at the service. Staff supported us to

communicate with one person. Some people were unable or chose not to tell us about their experiences. We used observation throughout our inspection to help us understand people's experience. We spoke with three members of staff, as well as the registered manager, deputy manager and quality improvement lead.

We reviewed a range of records. This included three people's care records and everyone's medicines records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures, audits and health and safety documents were reviewed.

After the inspection

During and after the inspection, we looked at training data, policies and quality assurance records. We spoke with the friends and family of three people who lived at The Old Vicarage.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff received regular safeguarding training and knew how to keep people safe from abuse or harm. A current policy provided guidance and information.
- Staff said they would raise any concerns they had. One staff member said, "Safeguarding is everything, we need to keep people safe." Staff described what they would do to ensure people were always safeguarded from harm.

Assessing risk, safety monitoring and management

- Individual risk assessments were in place and up to date. These gave guidance to staff about supporting people safely. Risk assessments related to areas such as falls, choking and mobility.
- The environment and equipment were safe and well maintained. Risks were assessed and regular checks took place. Environmental risks assessed included fire, water safety and maintenance issues.
- Emergency plans were in place, and fire systems and equipment were regularly checked. People had a personal emergency evacuation plan (PEEP) to ensure they received the support they needed to stay safe in the event of an emergency. PEEPs were up to date, signed by people and reflected their current needs.

Staffing and recruitment

- There were enough staff to meet the identified needs of people who lived at the service. We saw staff caring for people safely.
- Safe recruitment and selection procedures were in place. Staff files had pre-employment and other checks in place. These confirmed staff were suitable to work with vulnerable people. Checks were repeated regularly to ensure any changes were monitored

Using medicines safely

- Systems were organised and people received their medicines when they should. The provider followed safe protocols for the receipt, storage, administration and disposal of medicines.
- Medicine administration records (MAR) were accurate and clear, and these confirmed people received their medicines as prescribed.
- Staff received training and their skills were regularly assessed to ensure they were competent to give people medicines. Some external medicines training was being arranged.
- Staff knew people's preferences when taking medicines and this information was clearly recorded. Easy to read information about medicines was in some people's care records.
- Audits were carried out to monitor safety and ensure risks were managed.

Preventing and controlling infection

- Staff received infection control training and followed safe practices such as regular handwashing and the use of disposable gloves.
- The service was clean and there were no unwanted odours.
- Cleaning schedules and regular checks were in place to ensure standards were maintained and infection control risks were monitored. An infection control audit had recently been carried out.

Learning lessons when things go wrong

- Systems and processes were in place to record and review accidents and incidents. Training had recently been provided and information about reporting incidents had been shared with the team.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs and preferences were assessed before they came to the service. This included their physical, mental health and social needs.
- People's care and support needs were regularly reviewed, and changes made where needed to achieve effective outcomes. One relative told us, "The staff know what they're doing, they treat [Name] well. They always keep me up to date."

Staff support: induction, training, skills and experience

- New staff received an induction pack and local orientation to the service when they started in post. New staff worked alongside more experienced staff members during a probationary period.
- Staff attended training which related to the needs of the people using the service, for example safeguarding and health and safety. Staff told us training was useful, one staff member said, "We get training all the time, it's continuous. It is good though, and if we want additional training, we can get it."
- Staff could review their work and development needs through supervision and appraisal. All staff had recently received an appraisal. Some staff had not recently received supervision at the frequency required by the provider, however this was being addressed and staff told us they felt well supported and could speak with the management team at any time.

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

- People were encouraged to eat and drink enough to maintain a balanced diet.
- People were encouraged to prepare some meals where possible. Some people could prepare their own hot and cold drinks throughout the day.
- Staff were aware of people's preferences, as well as their individual nutritional requirements and specific dietary needs. Staff sought the advice of specialist professionals when they identified a need, for example to carry out swallowing assessments and diabetes reviews.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported to access routine and specialist healthcare services. Records contained the details of people's appointments and detailed actions or future plans. These showed that people had recently had contact with GPs, specialist optician, speech and language therapists and physiotherapists, and a counselling referral had recently been made for one person.

