

Aegis Residential Care Homes Limited

The Old Vicarage Care Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

The Old Vicarage Care Home was inspected on the 31 October 2018 and the 2nd November 2018 the first day of the inspection was unannounced.

The Old Vicarage Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The Old Vicarage Care Home is registered to accommodate a maximum of 35 older people, including older people who may be living with dementia. Accommodation is provided on two floors. A passenger lift is available. There is a communal lounge, a separate dining area and an enclosed garden.

At our last inspection in August 2017 the service was rated as 'Requires improvement'. We identified a breach of Regulation 12 of the Health and Social Act Care Act 2008 (Regulated Activities) Regulations 2014. We found people could not be assured that medicines were managed safely as staff trained in medicines were not always available and infection control practices did not protect people from the risk and spread of infection. We also noted a breach of Regulation 18 of the Health and Social Act Care Act 2008 (Regulated Activities) Regulations 2014 as staff were not consistently available to meet people's needs and staff were not always well rested. In addition, we identified a breach of Regulation 17 of the Health and Social Act Care Act 2008 (Regulated Activities) Regulations 2014 as care records were not always completed with up to date information about people's individual needs. In addition, the audit systems in place had not identified the concerns we had found on inspection and if people raised concerns, these were not always continuously followed through and reviewed. We took regulatory action and served requirement notices for these breaches of legal requirements. We asked the registered provider to take action to make improvements to the areas we identified. The registered provider sent us an action plan which indicated improvements would be completed by November 2017.

At this inspection in October and November 2018 we found medicines were not always managed safely. For example, we found people could not be assured they would receive their medicines in a safe way, or when they needed them. This was a breach of Regulation 12 of the Health and Social Act Care Act 2008 (Regulated Activities) Regulations 2014.

You can see the action we told the provider to take in the full version of the report.

At this inspection in October and November 2018 we found the home had transferred paper care records to a computer based system. Records we viewed showed the care and support people required to meet their needs, however this was sometimes difficult to find. We have made a recommendation regarding this.

Relatives told us they were consulted and involved in their family members care. People we spoke with confirmed they were involved in their care planning if they wished to be and staff treated them kindly and

with respect. Documentation we viewed did not consistently record people's consent or involvement. We have made a recommendation regarding this.

Records related to the food people had eaten and the times they had bathed or showered were not consistently accurate, the manager and regional manager told us they had identified this as an area for improvement. Staff told us the manager discussed this with them to improve the record keeping at the home.

We found improvements had been made to manage the risk and spread of infection. We found the home was visibly clean and checks were carried out to ensure the environment remained hygienic.

We reviewed recruitment records to check staff were safely recruited. Staff told us recruitment checks were carried out prior to starting employment at the home. We noted one recruitment record did not contain a full employment history of a staff member. We discussed this with the regional manager and the manager. The regional manager could demonstrate how the service had changed its working processes to ensure this did not happen again.

Audits carried out by the manager and the regional manager had identified where improvements were required and action plans were in place to ensure steps were taken to improve the service provided.

The service sought feedback from people who lived at the home, relatives and visitors to identify what the home did well and what needed to improve. A notice board within the home displayed the findings of the feedback given and the action the home had taken.

People told us they did not have to wait for help and we timed two call bells which were answered promptly. We observed staff were patient and did not rush people when they supported them. Staff told us they considered the home was busy at times, but they could meet people's needs promptly. Rotas we viewed showed staff had their rota arranged so they had adequate rest days and did not work excessive days in a row.

At the time of the inspection visit there was a no manager in place who was registered with the Care Quality Commission. 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. There was a manager at the home who was supported by a deputy manager.

Staff told us and we saw documentation which evidenced staff attended training to enable them to maintain and update their skills. We also saw evidence and staff confirmed, they had regular supervision with their line manager to discuss their performance. The manager explained that in the last 12 months, a new staff team had started work at the Old Vicarage Care Home and appraisals were being planned.

People were asked to express their end of life wishes. Documentation was available to plan this area of people's care if people wanted to share their needs and wishes.

