The Old Vicarage Residential Care Home Limited

The Old Vicarage Residential Care Home

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

About the service
The Old Vicarage Residential Care Home is registered to provide personal care and accommodation to 33 people who may be living with a sensory impairment, physical disability or dementia. At the time of the inspection 15 people were using the service.

People's experience of using this service and what we found
Quality assurance systems were not effective and failed to identify shortfalls which placed people at risk of receiving a poor-quality service. There was a lack of oversight from the provider and limited evidence provided regarding monitoring systems and engagement with people who used the service and their relatives.

Accidents and incidents were monitored and analysed, though this was not completed in a robust manner which meant learning opportunities could be missed.

People's medicines were appropriately administered, although consistent guidance was not always available, and some records were not properly completed. We have made a recommendation about medicines.

Staff ensured people lived in a clean and tidy environment. Infection prevention and control measures followed government guidance.

People were protected from the risk of abuse because staff had the relevant skills and knowledge to raise safeguarding concerns and were attentive to people's safety. There were enough staff to meet people's needs safely and in a timely manner.

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. However, the policies and systems in the service did not support this practice.

The management team promoted a person-centred culture which was reflected in the positive attitude and caring approach staff showed. The management team supported staff and worked closely with relevant professionals.

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

Rating at last inspection
The last rating for this service was good (published 12 April 2018).

Why we inspected
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 coronavirus and other infection outbreaks effectively.

We found there was a concern with records, so we widened the scope of the inspection to become a focused inspection, which included the key questions of Safe and Well-led. No areas of concern were identified in the other key questions, therefore we did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has changed from good to requires improvement. This is based on the findings at this inspection. We have found evidence that the provider needs to make improvement. Please see the Safe and Well-led sections of this full report. You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for The Old Vicarage Residential Care Home on our website at www.cqc.org.uk.

Enforcement
We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service.

We have identified a breach in relation to risk monitoring, record keeping and addressing quality shortfalls at this inspection. Please see the action we have told the provider to take at the end of this report.

Follow up
We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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?

Requires Improvement

The service was not always safe.

Details are in our safe findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our well-led findings below.

The Old Vicarage Residential Care Home

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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team
The inspection was completed by one inspector on both days.

Service and service type
The Old Vicarage Residential Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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
We gave a short period of notice of the inspection because of the Coronavirus pandemic. We had to arrange safe working procedures for our inspection. We told the registered manager we would be returning on the second day.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection
We spoke with 10 members of staff including the registered manager, area manager, senior care staff, care staff and domestic staff. We also spoke with the nominated individual and a director. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We spoke with three people who used the service and observed staff interactions with people using the service.

We looked around the home to review the facilities available for people and the infection prevention and control procedures in place. We also looked at a range of documentation including care files and medication administration records for four people. We looked at two staff recruitment files and reviewed documentation relating to the management and running of the service.

After the inspection
We looked at a variety of records relating to the management of the service, including quality assurance records, supervision, falls and accidents and incidents. We continued to seek clarification from the provider to validate evidence found.

Requires Improvement

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 now deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong
• Risks regarding COVID-19 had been assessed. However, records did not always contain detailed risk management strategies or reflect current guidance. For example, risk assessments identified some people had difficulty following government guidance, but did not include appropriate details for staff to ensure they could consistently and safely manage associated risks.
• Risks to people's safety and wellbeing had been identified and managed. Though risk assessments had not been regularly reviewed, to monitor for any changes required. The provider's quality assurance checks of care plans had not identified this shortfall.
• Accidents and incidents were reviewed and analysed. However, this was not done in a robust manner and did not allow for appropriate learning from accidents and incidents.

The provider had failed to implement effective systems to ensure risks were assessed, monitored and reviewed which placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Using medicines safely
• Processes to ensure medicines were stored at the correct temperature were not always followed. Daily temperatures checks of the medication fridge were not always completed, and records did not show appropriate action was taken when temperature issues were identified.
• Protocols to administer 'as and when required' medicines did not always include detailed guidance to ensure staff could consistently administer the medicines.
• Medicine records were not always completed in line with the provider's medication processes. This included controlled medicines which required two signatures to ensure they were administered safely. Staff confirmed controlled medicines were administered with another member of staff or a healthcare professional, but records did not show this.

