

## The Old Vicarage (Chippenham) Limited

# The Old Vicarage

### Inspection report

The Old Vicarage  
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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 

#### Overall summary

The Old Vicarage is a care home service registered to provide personal care for up to 21 older people.

The inspection was unannounced and took place on 8 June 2015.

The service had a registered manager who was responsible for the day to day running of the home. 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.

The home, a large old rectory, was situated in a quiet street a short walk from the centre of the town. The service providers and registered manager, members of

# Summary of findings

the same family, lived in self-contained accommodation within the home. They had owned and managed the service for 25 years. The home had large gardens, its own transport and a resident dog and cat.

The Mental Capacity Act 2005 sets out what must be done to make sure that the rights of people who may lack mental capacity to make decisions are protected in relation to consent or refusal of care or treatment. CQC is required by law to monitor the application of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. This includes decisions about depriving people of their liberty so that they get the care and treatment they need where there is no less restrictive way of achieving this. DoLS require providers to submit applications to a 'Supervisory Body'; the appropriate local authority, for authority to do so.

We found that the service obtained people's consent before care and treatment were provided. However, there was a lack of understanding of how to carry out assessments of capacity and how to follow the statutory best interest decision making process in circumstances when people lack the capacity to give consent. Therefore we have made a recommendation about acting in accordance with the MCA.

There was a management structure in the home that provided staff with clear lines of responsibility and accountability. The service had systems in place to keep up to date with best practice and to promote improvement and development. We noted the provider's effective system for auditing incidents and accidents in relation to individuals which promoted people's

individual well-being and safety. However, we did not see records which showed that audit information was analysed as a whole, in order to establish whether there was learning from patterns and trends that could be used to improve the quality and safety of the service, and have made a recommendation about this.

People and their family members were complimentary about the service. There had been no complaints since our last inspection in September 2014. One relative said, "I think it's a fantastic place, we could not be happier with the placement." People said they felt safe and praised the staff for their patience and kindness. They frequently commented positively on the family atmosphere in the home. People said that if they needed to raise an issue they felt confident that they would be listened to, and their concern would be acted on.

The service had arrangements in place to ensure people were protected from abuse and avoidable harm. Staff showed good understanding and attitude towards safeguarding and management of risks.

Staff acted in a caring manner and people who use the service were helped to make choices and decisions about how their care was provided. One person said, "Anything I want, they help."

Each person who uses the service had their own personalised care plan which promoted their individual choices and preferences. People were assisted to go out into the community to enjoy leisure time and also to attend health appointments. The service had its own vehicle for the provision of transport.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe

Staff were able to demonstrate good understanding and attitude towards the prevention of abuse.

Medicines were managed so that people received them safely.

The service maintained a clean environment.

The service operated a safe system for recruitment and provided sufficient staff to meet people's needs.

Risk assessments were in place and used by the staff.

Good



### Is the service effective?

The service was effective.

The service gained people's consent before providing care and treatment. However, there was a lack of understanding of how to follow the requirements of the MCA when people lack the capacity to give consent.

Staff received training, appraisals and supervision to support them in their work.

People had access to food and drink throughout the day and were provided with necessary support to eat and drink.

People were supported to access healthcare services.

The premises had been adapted to people's needs where necessary.

Good



### Is the service caring?

The service was caring.

Staff members had built caring relationships with people; their approach was warm and calm and put people's needs first.

Care was provided in a respectful manner which protected people's dignity and observed confidentiality.

Good



### Is the service responsive?

The service was responsive.

Care and support were provided in a person centred manner which promoted choice and reflected people's individual preferences.

The service had not received any complaints, but people were confident if they needed to complain or raise an issue, they would be listened to and the matter would be acted on.

The care provided enabled people and their families to participate in decision making and to make choices.

Good



# Summary of findings

People were supported to have activities and interests and access to the community.

The service had effective systems in place to share information with other services.

## Is the service well-led?

The service was well-led.

The service had effective quality assurance and information gathering systems in place.

The service had effective systems in place for keeping up to date with best practice, and promoting improvement and development.

The registered manager and providers had day to day direct contact with people who use the service and their relatives, and with staff members. They were therefore able to seek and receive frequent feedback and to lead by example.

Staff members said they felt valued and that the service was well-led.

Policies and procedures were in the process of being updated to reflect the new regulations that came into force in April this year.

**Good**



# 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 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.

Two inspectors and one expert by experience carried out this inspection which took place on 8 June 2015, and was unannounced. An expert by experience is a person who has personal experience of either using, or caring for someone who uses this type care of service. Before the inspection we reviewed the information we held about the service and read previous inspection reports.