People told us they had access to healthcare professionals and their healthcare needs were met. Documentation we viewed showed people were supported to access further healthcare advice if this was appropriate. People and relatives told us they were happy with the care at support provided at The Old Vicarage Care Home.

People told us they had a choice of meals to choose from and they enjoyed the meals provided. We observed the lunchtime meal. We saw people were given the meal of their choice and were offered more if they requested it. Staff were available to help people if they needed support.

Staff we spoke with knew the needs and wishes of people who lived at the home. Staff spoke fondly of the people they supported and said they cared about them and their wellbeing. Staff were gentle and patient with people who lived at the home and people told us they felt respected and valued.

Staff we spoke with were able to describe the help and support people required to maintain their safety and people who lived at the home told us they felt safe.

Staff told us they were committed to protecting people at the home from abuse and would raise any concerns with the registered provider or the Lancashire Safeguarding Authorities so people were protected.

There was a complaints procedure available at the home. People we spoke with told us they had no complaints, but they if they did these would be raised to the manager or staff.

People told us there were a range of activities provided to take part in if they wished to do so. People told us they were asked if they wanted to take part in activities and if they declined, their wishes were respected. Staff told us they reminded people of the activities available.

The manager demonstrated their understanding of the Mental Capacity Act 2005. People told us they were enabled to make decisions and staff told us they would help people with decision making if this was required. People were supported to have maximum choice and control in their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Relatives we spoke with told us they were could speak with the manager if they wished to do so and they found the manager approachable.

This is the fifth time the service has been rated Requires Improvement.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement 

The service was not always Safe.

Improvements were required to ensure medicines were managed safely.

People told us they felt safe and we saw assessments were carried out to identify and control risk. There were processes to manage the risk and spread of infection.

There were sufficient staff available to meet people's needs and people told us they were happy with the staffing arrangements at the home.

Is the service effective?

Good 

The service was Effective.

People's nutritional needs were monitored and health professionals instructions were followed to ensure people's needs were met.

Staff told us and we saw documentation which demonstrated staff received training to enable them to meet people's needs.

If restrictions were required to maintain people's safety, applications to the supervisory bodies were made as required. The manager was reviewing the processes at the home to ensure relatives and people's involvement and consent was recorded.

Is the service caring?

Good 

The service was Caring.

People and relatives told us staff were caring and we saw people were treated in a caring and respectful way.

Staff knew the people they supported and told us they valued them as individuals.

People told us they were respected and their dignity was upheld.

Is the service responsive?

Good ●

The service was Responsive.

People and staff told us activities took place for them to enjoy.

We saw care was delivered in accordance with health professional instructions.

There was a complaints procedure in place. People and relatives we spoke with told us they had no complaints.

Is the service well-led?

Requires Improvement ●

The service was not consistently well-led.

The registered provider had not met all the requirements of the regulation, therefore cannot be rated as good in well-led.

Checks were carried out to identify if improvements were required.

People who used the service, staff and relatives spoke positively of the manager and said they were approachable.

Staff told us they could speak with management if they wanted any further guidance, and staff meetings took place to support effective communication.

The Old Vicarage Care 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.

Since the last inspection carried out in August 2017 we have served a fixed penalty notice to the registered provider Aegis Residential Care Homes Limited. This was for failing to meet fundamental standards (ensuring a registered manager is in place) at The Old Vicarage Care Home. Fines totalling £4,000 have been paid as an alternative to prosecution. A review of information we hold on our system about Aegis Residential Care Homes Limited shows there is currently a registered manager application for the Old Vicarage Care Home in process with the Care Quality Commission.

The inspection visit took place on the 31 October 2018 and the 02 November 2018 and the first day was unannounced. The first day of the inspection was carried out by one inspector and a medicines inspector. The second day of the inspection was announced and carried out by one inspector. At the time of the inspection there were 27 people receiving support at the home.

Before our inspection, we completed our planning tool and reviewed the information we held on the service. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed notifications we had received from the provider, about incidents that affect the health, safety and welfare of people who received support and information from members of the public. In addition, we contacted the local funding authority and asked them their views on the service provided. We used all information gained to help plan our inspection.

