Central England Healthcare (Stoke) Limited

The Old Vicarage Nursing Home

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

This inspection took place on 6 December 2016 and was unannounced. At our previous inspection we found the provider was in breach of three Regulations of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The service was not safe, effective or well led. At this inspection we found that improvements had been made and the provider was no longer in breach of any Regulations.

The Old Vicarage provides accommodation, personal and nursing care for up to 44 people. At the time of this inspection 31 people were using the service.

There was a manager in post who was in the process of registering with us (CQC). A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

People were safeguarded from abuse as staff and the manager knew what to do if they suspected abuse and followed the correct safeguarding procedures to keep people safe.

Risks of harm to people were assessed and plans put into place to minimise the risks. Staff knew people's risk assessments and followed them to reduce the risk and keep people safe.

People's medicines were stored and administered safely by trained staff. There was sufficient suitably trained staff to keep people safe and meet their care needs in a timely manner.

The principles of The Mental Capacity Act (MCA) 2005 were being followed to ensure people were consenting to or being supported to consent to their care, treatment and support.

Staff received support, supervision and training to be able to be effective in their roles. Staff recognised and responded when people became unwell and sought medical advice from health care agencies. People were supported to maintain a healthy diet and if people lost weight they were referred to their GP for advice.

People were treated with dignity and respect and their right to privacy was upheld. People felt able to complain and confident that the manager would listen and respond.

People received care that reflected their individual assessed needs and reflected their preferences. There were opportunities to engage in hobbies and activities of people's liking including external entertainment.

The manager had implemented systems to monitor and improve the service. Improvements had been made throughout the service. People and staff respected the manager.

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.

People were protected from abuse and the risk of abuse as the manager and staff knew what to do if they suspected potential abuse had occurred.

Risks of harm to people were assessed and precautions were put in place to minimise the risk.

People's medicines were stored and administered safely.

There were sufficient, suitably trained staff to safely meet the needs of people who used the service.

Is the service effective?

Good

The service was effective.

The provider was following the principles of the MCA by ensuring people consented to or were supported to consent to their care.

People were cared for by staff who were trained and supported to fulfil their roles.

People were supported to maintain a healthy diet and to eat and drink sufficient quantities.

When people became unwell or their health care needs changed, professional health care advice was gained.

Is the service caring?

Good

The service was caring.

People were treated with dignity and respect.

People were able to be independent and make choices about their care.

People's right to privacy was upheld.

Is the service responsive?

Good

The service was responsive.

People were receiving care that met their individual needs and preferences.

The provider had a complaints procedure and people knew how to complain.

Is the service well-led?

Good

The service was well led.

The systems the provider had in place to monitor and improve the quality of service were effective.

People who used the service and the staff told us that the manager was supportive and approachable.

The manager had made improvements to the service since our last inspection.

The Old Vicarage Nursing 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 had returned to check for improvements following our previous inspection.

This inspection took place on 6 December 2016 and was unannounced. It was undertaken by one inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We reviewed the information we received from other agencies that had an interest in the service, such as the local authority and commissioners. We reviewed the information we held about the service, including statutory notifications that the provider had sent us. A statutory notification is information about important events which the provider is required to send us by law. We used the action plan the provider had sent us following our previous inspection to formulate our inspection plan.

We spoke with eight people who used the service, one relative, three members of staff, two nurses, the manager and operational manager. We observed people's care in the communal areas.

We looked at the care records for four people who used the service. We looked at records relating to the management of the service. These included audits, health and safety checks, staff files, staff rotas, incident, accident and complaints records and minutes of meetings.

Good

Is the service safe?

Our findings

At our previous inspection we found that the provider was in breach of Regulation 13 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We had found that not all unexplained injuries people had sustained had been investigated or reported for further investigation to the safeguarding authority to ensure that abuse had not taken place.

At this inspection we found that improvements had been made and they were no longer in breach of this Regulation. We found that when injuries were noted on people, an accident report was completed with any information recorded which could have led to how the injury occurred. The manager checked the accident reports and recorded an explanation as to how the injury occurred and what action had been taken to prevent further accidents. When injuries were unexplained a discussion with the local safeguarding authority was held to discuss whether the incident met the threshold for further investigation. This meant that people were being protected from abuse as the manager and staff were ensuring that unexplained injuries were investigated.

Previously one person had been making accusations against staff and not all accusations had been taken seriously and investigated. At this inspection we found that a risk assessment had been put in place informing staff what they needed to do to protect themselves from accusations and what to do if the person made an accusation of harm or abuse. This meant that this person was being protected from suspected abuse and staff were being protected from accusations being made against them.

All the staff we spoke with knew who to report to if they suspected someone had suffered abuse and the manager followed the local safeguarding procedures and reported alleged abuse for investigation. This meant people were being protected from abuse and the risk of abuse.

