

Equality Care 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?

Outstanding ☆

Is the service well-led?

Good ●

Summary of findings

Overall summary

The Old Vicarage is a residential care home, providing accommodation and personal care for up to 21 people. At the time of our inspection, there were 21 people living at the service. The people's rooms are situated across two floors. There is a large lounge area, with an adjacent quiet lounge-conservatory. Both rooms overlook the garden and people enjoyed watching the ducks that people and the staff have helped to hand rear. The dining room is opposite the lounge and the management offices are situated along the main corridor.

The inspection took place 26 and 29 January 2018 and was unannounced. At our previous inspection in December 2015 the service was rated as Good in all areas. At this inspection we found that standards had been maintained and that efforts were being made in working towards achieving Outstanding. People and their relatives spoke highly of the staff and management team. One relative said, "They treat everyone as they would their own, it is like one big family here." This was echoed by the staff and registered manager, who also described the ethos of the service as being "family orientated".

Relatives and health and social care professionals praised the staff team for their knowledge and skills, as well as how the team "go above and beyond" to support people. One relative said, "it gives a real peace of mind knowing mum is safe, happy and looked after here."

People are supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice. Where people had their liberty restricted, the service had completed the related assessments and decisions had been properly taken. Staff had been trained and understood the general requirements of the Mental Capacity Act (2005).

The service sought to offer holistic alternatives to medicines where possible. For example, exploring alternative methods to mild pain relief. There were also regular medicine reviews to prevent people from being over medicated. Medicines continued to be stored, administered and recorded safely. The service had built a good working relationship with the local health centre, as well as with visiting health professionals.

There were safe recruitment processes in place. Staff had the skills and knowledge to support people. Staff received up to date training and could request additional training where required, and every staff member had completed, or was in the process of completing dementia awareness training.

The activities programme was tailored to suit individual and group interests. We found that staff understood people's interests and hobbies. Staff incorporated people's interests into the social programme and supported people to maintain routines. For example, some people had enjoyed reading specific newspapers and magazines, and these were brought into the home; and one person was supported to the local shop to purchase their lottery tickets.

The activities coordinator understood and utilised the interests of individuals and groups of people to build

community links and offer activities in and out of the service. Staff used a positive risk taking approach to support people to access their local community.

Care plans were very person centred and evidenced an understanding of what was important to the individual. These included information around the day to day decisions, such as how a person liked their hot drinks, but also the more complex decisions, such as information around their preferred end of life treatment and support. There was a person-centred culture within the service, with staff valuing each person as an individual.

Staff undertook training in end of life care and relatives spoke highly of the service their loved ones had received while living at the service. Staff understood the importance of dignity and empathy while providing end of life care.

Creative support methods were used to enable people to be involved in making decisions around their care. Staff and management used their understanding of the person when it came to trying new ideas and exceeded the expectations of social care professionals when doing so.

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 continued to be safe.

Is the service effective?

Good ●

The service continued to be effective.

Is the service caring?

Good ●

The service remained caring.

Is the service responsive?

Outstanding ☆

The service was extremely responsive.

Creative and innovative methods were used to support people to be involved in their care planning. Social care professionals praised the service for the positive impact the staff's responses could have in empowering people to be involved in decision making processes.

The activity schedule was flexible and was driven by the wishes and interests of the people using the service. People enjoyed a variety of activities to suit their hobbies and lifestyles; and past interests were incorporated.

The staff team and managers were passionate about delivering high quality end of life care.

There was an inclusive culture within the service, with feedback sought from people and their relatives being utilised in on-going developments.

Is the service well-led?

Good ●

The service remained well-led.

The Old Vicarage

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 the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014. This was a comprehensive inspection.

The inspection took place on 26 and 29 January 2018 and was unannounced. The inspection was undertaken by one inspector.

Prior to the inspection we requested 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. This was returned and completed in full. We looked at other information we held about the service. This included previous inspection reports and notifications. Notifications are how the service tells us about important issues and events which have happened at the service.

We spoke with three people using the service and observed the provision of care support in communal areas. In addition, we spoke with two care workers, the maintenance person, the training manager, the activity coordinator, the cook, the deputy manager, the registered manager and the nominated individual. We also spoke with five relatives and one health care professional at the inspection. After the inspection we received feedback from three social care professionals about their experience of the service.

We observed the lunchtime meal service, three group activity sessions, and the administration of medicines. Four care plans and care records were looked at to check the information recorded about people matched the care and support observed. We also looked at three staff files, the Medicines Administration Records (MAR), accident and incident recording, complaints and compliments, and the audits and policies relating to the quality assurance and management of the service.