We recommend the provider review their medication processes to ensure they are followed correctly and accurate records are kept.

• People received their medicines as prescribed.

Preventing and controlling infection
• We were assured that the provider was preventing visitors from catching and spreading infections.
• We were assured that the provider was meeting shielding and social distancing rules.

• We were assured that the provider was admitting people safely to the service.
• We were somewhat assured that the provider was using PPE effectively and safely. Staff understood how and when to use PPE, though on one occasion a staff member's mask was not properly positioned. We raised this with the registered manager who advised they would take immediate action.
• We were assured that the provider was accessing testing for people using the service and staff.
• We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
• We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
• We were assured that the provider's infection prevention and control policy was up to date. However, audits of infection prevention and control were not in place. We raised this with the registered manager who advised they had implemented an audit by the second day of the inspection.

We have also signposted the provider to resources to develop their approach with monitoring infection prevention and control in the service.

Staffing and recruitment
• Staff were recruited safely. The provider's recruitment processes helped ensure only suitable staff were employed.
• Induction processes helped ensure staff were able to safely meet people's needs. A member of staff told us, "I worked as a second worker. I could help out more experienced staff and learn from them. It was good as I got to know everyone."
• There were enough staff on duty to meet people's needs. The registered manager monitored and adjusted staffing levels to ensure people's needs were met safely and in a timely manner.

Systems and processes to safeguard people from the risk of abuse
• Staff were trained in safeguarding and had the skills and knowledge to identify and raise concerns to relevant professionals.
• Processes were in place to report safeguarding concerns to the local authority.

Requires Improvement

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 now deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- Quality assurance systems had not identified or addressed the shortfalls identified during the inspection. These included risk management, learning from accidents and incidents and medicine records.
- There was a lack of oversight by the provider. We requested information from the provider about monitoring systems in the service, but limited evidence was provided.
- Care records were not always detailed, fully completed or reviewed. Records relating to the Mental Capacity Act and consent were not appropriately completed and did not contain enough detail. The provider's governance systems had failed to identify this.
- There was a lack of engagement with people and their relatives about how to improve the service. However, the provider had made positive changes to the service, which included adapting the building to support safe visits during the pandemic.
- The provider's processes did not support continuous learning. Analysis of information was not in-depth, which made it difficult for lessons to be learnt and positive changes embedded.

The provider had failed to implement effective systems to assess, monitor and improve the quality and safety of the service and had failed to keep accurate records. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 registered manager understood their legal responsibility to notify the CQC about incidents that affected people's safety and welfare. However, an error had prevented some notifications being sent. We raised this with the registered manager who ensured relevant notifications were sent following the inspection.
- The registered manager was aware of their responsibilities in relation to the duty of candour. However, on one occasion information was not provided to relatives in a timely manner.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Working in partnership with others

- People and their relatives were happy with the service. The provider had received positive feedback from people and their families. One person told us, "It's been so nice here. Everyone is so kind and helpful."

• Staff were supported by the management team. A member of staff told us, "[Registered Manager's name] is always available, even if they have gone home for the day, there is no hesitation to ring them on their mobile. [Registered Manager's name] is always there."
• The management team promoted a caring and positive culture. Activities were provided to engage people and reduce isolation during the COVID-19 pandemic. A member of staff told us, "I'm proud that we're all carers and we do that well. If you're a carer you have to love it and couldn't do it if you didn't love the job. I'm proud to know the people and look after them. It's a privilege to be able to support people and keeping it a happy home for them."
• The management team engaged with and sought advice from healthcare professionals about people's needs to promote good outcomes.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The registered provider had failed to implement effective systems to ensure risks were assessed, monitored and reviewed and improve the quality of the service. The registered provider had not ensured accurate records were in place or sought feedback from relevant persons to support with evaluating and improving the service. Regulation 17 (2)(a)(b)(c)(e)