People told us they felt safe. One person told us: "Oh yes, it's safe absolutely. It's okay, honestly I'm very fortunate to be here. The toilet is quite near and I get myself up in the night as I am independent but if I have a problem I just ring the bell and staff come". We saw that risks of harm to people were assessed and action taken to minimise the risk. For example, one person had fallen and due to the fall the staff had assessed that it would no longer be safe for the person to have bed rails on their bed as they may try to climb over them. Another person had recently been unwell and their mobility had reduced. Trained staff had assessed the person as now requiring a hoist when moving and we saw the person's risk assessment had been up dated to reflect this. Staff we spoke with knew the person's needs and knew that the way they were to be supported to move had changed. This meant that risks of harm to people were being recognised and action was being taken to reduce the risks.

People told us they didn't have to wait to have their care needs met. One person told us: "Sometimes I ring the call bell at night because I can't sleep and the night staff come and talk with me. They always come quickly". Another person told us: "Sometimes they're a bit short-staffed, but you get someone within a few minutes. At night, they come round to see if you're alright". Staff told us that there were sufficient staff to safely meet the needs of people who used the service. A member of staff said: "It's so much better, we work

as a team and get things done". We saw that the manager had been recruiting new care staff and a deputy manager since the last inspection. We saw that the new staff had been recruited using safe recruitment procedures by carrying out checks to ensure that new prospective staff were of good character and fit to work. These checks included disclosure and barring service (DBS) checks for staff. DBS checks are made against the police national computer to see if there are any convictions, cautions, warnings or reprimands listed for the applicant.

People's medicines were stored and administered safely. We saw medicines were stored in a locked clinical room and administered by the trained nurses. One person told us: "Oh yes. The nurses give me my tablets in the morning, two after tea, and one at night. They've never forgotten". We observed medicines being administered and saw the nurse supported people to have their medicines in a way they preferred to take them. If people had as required 'PRN' pain relief prescribed, they were asked if they were in any pain and if they wished to have any pain medicine. Medication and medication systems were regularly audited by the nurses and manager to ensure that people had their medicine as prescribed.

Good

Is the service effective?

Our findings

At our previous three inspections the provider was not following the principles of the Mental Capacity Act 2005 (MCA) and they were breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The 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. At this inspection we found that improvements had been made and they were no longer in breach of the Regulation.

We had previously found that several people who lacked mental capacity had not been supported by a representative in the decision about a Do Not Attempt Resuscitation (DNAR) order being put in place. At this inspection we saw that mental capacity assessments had been completed for all the people with a DNAR and people or their representatives had been involved in the decision making process.

People who were unable to consent to their care at the service had been referred to the local authority for a Deprivation of Liberty Safeguards (DoLS) authorisation. The referrals included other restrictions which the staff had judged in the person's best interest such as bed rails and sensor alarms, which had been put in place to minimise the risk of falling. 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. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). This was to ensure that any restrictions to a person's liberty was the least restrictive and in their best interest.

Staff we spoke with told us they felt supported by the manager and they received training to fulfil their roles effectively. One nurse had recently been through their revalidation process. Revalidation is the new process that all nurses and midwives in the UK will need to follow to maintain their registration with the NMC; it ensures the nurses demonstrate that they practice safely and effectively. New staff we spoke with told us that they had a period of induction prior to working alone. The provider had a regular training program which was monitored by a training manager to ensure staff were all up to date with the training they required to be competent in their role.

People were supported to maintain a healthy diet and had a choice of foods. One person told us: "I think the food's very good, there is a variation. For evening meals you can have sandwiches or soup or both. The staff tell us at lunchtime what choices we have. At night, around about half past eight, they come round with a cup of tea, toast or biscuits or cake. There's always toast". Another person told us: "I've never had any complaints, but there are some things I don't like. I don't like cooked cheese, but they'll give you an alternative". Referrals to the speech and language therapist (SALT) were made if people were experiencing difficulty in swallowing and we saw several people were offered a soft diet as instructed by the SALT. People's food and fluid intake was monitored and if people lost weight, advice from the GP was sought. Several people had food supplements and we saw they were given to people by the nurses as prescribed.

People told us if they became unwell that they received health care advice. One person told us: "I see my GP if I'm not well, I usually speak to the nurses first and then they make me an appointment". We saw when people's health changed the manager and staff made referrals to the appropriate health care agency for advice and support, such as GP's and district nurses. Some people had diabetes and we saw that there were clear comprehensive plans to support people when they became unwell. We saw records that confirmed that staff had followed the plan when a person had become unwell and that regular testing of their blood sugar readings took place. We spoke with a visiting health professional who told us that the nurses contacted them in a timely manner when a person's needs changed.

Good

Is the service caring?

Our findings

People told us that they were treated kindly and with respect. One person told us: "The staff come in and check if I'm okay. There isn't anybody I'd say wasn't good, they are all kind. I had a friend visit me yesterday and she said 'I wouldn't mind staying here". Another person told us: "'I've been here several years. I've no complaints whatsoever. It's been improved in some ways, but I've never found any fault. I think my room's very nice".