Is the service safe?

Our findings

People continued to be safe. Relatives felt confident that their loved ones were safe. One relative said, "I have no concerns whatsoever about safety at the home. It gives me peace of mind knowing mum is looked after and that is a priceless feeling." Another relative said "the staff are great, if there is every anything that I need to know about then they will always contact me, I trust them implicitly as they treat people like they would their own relatives."

Staff could identify the different types of abuse and were confident in the steps they would take to report safeguarding concerns. One staff member said, "The person is my main priority, I am here to make sure they are safe and looked after." Staff explained they would raise concerns to the registered manager, or that they could speak with the deputy manager, or the nominated individual. They also told us they knew they could contact the local authority safeguarding service, or the Care Quality Commission to report concerns.

People were relaxed and comfortable in the presence and company of staff. One person greeted a member of staff with a big hug and a kiss on the cheek, saying "I'm so pleased to see you." Other people were observed to ask questions of staff, such as double checking what certain medicines were for.

Staff supported people in a way that encouraged positive risk taking, while keeping them safe. Detailed and relevant risk assessments were in place. For example, when supporting people to spend time in the garden and in the community.

Medicines were managed safely. There was an organised storage system and an up to date audit process in place to prevent poor stock control, which was overseen by the deputy manager. Medicines requiring additional secure storage were managed safely. Staff were trained to administer medicines safely and the training records confirmed this. Staff explained that if additional training was required, this was available and supported them to maintain an up to date knowledge.

There were sufficient staff present to ensure people's needs were met; and there were safe and robust recruitment systems in place.. The registered manager explained that when there was staff absence, there was a team of bank staff that were available to cover shifts. One staff member said, "We always pull together to make sure we have all shifts covered."

Infection prevention and control processes were in place and the home was clean and free from odours throughout. There was one area of mould forming at the top of the conservatory windows and this was addressed with immediate effect during the inspection, with processes put in place to prevent recurrence. Personal Protective Equipment was in place to support staff in providing safe and effective care. This included hand soap, hand gel, paper towels, aprons and gloves. One person told us, "My room is kept clean, spotlessly clean in fact".

The maintenance of the property was managed by a full time maintenance member of staff. There were efficient maintenance processes and appropriate audits in place, this included legionella testing and weekly

fire alarm tests. Staff recorded any maintenance request in the log book and we could see these were prioritised and responded to quickly.

Is the service effective?

Our findings

The service continued to be effective. People using the service received care and support from staff who had the knowledge, skills and enthusiasm to meet their needs effectively. Staff understood their roles and responsibilities, but also learned from new experiences to develop skills they could apply to future situations. One health professional said "The staff want to learn; but they also query anything they are unsure of. They take skills from new experiences, so they are always improving what they do."

Staff received a comprehensive induction into the service and were supported to complete the Care Certificate. This included training in areas such as health and safety, dementia awareness, and the Mental Capacity Act (MCA). Training was provided through e-learning, face to face, small group and individual sessions; and through working with external training providers.

The registered manager understood the importance of the whole staff team understanding dementia and person-centred approaches. Maintenance staff, housekeeping, activities staff, and kitchen staff were completing training in dementia awareness and safeguarding at the time of the inspection.

Specific clinical needs training was provided by external health professionals. For example, the stoma nurse had provided training for stoma care, as well as a detailed step by step guidance that staff should follow to provide effective care and treatment.

People's care records showed that health and social care professionals had been involved in their care. One healthcare professional said, "They will phone me if they want any advice; they react very quickly here and I honestly can't fault them for how much they want to do the best for the people living here."

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 be as least restrictive as possible. Staff we spoke with understood the principles of the Act and we observed that people were encouraged to make decisions about their care and treatment.

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 and hospitals are 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 were being met. We found the service had made applications appropriately to the local authority, and where they had been authorised, the service was meeting the conditions.

People were offered drinks regularly throughout the day and had access to drinks both in their rooms and in the communal areas. People chose where to sit when joining the dining room for lunch. The meals were well presented, with generous portion sizes and people could choose alternatives that were not listed on the

menu, to suit their preference.

The provider had adapted the building to meet the needs of people. There was a stair lift in place to enable people in accessing the communal areas. People were supported to choose if they would like to use the stair lift, or if they felt comfortable in using the stairs.

Is the service caring?

Our findings

Every person we spoke with were complimentary about the care and support they received from staff. One person said, "I haven't a bad word to say about any of them." Another said "I couldn't ask for more", "the staff are exceptional at what they do, nothing is too much trouble."

