

Bakewell Vicarage Care Home Limited

The Old Vicarage

Inspection report

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Ratings

Overall rating for this service	Inspected but not rated
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Is the service safe?	Inspected but not rated
Is the service well-led?	Inspected but not rated

Summary of findings

Overall summary

About the service

The Old Vicarage Care Home is a residential care home providing accommodation and personal care for up to 24 adults who may have dementia, a sensory impairment or physical disability. People are accommodated over 2 floors in 1 adapted building, with a third floor adapted for office and storage space. The home is set within extensive grounds, including well-kept gardens and car parking. At the time of this inspection there were 21 people using the service.

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

The provider demonstrated effective systems and processes to safeguard people from the risk of harm or abuse.

Overall, risks to people's safety associated with their health condition, environment and any equipment used for their care, were effectively, assessed, monitored and managed.

The provider demonstrated effective governance arrangements for the management and oversight of the service. This helped to ensure the quality and safety of people's care and any improvements needed.

The provider now needs to demonstrate fully embedded, sustained and ongoing timely service improvement when needed for people's care.

Rating at last inspection and update

The last rating for this service was requires improvement (published 20 December 2022) and there were breaches of regulation. CQC issued the provider with a warning notice in relation to Regulations 13 (Safeguarding) and 17 (Good governance).

The provider completed an action plan after the last inspection to show what they would do and when to improve. At this inspection, we found improvements had been made and the provider had complied with the requirements of the warning notice which related to Regulations 13 and 17.

Why we inspected

We undertook this targeted inspection to check whether the Warning Notice we previously served in relation to Regulations 13 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 had been met. The overall rating for the service has not changed following this targeted inspection and remains requires improvement.

We use targeted inspections to follow up on Warning Notices or to check concerns. They do not look at an entire key question, only the part of the key question we are specifically concerned about. Targeted inspections do not change the rating from the previous inspection. This is because they do not assess all areas of a key question.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

At our last inspection we rated this key question requires improvement. We have not reviewed the rating as we have not looked at all of the key question at this inspection.

Inspected but not rated

Is the service well-led?

At our last inspection we rated this key question requires improvement. We have not reviewed the rating as we have not looked at all of the key question at this inspection.

Inspected but not rated

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 Health and Social Care Act 2008.

This was a targeted inspection to check whether the provider had met the requirements of the Warning Notice in relation to Regulations 13(Safeguarding) and 17(Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Inspection team

This inspection was carried out by 2 inspectors.

Service and service type

The Old Vicarage Care Home is a 'care home'. People in care homes receive accommodation, nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. The Old Vicarage Care Home is a care home without] nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a manager in post, whose registered manager application was granted approval following this inspection.

Notice of inspection

This inspection was unannounced.

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. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 3 people who used the service and 8 members of staff. This included 1 senior and 3 care staff; a cook, a cleaner, an administrator, a maintenance person. We were assisted by the registered manager and the nominated individual for the provider. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We looked at 7 people's care plans, 4 people's medicines records and a range of management records. Such as, safeguarding, staff communication and meeting minutes; policies, care and environmental safety audits; external fire authority and buildings control reports.

After the inspection

We continued to seek information from the provider to validate evidence found and looked at further quality assurance records.

Is the service safe?

Our findings

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

At our last inspection this key question was rated requires improvement. We have not changed the rating, as we have not looked at all of the safe key question at this inspection.

The purpose of this inspection was to check if the provider had met the requirements of the warning notice we previously served. We will assess the whole key question at the next comprehensive inspection of the service.

Systems and processes to safeguard people from the risk of abuse; Assessing risk, safety monitoring and management

At our last inspection systems were not robust enough to demonstrate safeguarding was effectively managed. This placed people at risk of harm. This was a breach of regulation 13 (Safeguarding Service Users from Abuse and Improper Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 13.

- People were protected from the risk of harm or abuse.
- At our last inspection we found specific areas of concern relating to ineffective safeguarding management systems; fire door alarm systems, door and gate security and sensor mat equipment use. We also found an incident of unsafe medicines administration, with no related management assurance, to help prevent any reoccurrence.
- Following our last inspection, the provider sent us their action plan, to tell us about their remedial actions to rectify the concerns we found and by when. At this inspection, we found related improvements were made for people's safety.
- Effective safeguarding management systems were now in place. This included, to ensure the routine monitoring, analysis and review of any safeguarding or health incidents, along with related provider oversight.
- Management records showed timely reporting and investigation following any safeguarding incidents along with actions, to mitigate risks and ensure lessons were learned. This included further staff training or instruction and any other monitoring needed, to help prevent any reoccurrence.
- We found recording omissions in 2 people's care plans, regarding signs of health deterioration that were important for staff to be aware of. Staff we spoke with understood and had recently acted in a timely manner when needed, following the signs for 1 person. However, their understanding for the other person was variable. This meant there could be an increased risk to the person's safety from this.
- We discussed our findings with the registered manager, who assured us of their remedial management action to rectify this. On day 2 of the inspection, this was confirmed as completed.
- Otherwise, people's care records were accurately maintained. Overall, staff understood risks to people's safety associated with their individual health conditions and any related care steps they needed to

follow to mitigate these.

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 our last inspection this key question was rated requires improvement. We have not changed the rating as we have not looked at all of the well-led key question at this inspection.

The purpose of this inspection was to check if the provider had met the requirements of the warning notice we previously served. We will assess the whole key question at the next comprehensive inspection of the service.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Continuous learning and improving care

At our last inspection the provider had failed to operate effective governance and management systems to mitigate risks and ensure people's safety. This was a breach of Regulation 17, (1), (2)(b) Good governance, of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation.

- At our last inspection of the service, we found gaps in the providers management, auditing and service oversight, which meant governance systems were not effectively operated to fully ensure people's safety at the service. This included concerns we found relating to fire, building and environmental safety; incident and safeguarding management; care plan record keeping; staff supervision and complaints handling; and to ensure the Mental Capacity Act (MCA) 2005 was being followed for people's care.
- Following the last inspection, the provider sent us their action plan we asked for, to tell us about their remedial actions and by when.
- We found the provider had revised and improved their governance systems, to regularly ensure the quality and safety of people's care. This included revised, regular auditing, along with related communication and record keeping procedures.
- The provider had complied with fire and building control authorities recommendations, to improve safety.
- However, we found potential risk to people's safety, from a hot water geyser located in an accessible drinks-making area, which had not been risk assessed. Staff were not always storing unused disposable gloves safely, despite evidence of recent management written instruction and safe storage provision. In addition, the provider had not always sent us statutory notifications about important events when they happened at the service, without delay.
- We discussed our findings with the registered manager and nominated individual and were assured both during and following this inspection, of their subsequent remedial actions to rectify this for people's safety, including to prevent any reoccurrence.
- Otherwise, the provider's recorded service improvement plan showed a range of improvements, either made or in progress. This included timescales for achievement, who would be responsible and by when.

Service improvements now need to be demonstrated as fully embedded, sustained and timely when needed for people's care and safety.