People living in the home were able to tell us what they thought of the service. We observed the care provided to people who use the service to help us understand their experiences. We spoke with the registered manager, both providers, the care manager, three support workers, three friends or relatives and seven people who use the service.

We reviewed eight care plans and their associated risk assessments and records. We analysed four staff recruitment files plus training, supervision and appraisal records. We checked documents including audits, cleaning schedules, surveys, policies and procedures, medication records, generic risk assessments and staff rotas. We also reviewed the complaints and incident and accident records. In addition we reviewed the daily records made by staff and also records such as team and residents' meeting minutes. We looked around the premises and observed care practices throughout the day.

# Is the service safe?

## Our findings

Staff said that they had received training in infection control and records confirmed this. The providers, registered manager and care manager all said that they monitored cleanliness and infection control on a daily basis and took action when necessary. We observed that the home was clean with a food hygiene rating at the highest level. Staff informed us that cleaning responsibilities were clearly set out in the cleaning schedules that were followed, and that the premises and equipment were well maintained. This meant that people's health and safety were promoted by a clean, safe environment.

The service had arrangements in place that protected people from abuse and avoidable harm. Everyone we spoke with said they felt safe at The Old Vicarage. Staff had received training on safeguarding and showed good understanding and positive attitude towards this. They were clear on what to do if they suspected a person who uses the service had either been harmed or was at risk of harm. Staff were aware of the safeguarding and whistle blowing policies and procedures in place.

People's health was promoted by the proper and safe management of medicines. Individual medication administration records showed that people were being given the correct medication, as prescribed, in a safe and timely manner. The service had arrangements in place for people to manage their own medication.

People were protected by a safe recruitment system which meant that the provider had obtained information to make judgements about the character, qualifications, skills and experience of the staff. The recruitment processes provided proof of identity and qualifications. Disclosure and barring checks had taken place. The Disclosure and Barring Service helps employers make safer recruitment decisions by providing information about a person's criminal record and whether they were previously barred from working with adults.

The staff rotas showed that there were enough staff on duty to promote safe care. Staff members told us that there were always sufficient staff on duty to provide the care and support that people needed. We observed that staff responded to people's needs in a timely and unrushed

manner. People told us that when they asked for help staff responded quickly and competently. One person said, "I have never have to wait for care and I never feel rushed." Another person said, "When I press the bell I never wait long."

People were protected from risks associated with their care. Staff members told us they followed the guidance set out in personal care plans and risk assessments. Staff kept daily records and communicated any changes in people's needs or concerns about care provision to each other. This was done both verbally and through a computer system. This meant that staff members were quickly aware of any issues or changes in relation to providing appropriate, safe care. Staff were able to give examples of how people's changing needs had been safely managed.

The service had an accident and incident reporting system in place. We found that staff were aware of their reporting duties and we saw evidence that incidents and accidents were recorded. To promote people's safety, incidents and accidents were audited on an individual, case by case basis. However, we did not see records which showed that audit information was analysed as a whole, in order to establish whether there was learning from patterns and trends that could be used to improve the quality and safety of the service. We have made a recommendation which can be found below in the 'well led' section of the report.

Care staff said they thought people were cared for safely at The Old Vicarage. They said they felt confident to report any concerns or risks and that these would be acted upon. Staff also informed us that they read the generic and individual the risk assessments and were of the view that the service managed risks well.

We asked about contingency plans. The registered manager said that that suitable alternative accommodation had been identified for situations in which this may be necessary and that all staff knew about this. This was confirmed by staff members' comments to us. We noted that the service's fire certificate and checks were up to date. Personal evacuation plans (PEEPS) were in place however these did not correspond with the numbers on the room doors. The provider took immediate action to change the numbers on the doors so that they matched numbers recorded in the PEEPS.

# Is the service effective?

## Our findings

CQC is required by law to monitor the application of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. The MCA sets out what must be done to make sure that the rights of people who may lack mental capacity to make decisions are protected in relation to consent or refusal of care or treatment. This includes decisions about depriving people of their liberty so that they get the care and treatment they need where there is no less restrictive way of achieving this. DoLS require providers to submit applications to a 'Supervisory Body', the appropriate local authority, for authority to do so.

The inspectors were informed, and this was confirmed by our observations, that the people who currently use the service are able to give their consent to reside, and have care and treatment at The Old Vicarage. We noted that The Old Vicarage had suitable arrangements in place to obtain, and act in accordance with, consent from people who had capacity to make their own decisions.