Relatives spoke with admiration for the staff and their approach to making each person feel at home. Feedback from different relatives included, "each one of the staff care just as much as the next," "Mum loves it here, she is so happy. She was feeling lonely before moving and was lacking confidence after a few falls. As soon as we visited here we got a warm feeling from the home. The team are so welcoming and really helpful."

One relative said, "Each one of the staff are so helpful, very friendly, very accommodating too. We filled out a form about mum's likes and dislikes, as well as about her life history." They went on to say, "Nothing seems too much trouble for them, I've got peace of mind that mum is being looked after; we are so pleased we found The Old Vicarage." Another relative said, "I cannot praise the team enough for what they have done, and continue to do, in caring for my mum to the highest possible standard, while bringing her joy and laughter in her later years."

Each health and social care professional we spoke with was extremely positive about the enthusiastic, caring and professional nature of the staff. One health care professional said, "They don't have a one size fits all approach here; it is very person-centred, very much so." One social care professional referred to a previous care meeting and said, "Staff who were present were very supportive and evidently knew [the person] well. I was really impressed that the staff at The Old Vicarage were proactive about 'going the extra mile' to support [the person] at a difficult time. They showed real creativity and positive thinking."

There was a caring culture within the home. We observed that staff were patient, kind and spoke to people in a dignified manner. Staff enjoyed spending time with people, chatting, checking if they were comfortable and providing care. One member of staff told us, "I do this job for the people. They are the best bit about the job. I love getting to know them, hearing their stories and making them smile."

Staff had a good knowledge of the people they supported, helping them to make friends where appropriate. One relative told us, "Mum was worried about not knowing anyone here, but she has quickly made friends." We observed the relative's loved one sitting with her friend, happily engaged in conversation during a reminiscence activity. The registered manager explained that they introduced new people to other like-minded people, knowing they had common interests to share.

Staff shared well-received banter with people who appreciated the light-hearted humour. The activities coordinator explained, "I love getting to know each person and their personalities, you get to know how best to communicate with each of them." One relative said, "They really are so good and you can tell none of it is an act, they know what they're doing and they know the people that live here."

People's communication needs were understood. One person communicated through song and staff could be heard singing with the person. Staff knew which songs the person preferred and knew all the words to accompany them. When asking questions of the person, for example, when seeking their consent to administer medicine, the staff paused between songs to ask these as the singing had a positive impact upon the person's verbal communication.

People's cultural backgrounds were respected and staff researched communication methods, which enabled them to support the person. Where people's first language was not English, or they expressed themselves using different languages at times; staff had researched or worked with the families to translate what was being said. Staff created a profile of phrases and translations so they could understand and converse with people in their preferred language.

Birthdays are celebrated with a special lunch service. People are supported by the chef to plan a three course menu entirely of their choice, to be offered as an option for everyone, at lunchtime on their birthday.

Is the service responsive?

Our findings

People's experiences of care was enhanced through a compassionate and individualised approach to their care and wellbeing. Staff provided a holistic approach when looking at alternatives to medicine that could be used for supporting behaviours that may challenge, or for relieving pain. Protocols were in place for medication to administered on an 'as and when' basis (PRN). The protocols included person-centred instructions around support to be provided or offered as alternatives and discussed with the person. For example; one person was prescribed paracetamol for pain relief; the PRN protocol explained the person "enjoys a bath and finds this helps relieve pain. Offer a bath before offering the paracetamol to see if this helps."

One relative said, "Changes in mum's mental condition, at the time had been written off by [health professionals] as being an inevitable part of her condition, but the management and staff, with their wide experience and deep personal knowledge of mum, felt there was more to mum's story than met the eye. With quite fearsome tenacity, they ensured she had and continues to have thorough and on-going [health] assessments. This has resulted in what was clearly a beneficial change in her medication and noticeable improvement in her mental condition. The management and staff cheerfully took on all the additional work that was needed both to help mum through this unsettling patch and to ensure she received the appropriate medical care while receiving the highest quality of personal attention."

Staff and managers were passionate about providing high quality, person-centred end of life care. Staff had attended training around supporting the person and their families. The training courses included the subjects of bereavement, funeral planning and dementia end of life care. The registered manager told us, "We believe that all stages of end of life care should be delivered with dignity. Even when a person has passed away, they are never on their own, we feel really strongly about that." The relatives of one person told us how staff went the extra mile to support their relative at the end of their life. They said "staff were popping in to see her and to spend time with mum, even on their days off, each one of them went to speak with her." The service followed the Gold Standards Framework when implementing their end of life care processes, from the training staff received, to the detailed and person-centred end of life care plans that we saw.