We spoke with seven people who received support, four relatives and two visitors. We also spoke with the

manager, the deputy manager and the regional manager. In addition, we spoke with six care staff, the cook and the housekeeper. We walked around the home to check it was a safe environment for people to live and observed the interactions between people who lived at the home and staff. In addition, we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. This helped us understand the experiences of people who lived at the home.

We looked at care records of four people who lived at The Old Vicarage Care Home and at care documentation related to people's nutritional, fluid intake and the help one person needed to reposition. We also viewed a sample of medicine and administration records. In addition, we viewed a training matrix and the recruitment records of two recently recruited members of staff. We looked at records related to the management of the service. For example, we viewed records of checks carried out on the environment, accident records and health and safety certification.

Is the service safe?

Our findings

At the last inspection carried out in August 2017 we found improvements were required to ensure people received their medicines safely and at the time they needed them. We identified there were no staff within the home at night that had been trained and assessed in the safe management of medicines.

At this inspection in October and November 2018 saw night staff had been given training in medicines handling so that they could give night sedation and end of life medicines. They were also trained to give medicines prescribed to be given on an occasional basis. We looked at the staff rotas and saw there was always a member of staff on duty at night who had been assessed as competent in this area.

At this inspection we looked at medicines and medicines administration records (MARs) for 12 people and found concerns about the way medicines were managed for 11 of those people.

Prior to our inspection, the home had changed the pharmacy that supplied their medicines. Three days before our visit the home received its first delivery of medicines from the new pharmacy. We found that staff had failed to check that the new MARs were accurate. There were medicines in stock for two people that were not listed on their new MARs and it was unclear if they were still prescribed for them. One person had not been given one of their medicines for seven days because the medicine was not listed on the new MARs and another person had been given a medicine for three days which was not listed on their new MARs and no records were made show they had been given it. This person was also given a medicine for two nights which the doctor had previously discontinued because checks had not been made to ensure the information on the new MARs was accurate and up to date. The failure to manage change placed people's health at risk of harm.

We also found other concerns not associated with the change of pharmacy. We looked at the records of receipt of medicines for both the current and previous month and saw that they were not well maintained. Medicines were not signed in when they were received and medicines left over from the previous month were not carried forward. This meant it was not possible to account for all medicines or show that medicines had been given as prescribed. For example, one person was prescribed Warfarin and the records showed that the wrong dose had been given on five occasions. Because of the lack of records about the stock of Warfarin it was not possible to tell if this person had been given the wrong doses or if the staff had not accurately recorded the doses they had given.

Some people were prescribed medicines to be taken "when required" or with a choice of dose. The administration of medicines prescribed in this way must be supported by a protocol explaining under what circumstances to give the medicines and when to select the higher or lower dose. We found there were some protocols missing and other protocols did not have sufficient personalised information recorded to ensure these medicines could be given safely and consistently.

One person was prescribed a patch which needed to be applied each day but must not be applied to the same area more than twice in 14 days. The records showed that it had been applied to the same area three

times in seven days which may have caused skin irritation. Prior to the inspection concluding we were informed the person had not suffered any skin irritation and that the MAR record for the person's pain patch was updated during the inspection.

The above findings demonstrate a breach of Regulation 12 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Safe care and treatment). This was because the provider had not ensured medicines were managed properly and safely.

At the last inspection carried out in August 2017 we found insufficient staff were available to meet people's needs. Additionally, staff worked long hours and multiple shifts in a row and were not well rested. We found staff were poorly deployed at lunchtime and saw people had to wait for their lunch. Training was not provided for staff to administer medicines at night. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Staffing).

At this inspection in October 2018 we found improvements had been made. We saw evidence that demonstrated night staff were trained in medicines. People told us they were happy with the response they received from staff if they needed support. We were told, "There's always someone about to help." And, "I don't have to wait for help." Relatives and visitors we spoke with said, "No problems with staffing." And, "It's definitely consistent carers." Also, "Whenever I've been there's been enough staff as far as I can see." During the inspection we timed two call bells and saw these were answered promptly. We observed people were supported by staff in a calm and relaxed way. Staff did not rush people and we saw numerous examples of staff chatting and interacting with people throughout the day. We observed the lunchtime meal and saw staff were available to help people if they needed assistance. This showed staff were effectively deployed to meet people's needs.