However, the service did not demonstrate full understanding of how it should act in accordance with the Mental Capacity Act 2005 in two areas: firstly, in situations where people lacked capacity to give consent to care and treatment and secondly, where the care and treatment provided at the home may amount to a deprivation of liberty. At the time of the inspection, these two issues did not apply to the people who use the service. However, the providers and registered manager agreed that they are likely to apply in the future and we have made a recommendation about this.

The Old Vicarage provided suitable induction and on-going training to staff members. Mandatory training was comprehensive and included: first aid, fire safety, equality and diversity, basic food hygiene, mental capacity, medication administration, infection control, health and safety and risk assessment. The registered manager and care manager had obtained a National Vocational Qualification (NVQ) at level five in management. The registered manager said that the majority of the training provided to staff members was e-learning and that face to face training was also provided.

We asked how the registered manager ensured that the learning was understood and embedded in practice. The

registered manager said they carried out caring duties alongside the care staff every day and was therefore able to lead by example, observe practice and give feedback and informal supervision on a daily basis. The staff said they had sufficient training and development in order to carry out their work safely and competently.

All of the care plans provided information on people's communication needs and guided staff on how effective communication may be achieved. Staff informed us that if necessary they used communication aids such as mood boards and pictures to promote effective communication.

The staff we spoke with said they were happy with their current supervision arrangements and that they had very good day to day access to and support from members of their management group who worked alongside them every day. The registered manager said that a new system of yearly staff appraisals had commenced which identified staff members' individual training and development needs. We noted from supervision records that the service had a robust process for challenging practice in order to promote good, safe care by staff. Staff members confirmed that they received both positive and negative feedback and that this was given in a way which enabled their practice to progress and develop.

People had access to food and drink throughout the day. Staff support and appropriate equipment were provided to help people eat and drink. Requirements for: diabetic, weight reducing, weight gaining and gluten free diets were met. For people who needed a puree diet, each separate item of food was pureed. People were enabled to have a healthy diet of fresh food and to make their own food choices. Where possible, people were enabled to be independent and make their own hot drinks with facilities in their own room. We noted that at mealtimes were social occasions; on the day of the inspection the majority of people sat around a large table in the dining room to have a home cooked lunch together. Other people chose to eat in their own room.

Staff members were very aware of the need to help people have access to health services. People told us they were provided with necessary help to make appointments. One person said if they were unwell that staff were, "very good they help me on the spot, if you need a doctor they are on the phone straight away."

## Is the service effective?

The premises had the feel of a very large family home. Each person had their own room that was personalised with their own furniture and belongings. The home had been adapted with a lift to all floors and ramps so that people had access to all areas. One person said, “The premises are beautiful if none of us liked the place we wouldn’t be here.” Another person said, “The premises are wonderful, full of character.”

**We recommend that the service seek support and training from a reputable source on the implementation of the Mental Capacity Act.**



# Is the service caring?

## Our findings

All the people we spoke with described staff as kind, caring and respectful. One person said, "There is nothing wrong with the care, anything I want, they help." They added that they felt they had all the information they needed about their care and that they were involved in making decisions. One member of staff said the service ensured people were involved in decision making by making sure they asked for their opinion.

People said that their privacy and dignity were promoted and that staff always knocked before entering their rooms, and asked before they carried out care.

People's comments showed that staff members knew the people who use the service very well. One person said, "they know my history and they know what I used to do." We observed that staff member's approach to people was respectful and warm.

Staff told us that they had built good relationships with people who use the service and that the service's strength was its family atmosphere. One person said. "They are more like a family; you can talk to them."

We noted that staff were aware of the importance of protecting people's confidentiality and said they did not talk about people outside of the service. Staff told us how they offer care in a discreet manner including removing themselves from in situations when people needed privacy. One person said staff were, "very discrete and kind."

Friends and family members were complimentary about the caring nature of the staff. One person commented on their, "remarkable patience."

# Is the service responsive?

## Our findings

The care manager explained that a thorough, collaborative assessment was undertaken for each person who came to live at the Old Vicarage. In the records we saw information from the assessment was used in care plans and risk assessments to promote good, safe care.

Each person who uses the service had a person centred care plan. Care staff had a good understanding of person centred care; they said it was based on meeting people's individual needs. The plans were detailed and evidenced that The Old Vicarage provided care in accordance with people's individual preferences and promoted their choices. The care manager gave examples of providing "the little extras" in order that people's needs were met in the way they wanted. The care plans and risk assessments were updated as necessary by the care manager, with reviews taking place at least monthly. This showed that the service sought to meet people's changing needs and to promote their independence and choices.