All of the people we spoke with told us staff were extremely dedicated when supporting people at the end of their life and ensured people's family and friends were fully engaged and supported during that difficult time. Staff were sensitive to the needs of people, but also their relatives and friends within the service. The relatives of one person who had received end of life care at the service were extremely positive in their feedback. They said, "From the moment mum came through the door, they treated her as family, she was treated with such dignity and genuine kindness from everyone." The family were enabled to stay at the service with their relative and said the staff team "kept us fully involved all the way, they were really mindful of including us with everything." The staff team were praised by the relatives of the person for supporting their closest friend in the service. They said, "They supported [Mum's friend] to spend one to one time with mum in her last few days, and to attend the funeral. It was kept very dignified and sensitive." The relatives also discussed with us how staff tried different techniques when supporting their loved one, "We are so

impressed that they were always looking for different methods they could use to help keep mum comfortable. They tried different foods, drinks, and ways of keeping her hydrated." Cultural values and religious beliefs were understood and respected. The relatives explained, "They called the priest in. This would have been very important to mum."

Although the loved ones of the relatives we met during the inspection had now passed, the relatives explained they knew they continued to be welcome and that they would join the service for communion or attend social events. The registered manager explained, "Even once people have passed away, we still continue to welcome their relatives, it is important they know they can come here and spend time with us and we will continue to provide them with support."

People were supported to continue hobbies, interests and routines that they would have enjoyed prior to moving to the service. One relative said, "Mum always has her newspaper and magazines, the same ones as she would have had before." Two people were accompanied for a walk to the local shop to buy stamps and Lottery tickets. There were entries in the activity recordings book that evidenced people who wish to spend time outdoors are supported to do so as regularly as they wish. The registered manager also explained that one person who had recently moved to the service had a passion for watching horse racing and they were in the process of arranging a visit to the local race horse stables for them.

Staff recognised the importance of helping people to adjust to living at the home by ensuring they were surrounded by personal items and memorabilia that was important to them. We saw that people had ornaments and photographs of importance to them in their bedrooms. A relative said the service was quick to help personalise their loved one's bedroom, saying, "they got the shelves up so quick for mum, they were quicker than me getting things from home to fill the shelves for".

Care plans reflected people's needs and their personalities. When speaking with and observing people, it was evident that the care plan accurately explained their usual choices of drink, their daily routines, and the support they required. The care plans built a picture of the person, which meant staff who supported them were able to provide care and support in a way that met their individual needs.

The service was innovative in its approach to supporting people in being involved in their care planning and decisions around their care. People had been involved in hand rearing the ducks that lived in the garden of the service. For one person, the staff found that when the person was near the ducks, there were significant improvements in their mental capacity and verbal communication. The person was supported by having one of the ducks present during a meeting with social care professionals. One of the professionals involved in the meeting explained that the person "was able to communicate far better than before the duck had come into the room; [the person] was able to use words and respond much more readily. The difference was remarkable and was a great benefit in enabling the person to exercise their capacity to their fullest extent. The person also seemed much happier about the whole situation than they had previously."

On the first day of the inspection, the activity sessions included flower arranging, using fresh flowers to create displays for each table in the dining room. We saw people were enjoying the sessions and took pride in what they had done when admiring their work. In addition, a music quiz took place and people were played the introductions to songs and guessed the song title and artist. We observed the reminiscence activity on the second day of the inspection. The activities coordinator explained that when designing activities for people living with dementia, they try to incorporate the use of different senses. This helps people to stimulate senses that they may not be as actively using as they would previously; and for this particular activity they were focussing on the sense of smell. During the activity people were encouraged to smell and identify various food products and condiments that they may have cooked with previously, or

used in the kitchen, such as mustard and mint sauce . People were discussing the smells, chatting with one another about what they could be and how they may have used the item in their own kitchen.

All activity sessions were well attended and the coordinator ensured everyone was involved. Conversations were encouraged and supported throughout the sessions. The activity coordinator, who was passionate about the support they gave people , understood how to communicate with each person individually and tailored their approach. For example; speaking louder for those with hearing difficulties; moving closer to those with visual impairments, and being in tune with each person's needs during the observed activity; responding to questions and any comments made throughout.

The activities coordinator told us about the extensive variety of activities they had planned. This included visits from a physical therapist for light exercise and musical entertainers, and the feedback from one person included "I'm enjoying all the activities, but I really enjoy the ukele man." Links had been formed within the local community and with businesses to enhance people's experience. They arranged for two clothing stores to visit the service. The clothing stores brought in rails of fashion and accessories to create a retail experience in the comfort of the home. There has been a canal boat trip, which proved to be very popular and included a pub lunch. The activities coordinator was planning the next group outing, seeking ideas from people around where they would like to visit.