We reviewed rotas and discussed staffing arrangements with the manager. They told us since the last inspection some staff had moved to seek employment elsewhere and they had recruited staff to replace them. They told us they discussed the length of the working day with staff and staff were happy with this. We asked the manager how they ensured the staff were well rested as rotas showed staff worked 12-hour days. The manager showed us the rotas and we saw staff had days off at appropriate intervals to support their well-being. Rotas showed the deputy manager had worked a minimum of 46 hours a week. We discussed this with the manager who told us this was at the deputy manager's request and the rota was arranged to ensure the deputy manager had adequate rest days. The deputy manager confirmed this with us.

We asked staff for their opinion on the staffing arrangements at the home. Staff told us they had no concerns. We were told, "It's relaxed and flows here. We're organised well." Also, "We have time to do activities with people, we don't have to hurry people up." Our observations, the documentation we reviewed and the feedback we received from people showed staffing arrangements were sufficient.

At the last inspection in August 2017 we found improvements were required to manage the risk and spread of infection. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Safe care and treatment).

At this inspection in October and November 2018 we found improvements had been made. We walked around the home to check it was a clean environment for people to live in. We spent time in the communal areas, visited people's private rooms and checked the cleanliness of bathrooms and equipment. We noted the home was visibly clean. For example, we saw the sluice area was clean and hygienic, and we noted staff wore appropriate personal protective equipment when required. People's private rooms were clean and tidy with clean bedding and mattresses. We found commodes and bathrooms were clean and all the areas of the

home we visited were free from odour. In bathrooms we found the bins were not excessively full and appropriate handwashing facilities were available to ensure effective handwashing could take place. We visited one person in their room and found they were supported in a bed with clean bedding and they were wearing clean clothing. We found the room was tidy and clean.

The manager told us new carpet had been fitted to the lounge and we saw this was free from marks and stains. Decoration had taken place to the stairs and landing at the home, and paintwork was unmarked. We viewed records of cleaning which showed cleaning took place as planned and there was an infection control audit carried out to identify any areas of concern. We spoke with the housekeeper who told us they had sufficient time to carry out the cleaning and the manager checked their work to ensure it was completed as required. Relatives we spoke with expressed no concerns with the cleanliness of the home. One relative commented, "I'm pleased with the cleanliness." A further relative said, "I've noticed big change in the cleanliness, it's much cleaner." Our observations, feedback we received and the documentation we viewed showed systems were in place to minimise the risk and spread of infection.

We noted the latest food hygiene rating from the Food Standards Agency (FSA) was displayed. The home had been awarded a five-star rating following their last inspection by the FSA. This graded the home as 'very good' in relation to meeting food safety standards about cleanliness, food preparation and associated recordkeeping.

We viewed documentation to check staff were recruited safely. We spoke with staff who confirmed that prior to starting work they had completed a Disclosure and Barring Check and references had been obtained. These checks help ensure suitable people are employed to work with vulnerable adults. In one of the files we viewed we saw a full employment history had not been obtained for the staff member. We discussed this with the regional manager and the manager. The regional manager told us they had identified this as an area of improvement and a new application form was being introduced which would prevent this reoccurring. They showed us the form they planned to introduce.

People who received support told us they felt safe living at The Old Vicarage Care Home. We asked one person if they felt safe at the home. They said, "Course I'm safe." A further person told us, "It's a warm, safe place to live." Relatives we spoke with told us they had no concerns with their family member's safety. One relative told us, "[My family member] is safe because it's good care." Also, "I'm not worried about [my family member] at all."