- People had a personalised 'hospital passport'. This document provided detailed information about people's needs and preferences. People had given consent for these to be shared with healthcare professionals.

Adapting service, design, decoration to meet people's needs

- The environment met people's needs and preferences. Bedrooms and accessible bathrooms were available on the ground floor for people who could not use stairs. The garden was accessible and communal area was large.
- People's bedrooms were decorated in the way they chose and reflected people's interests and preferences. During the inspection, one person expressed their desire to have their room repainted. They were supported in choosing colours by the registered manager, and the details were shared with maintenance staff.
- Some communal areas, such as hallways, would benefit from refurbishment to make them more homely. A plan was in place to refresh and decorate areas of the service.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The registered manager had made appropriate DoLS applications and followed these up with local authorities. No one had conditions associated with their DoLS authorisation.
- When people could not make a particular decision, mental capacity assessments were discussed and recorded. Mental capacity assessments were being reviewed by the quality improvement lead to ensure decisions were specific and considered areas of need.
- Staff received training in the Mental Capacity Act and DoLS. They put training into practice by giving people choice and asking for their consent when offering support.
- Written consent to care and treatment was recorded, and some people had signed care plans and documents.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were supported by staff who were kind and caring.
- People told us they were happy living at The Old Vicarage. Comments included, "I'm very happy here," "I love it," and, "This place is great." Another person said, "Staff are good at their jobs. I just need to tell them if I need anything."
- Most relatives told us that they were satisfied with the care at the service, and felt their loved ones were treated with dignity and respect. Comments included, "The staff are lovely, they really look after them," and, "They're well looked after, I know not all places are like that." One family were less satisfied, stating, "They are well looked after, but it's the care, it's lacking." We highlighted this to the registered manager after the inspection for their information and action.
- Staff knew people well and told us, "We know them all really well. Everyone has a keyworker. We meet with them and make sure we know all about them and their preferences." Another staff member said, "The residents are like a second family to me. When they have all they need, then I'm happy; it makes it all worthwhile."
- People's needs under the Equalities Act 2010 were considered and respected. These were reflected in people's care records.

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

- People were supported to express their views and be involved in decision making where possible. Most people had signed their care plans and review documents.
- People met with a named staff member regularly to review care plans, risk assessments, strengths and needs and future plans. Information recorded was in an easy to read format so that people could understand it. We highlighted to the registered manager that some meetings had not taken place with some people recently. They planned to review this.
- Most relatives told us they were involved in decision making, although one relative felt they were not kept as informed as they would like to be.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy and dignity. They described how they did this, for example when supporting people with personal care activities.
- People were supported to be independent in some areas, such as personal care and some activities of

daily living. One person's support plan stated, "I want to continue to live as independently as possible for as long as possible." A staff member said, "We need to keep on helping them spread their wings."

- Care plans gave guidance to staff about what people could do for themselves and how best to provide support.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people's needs were met through good organisation and delivery.

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

- People had care plans which were personalised and identified what was important to them, including their likes and preferences. This included favourite foods, personal care preferences and communication needs. Care plans had recently been checked and information was up to date, although some care plans had not been reviewed regularly earlier in the year. This had been identified in audits and an action plan was in place.
- Care plans gave staff guidance about how to meet people's needs and preferences. For example, "[Name] is independent with all areas of personal care, although they may need verbal prompting."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The service had good understanding of people's information and communication needs. These were identified and were recorded and highlighted in detail in care plans and communication passports. The service met individual's communication needs and shared these with other professionals when necessary.