Some people said that there was not always enough to do in the home. The registered manager said that provision of activities was a difficult area because people's uptake was often low, but that the service endeavoured to meet people's needs for activity and social contact. They said a carer was deployed each afternoon to offer one to one activities with people. The care manager informed us that people were regularly asked what activities they would like to do.

The registered manager said people were enabled to go out into the community for activities if they wished. One person attended a local day service one day per week. This option was open to other people but currently nobody else wanted to take it up. People were welcome to attend the University of the Third Age meetings that were held in the home's sitting room. Holy Communion was offered in the home on a regular basis. Entertainers were booked to give performances at the home on occasion. One care worker took a lead in offering approximately twice a weekly activity sessions including: quizzes, singing, keep fit and bingo. Two

people told us that they had enjoyed a recent bingo session one person said, "Bingo was exceptional I enjoyed that it was a big change otherwise we just come back to our rooms and sit on our own".

We observed that a group of people seemed to enjoy a chat with one of the providers after lunch. We asked the providers and the registered manager about the prevalent culture in the home of people spending most of the time in their own rooms. We were informed by the registered, "That is how it has always been"; they added that people seldom congregated in the communal rooms except to share their meals together.

The care manager spoke about how, at one person's recent monthly review of their care, the subject of activities had come up. They had discussed together the idea going out for a short walk around the town. The planned outing took place on the day of the inspection. We observed people were involved in other activities such as: afternoon tea, writing poetry, helping with the washing up, and chatting as a group after lunch. One of the providers spoke about their repeated, and eventually successful, efforts to encourage one person to use the garden.

This showed that staff were proactive in offering activities and enabling people to participate. The registered manager said the service would continue to keep trying to provide meaningful activities to people and to help them participate as much as they wished.

There was a system in place to manage complaints. There had not been any complaints since our last inspection. Family members informed us that staff members at The Old Vicarage were approachable and, although they had not had cause to raise any problems or concerns, they felt confident that they would be listened to if the necessity arose, and that action would be taken. People who use the service informed us that there was nothing to complain about, but that they knew who to speak to if they had a concern and were confident about doing so.

There were effective arrangements in place for communication between services to ensure care planning and to promote the health, safety and welfare of the people who use the service.

# Is the service well-led?

## Our findings

The service worked in partnership with families and other key organisations such as the GP surgery, day care provider, the local authority and the Clinical Commissioning Group. One of the providers was chair of the Wiltshire Care Homes Association and also sat on the board of the Wiltshire Care Partnership. They explained these were avenues used by the service to keep up with new developments and good practice.

We were informed that the vision for the service was; “we are a family home” and “we make our home your home.” Relatives and people we spoke with said the home felt like a family home, one relative said, “It’s more like a family than an institution”, another said, “They are more like a family, you can talk to them.” All the friends and relative to whom we spoke said they felt welcomed by the service when they visited their loved ones.

One of the providers said the staff made a point of frequently asking people and their relatives about their well-being and views on the service. People’s comments about the providers, registered manager and the care manager were positive and included: “approachable”, “very nice”, “easy to talk to”. One person who said they attended residents’ meetings commented, “But if you want a private meeting you can have it.”

The staff expressed the view that they were well supported and valued and that the service was well-led. Staff said they felt confident to air their views and that these were acted upon. Many similar comments showed that the service had created a culture that promoted confidence and openness.

There were effective processes to seek feedback on the service from all relevant persons. These included: surveys, residents’ meetings and monthly care reviews. We found that information was evaluated and action was taken by

the service. For example, one person raised the concern that they were disturbed by somebody frequently getting out of bed at night. They told us that they were happy with the service’s suggested solution of moving to a new room once it had been freshly decorated. The care manager informed us of how this situation had already been risk assessed, and of the further work that would be done to mitigate risks such as using a movement sensor to alert night staff. People informed us that the service was well managed.

The service promoted the safety and well-being of people because it used robust quality assurance arrangements and took steps to mitigate identified risks. The service had systems and processes in place to assess, monitor and improve the quality and safety and welfare of people who use the service. We noted the provider’s effective system for auditing incidents and accidents in relation to individuals. However, we did not find an equally effective over-arching audit process for incidents as a whole which may have further increased the level of risk mitigation by the service.

We asked about development of the service. We were informed that the registered manager was reviewing the policy and procedure to reflect the new regulations that recently came into force. One of the providers said The Old Vicarage had broadened its services to include respite care and care for people leaving hospital. Further, the service intended to offer more placements to people with complex needs and mental health needs, and to consolidate and develop its end of life provision. The registered manager said they intended to set up more mental health training for staff in the autumn.

**We recommend that the service seek advice on the implementation of an over-arching accident and incident audit process.**

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.