The daily schedule for activities was adapted based on people's individual and group interests on the day. Although two activities were advertised for each day of the inspection, the activities coordinator sought feedback from people about what they would like to do and responded to how they felt on the day. The lounge-conservatory contained a wealth of supplies for activities, including books, puzzles, craft materials, and the activities coordinator was enthusiastic with ideas of 'in-house' social sessions that encourage people to interact.

Social events were arranged throughout the year, including parties, fetes and fireworks displays. Relatives were welcome and encouraged to visit at any time; they could also attend the activities and events. During the parties and fetes, the service raised money through raffles using prizes donated by local businesses. The registered manager explained that they are currently fundraising to purchase an electronic tablet for the home as some people have relatives living overseas and the service would like to utilise Skype as a communication method.

There was a sense of social inclusion within the service. People were encouraged to join the group activities, or to dine in the communal areas. Those who preferred to spend time in their bedrooms, those who were cared for in their bedrooms received one to one time with carers and the activities coordinator. We observed people have their families and friends visit; and one person went out for lunch with their relative.

Feedback from relatives and people was sought on a daily basis, as well as in planned meetings and at social events. Relatives told us, "Any questions, all I have to do is ask" and "they always listen and will accommodate any requests we have." The minutes from the meetings were recorded and we saw evidence that people were involved in decisions around aspects of the service such as meals and activities. Feedback from the most recent meeting minutes about the meals included, 'Food is very good and always plenty of it, no complaints at all' and 'lots of choice, very nice'. Feedback regarding the activities included 'I enjoy the activities, there isn't anything so far that I do not like'. The meeting minutes evidenced that people were engaged in developing the home and asked about their choice of outings and also the activities taking place in house.

There was a complaints procedure in place. Any complaints received were investigated and responded to in

detail and efficiently, with the outcomes and any actions required recorded.

Is the service well-led?

Our findings

The service continued to be well-led. One relative said, "I highly commend all the staff, under [the registered manager's] unparalleled leadership, for going the extra mile to really understand what was ailing mum and to do everything possible to ameliorate her situation." Another relative said, "I can't fault the staff team here, and that starts at the top, with strong leadership."

The registered manager explained that when recruiting new members of staff, "we know we can train them to the standard we expect, so it is important to go with the feeling about whether the person has the right attitude and that they really care about what they do."

There was an inclusive culture of learning within the staff and management team. The registered manager told us, "We invest in our staff because they are our greatest asset and people want to learn." The registered manager explained that they ensured they maintained an up to date knowledge of the care industry standards by attending the local Learning Exchange Network (LEN) meetings and that they are members of Skills for Care. In addition, the registered manager explained that they will link with the registered managers of the other two locally based homes in Equality Care Limited, to support one another, discuss what is working well, share ideas, and seek advice when required.

The registered manager described their management style as "firm but fair." They continued by saying, "I wouldn't expect my staff team to do anything I wouldn't do myself and when needed, I am out there alongside them as part of the team. If I see something, I would rather nip it in the bud straight away. I'm always approachable for residents and for the staff." The registered manager understood their responsibilities regarding notifying

Staff told us they enjoyed working at The Old Vicarage. One member of staff said, "I love what I do and I enjoy working here." They also said, "The manager is always approachable, I know I can go to them or [the deputy manager] with any problems or questions." The registered manager said, "We want to give staff the knowledge, time and opportunities to progress in their careers."

People and staff were supported and encouraged to be involved in the development of the service. The registered manager explained, "It is important that we learn from the feedback staff give us in their supervision meetings and what the residents and relatives tell us during their reviews. If we can do even the slightest little thing that makes a difference to someone then we will. We don't have any members of staff here who are complacent; we have too much pride in what we do. We refuse to let our standards slip."

Quality assurance processes were robust, with all relevant audits completed and action plans produced where required. Policies were in place to govern aspects of the service including the safe management of medication and safeguarding. Staff were knowledgeable about the policies and could apply the principles to their roles.

The provider was fully engaged in the running of the service and the registered manager explained that the

nominated individual, who is the provider's representative, was present at the service three days per week and said, "They genuinely care about the welfare of residents, staff and management."

The registered manager had notified the Care Quality Commission (CQC) of events and incidents that occurred at the service in accordance with our statutory requirements. This meant that CQC were able to monitor risks and information regarding The Old Vicarage care home. The registered manager maintained records of all referrals for ease of reference.

From April 2015 it became a legal requirement for providers to display their CQC rating. The rating from the previous inspection at The Old Vicarage was displayed for people to see at the entrance to the home.