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 were supported to follow some of their interests. A plan was in place to further develop activities which were meaningful to the individual. Comments from staff included, "We need to increase the range of activities we do," and, "We need more activities, more individual activities, we need to keep them varied."
- Staff were finding horse-riding opportunities, supporting people to join local craft sessions, and establishing regular attendance at a keep fit class. One person regularly attended a work placement in the local community which they enjoyed.
- During the inspection, group activities and outings took place. People were able to choose whether they joined in with these, and alternative activities were provided if people declined. One person told us, "I go out when I like, we do lots of different things. I choose what I do."
- A relative said, "[Name] always gets out and about and always seems to be doing things." Another relative told us, "They have lots of fun, they do lots of colouring and games and go out on trips. I'd like to live there

myself really."

- People were supported to develop and maintain relationships with family and friends. One person regularly met up with their family in the city centre, and another person had been supported to visit their mother on Mother's Day. When a person had established a close relationship with another individual, consideration was given to safeguarding and intimacy issues.

Improving care quality in response to complaints or concerns

- The service had received one complaint in the previous 12 months. This had been recorded and was being managed at the time of our inspection.
- Systems and policies supported managers to deal with complaints. An easy to read version of the complaints policy was available to help people understand how to raise concerns.
- Most relatives told us they had never felt the need to make a complaint but added that they would feel confident to do so. Some had raised minor concerns in the past and had been satisfied with the response they received. One relative said, "There have been little niggles over the years, but they've all been dealt with," and another relative said, "I have nothing to complain about." However, one relative told us that the response they had received when they raised concerns some time ago was, "Not satisfactory." We highlighted this to the registered manager after the inspection for their information and action.

End of life care and support

- No-one at the service was receiving end of life care at the time of our inspection. If a person needed such care, the provider told us they would seek specialist support on an individual basis.
- Staff were in the process of completing forms with people which identified preferences in the event of serious illness or death. This included information such as care preferences, specific instructions about care and treatment and funeral choices.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The provider had values which were reflected in the practice of staff during our inspection. A staff member told us, "Time and experience has helped us improve the lives of people. We give people choice and treat them well."
- Most people were positive about how the service was managed and led. A person told us, "I can talk to [managers] if I have any worries." One relative told us, "I love [registered manager name] they've always got time for me." A staff member said, "It's a good staff team. [Managers] have been really supportive."

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 provider understood their responsibilities about informing people and families, the Care Quality Commission and other agencies when incidents occurred within the service. They were open and honest with people, and apologised and took appropriate action when needed.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The service was well run, although there had recently been temporary changes in the management team. This had brought about differences in approach and led to some confusion within the staff team. This had not impacted on people who used the service, and staff generally felt supported by the management team to provide high quality care.
- A relative told us, "The managers are always busy, but if anything comes up you can tell them. They know what they're doing, they're approachable."
- Systems were in place to monitor and review quality and performance and to ensure risks were well managed. This included internal and external checks of medicines, care plans and health and safety matters. Leads from within the organisation carried out regular monitoring visits, and action plans identified areas for improvement and timeframes for action.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Resident's meetings were held regularly. Notes from these showed recent issues discussed included raising

complaints, menus, home improvements, safety, staff and future plans.

- Staff meetings and separate senior staff meetings took place regularly. Issues considered at recent staff meetings included safeguarding, medicines, staffing and quality assurance. Senior staff had recently discussed taking on new lead roles and responsibilities
- Surveys were used to ask staff and relatives for feedback. Data was being processed from the staff survey, and responses from the relative's feedback was being collated at the time of our inspection.

Continuous learning and improving care

- The provider carried out regular audits to assess standards and review the quality of care. Action plans were developed which enabled the provider to monitor changes and improve care for people. For example, plans were in place to ensure staff supervision and regular care plan reviews happened.
- The service had received a number of compliments. One card read, "Many thanks for everything you've done for [Name] over the years."

Working in partnership with others

- Staff worked in partnership with other professionals and resources in the local community. Additional links with community groups and services were being developed.
- The service worked closely with GPs, physiotherapists and speech and language therapists. The ensured people's needs were met and enabled people to receive high quality, person-centred care.