Staff we spoke with spoke kindly about people they supported and we observed that interactions between staff and people showed they were patient and had compassion. A member of staff told us how they supported one person with having a bath. They told us that it was important to the person that they could always see their handbag and jacket. The staff member said: "I place their handbag and jacket in a place they can see it otherwise they become a little anxious and don't enjoy the bath so much". This showed that this staff member was respecting the person and their belongings and ensuring they had a pleasurable bath time experience.

People were supported to be as independent as they were able to be. Some people moved freely around the home in electric wheelchairs and other people relied on staff for support. We saw people were offered choices of where they wanted to go or where to sit. Some people chose the larger lounge, others the smaller lounge and others chose to stay in their bedrooms. Some people liked to sit and watch certain television programmes in the conservatory. We were told that these people had developed a mutual liking for the same programmes and sat together a lot of the time and this was respected.

Staff told us how they ensured people's right to privacy was respected. A member of staff told us: "I always knock and shut the door behind me when supporting a person with personal care. I use quite a few towels to cover people's modesty when I'm helping them dress or undress". One person told us: "The staff know I want to be left to myself to wash and go to the bathroom, apart from washing my back I do the rest" .We did not see anything that compromised a person's dignity during the inspection.

Good

Is the service responsive?

Our findings

People were receiving care that met their individual needs and preferences. People's care, care plans and risk assessments were regularly reviewed and when people's needs had changed the plans had changed to reflect them. Staff knew people's needs, for example, one person's needs had recently changed in their mobility and their risk assessment had been up dated as they now required two staff to support them to move. Staff we spoke with knew the person now received this extra support and were caring for them accordingly. A member of staff told us: "[Person's name] has to have the hoist now since they came out of hospital, as they can't stand anymore".

Staff told us they had a regular handover of information they needed to be able to care for people safely. We saw a handover sheet had been devised which had a photograph of the person to ensure that new or agency staff would know which person the information was related to.

People's preferences were recorded in their care plans and staff knew people's likes and dislikes. A staff member told us: "[Person's name] doesn't like certain staff to bathe them so we respect that, and [Person's name] likes to spend time in their room watching films from where they were born and they enjoy that". We observed that this person was watching their chosen films in their bedroom throughout the day.

People were offered opportunities to engage in hobbies and activities of their liking. There was a schedule of planned events including external singers and entertainment as well as in house games and activities that people could choose to join in with or not. One person told us: "We had a Christmas event on Sunday afternoon, they came in and it was so lovely and one person sings beautifully and was dressed up in glittery stuff. A friend turned up and she came to the party downstairs in the main lounge, everybody seemed to be there".

The provider had a complaints procedure and people we spoke with knew how to complain if they needed to. People told us they were involved in making improvements to the service. One person told us: "We do have meetings, yes, we do. Our relatives are sent a letter. We've got a meeting next week. We've been informed the home is going to be refurbished". This meant people were involved in how their care was being delivered and able to complain when things weren't how they liked them.

Good

Is the service well-led?

Our findings

At our previous inspection the provider was in breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The systems they had in place to monitor and improve the service had not been fully effective in making the required improvements. At this inspection we found that improvements had been made and they were no longer in breach of this Regulation.

Systems had been put in place to safeguard people from abuse as unexplained injuries were being recorded and reported to the manager for further investigation. We saw that the manager took action to identify how the injury occurred and whether it could have been avoided. For example, we saw one person had received an injury whilst being supported to move with a hoist. We saw that the manager spoke to the trainer of the staff involved to ensure that the practise of the staff had been safe and as they were taught.

Previously there had been no system in place to ensure that people were consenting to or being supported to consent to a DNAR order. At this inspection we found that the manager had reviewed all the DNAR orders to ensure that people's capacity to consent had been assessed and action taken to involve people and their representatives in the decision making process.

Previously records and risk assessments were not always completed following a change in a person's need or a heightened risk following an incident which could or did cause harm. At this inspection we found that the care records we looked at had been up dated and reflected their current care needs. The manager completed care plan audits and we saw that when an issue had been identified action was taken to update the person's plan of care.

The manager was notifying us of significant events as they are required to do and they completed several regular audits throughout the service to ensure that care was safe and effective. People and their relatives were regularly asked their views on the service through meetings and quality surveys. Staff were encouraged to have a say in how the service was run through staff meetings and one to one time spent with a senior member of staff.

The manager was in the process of registering with us. People and the staff told us they liked and respected the manager. One person told us: "It's very good about the manager changing, I feel very pleased about that. She is working with us". A staff member said: "The manager is brilliant; everybody is a team now we have stable management". Another staff member told us: "Things are 100% better and the manager is implementing changes and changes are actually being made. She manages sickness and staff morale is a lot better".