We asked the manager how they monitored accidents and incidents which occurred at the home. The manager explained care staff completed an entry in the daily records and the computerised system highlighted this to the manager for their attention. The manager said they then reviewed the entry to identify if any further actions were required to minimise risk. The manager also showed us documentation which showed falls and incidents were reviewed monthly. They explained they looked for trends and patterns. We spoke with one relative who shared the risk controls the manager had introduced to minimise the risk of their family member falling. They said, "[Manager] put new equipment in so the staff can monitor [my family members] whereabouts. The staff can go to [my family member] now and help [my family member]. This demonstrated the manager maintained oversight of accidents and incidents and reviewed these to see if further actions were required.

We viewed care records which contained assessments of risk in key areas of people's care. For example, we saw the risk of falls, skin integrity and malnutrition were assessed. Risk assessments contained information on how risks should be managed. We viewed care plans and saw these were informative, however did not always contain the specific information contained within the risk assessments we had viewed. For example,

we saw one care plan did not record the risk controls instructed by the corresponding risk assessment. We discussed this with the manager and prior to the inspection concluding the manager informed us the care plan had been rectified.

We recommend the service seeks and implements best practice in the consistency of information contained within care records.

Staff we spoke with were able to describe people's individual needs and the help and support they required maintain their safety and well-being. For example, staff could explain the support people needed with nutrition and the help they needed with personal care. During the inspection we saw one person being supported with their mobility. We viewed the person's records and saw staff were supporting the person in a safe way and in accordance with their assessed needs. This demonstrated staff were aware of the individual help people needed.

Staff told us they were committed to protecting people from abuse. One staff member said if they were concerned that people were at risk from harm or abuse they would take action. They said, "Any abuse would go straight to [manager] because our duty of care is to protect vulnerable people." Staff also said they would report any safeguarding concerns to the Lancashire safeguarding authorities if this was required. Staff could explain what they would report to ensure people were safe. For example, staff told us they would report unexplained bruising or bullying to ensure people were protected. We saw the number of the Lancashire safeguarding authorities was visible on various signs around the home. This helped ensure staff, people who lived at the home, relatives and visitors could raise concerns if they wished to do so.

There was a legionella risk assessment in place and water temperatures were monitored to ensure people were not at risk from scalds. We saw windows were restricted to prevent the risk of falls from height. We found a fire risk assessment had been carried out with improvements recommended. The manager and regional manager told us this work had been completed. Staff we spoke with were knowledgeable of the support people required to evacuate the building if this was required.

Is the service effective?

Our findings

At the last inspection in August 2017 we saw staff were poorly deployed at lunchtime because there were not enough of them to meet people's needs.

At this inspection in October and November 2018 we saw people were supported by staff to eat and drink in a calm and person-centred way. We observed the lunch time meal and found staff were available in the dining area to serve people and provide discreet prompts if people needed reminding to eat their meals. For example, we saw one person had finished their drink, a staff member asked them if they would like more to drink and provided this for them. A second person was offered and given an extra pudding when they had eaten their meal and a third person was encouraged to eat when a staff member sat with them and chatted as they ate. This demonstrated people were supported to eat and drink sufficient to meet their needs.

We spoke with the cook who told us they were informed of changes in people's dietary requirements by the care staff. They showed us a list which recorded people's individual needs and preferences. We checked one person's care record and saw this matched the information the cook held. This demonstrated information was shared effectively to ensure people's nutritional needs were catered for.

People told us they were offered choices of meals and they were happy with the meals provided. One person discussed their food preferences with us. They said, "I get everything I want." A further person said, "I like all the meals. I can choose what I want." We found people could eat meals which met their preferences and nutritional needs and could eat alone if they wished to do so. We noted some people chose to eat their meal at a different time and at tables by themselves. We observed staff remained discreetly in the area to offer support and assistance if required. This demonstrated people were supported to eat meals of their choice in a way that met their preferences and needs.

We saw evidence people's nutritional needs were monitored. People were weighed to identify if they required further health professional advice to meet their nutritional needs. Staff told us they would support people to gain further professional advice if this was required. In one care record we saw the instructions from a health professional were included in the person's care plan. During the inspection we saw the health professional's advice was followed. This demonstrated people's nutritional needs were assessed and professional advice followed to ensure people's needs were met.

We checked to see staff received training to maintain and develop their skills. We viewed a training matrix and staff supervision records. Supervision is a one to one meeting where staff can discuss their performance and any concerns with their line manager. Staff told us they received training by completing eLearning modules on a computer or by attending face to face training. The training matrix we viewed showed staff received training in areas such as safeguarding, fire awareness, moving and handling and equality and diversity.

Staff told us they found the training helpful and they were reminded by the manager to complete training so their skills remained up to date. Staff also explained they received supervisions with the manager and they

welcomed these. One staff member commented, "I like getting feedback on how I'm doing."

We discussed appraisals with the manager. They told us that due to the new staff team starting work at the home, staff had not been in post for over 12 months and these were in the process of being planned.

Documentation showed people received professional health advice when this was required. For example, we saw people were referred to doctors and district nurses if this was required. Staff we spoke with were knowledgeable of the individual needs of the people they supported. For example, staff were able to explain the support a person needed in relation to their nutritional needs. This demonstrated staff were aware of professional advice.

We asked staff what documentation was provided to support effective decision making by other health professionals if people needed to attend a hospital in an emergency. The manager explained information could be printed from the computer records. We were shown the computer record which contained person centred information and contact details of other health professionals. The manager also said copies of the person's medicine and administration record would be provided. This helped ensure health professionals had access to relevant information to inform their decision making.

We asked the manager how they obtained and implemented information on best practice guidance and legislation. They told us they attended external meetings, for example safeguarding forums to share and learn best practice. The manager told us they valued these events as they enabled up to date information to be shared. They also explained they were hoping to attend a meeting with other homes in the area. They said they understood the purpose was to promote best practice information and professional working and they were hoping this would support them to make further improvements.

The manager told us they used technology if this was appropriate. For example, the home had introduced a computerised record keeping system for care records. They explained this enabled records to be completed in real time, as staff had 'pods' they carried with them. They further explained that staff would make an entry as soon as they had delivered care and one of the benefits was staff had more time to spend with people as a result. This was confirmed by speaking with staff. One staff member said, "The 'pods' have everything we need, risk assessments, care plans. We can spend time with people as it's less paperwork." This demonstrated the registered provider considered the usefulness of technology when considering the service provided.

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 as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We looked at how the service gained people's consent to care and treatment in line with the MCA. People told us they were involved in decision making and discussions about their care. One person told us staff asked for consent before providing care and support. They said, "They always check I agree with everything." Relatives told us they were involved in decision making. One relative told us, "I'm always involved." A further relative described how they were involved in the care planning process regarding a change in their family

member's needs. They told us, "They talk to me about all aspects of [my family member]'s care. I'm always involved."

We saw consent was sought before care and support was given. For example, we saw people were asked to consent to before help was given with mobility and with personal care. This demonstrated consent was sought prior to care and support being provided. We viewed records which showed some people's consent had been recorded. We discussed this with the manager who told us they were in the process of contacting relatives to document their consent and involvement in the care planning process.

We viewed documentation which showed if people's rights were restricted this was done so lawfully. Documentation we viewed showed that people's mental capacity was assessed and applications to deprive people of their liberty were made to Lancashire Local Authority. This helped uphold people's rights.

We walked around the home and saw people's rooms were personalised with their own possessions. We found the rooms were tidy and warm and people had call bells in their rooms to enable them to summon help if this was required.

People who lived at the home told us they were happy with the care provided. One person told us, "It's lovely here. We're cared for well." A further person said, "I'm well looked after." Relatives told us they were happy with the care and support their family members received. One relative told us they considered their family member was well looked after. They told us, "It's excellent care." A further relative told us their family member was comfortable living at the home and described the care as "good."

Is the service caring?

Our findings

People who lived at the home told us staff were caring. Comments we received included, "They take nothing for granted. Always polite, always kind and smiling." A further person said, "The girls are good to me." Relatives and visitors voiced no concerns regarding the approach of staff. One visitor commented, "Staff are responsive to maintaining dignity." A relative we spoke with described how they had observed staff giving their family member a hug. They told us, "I think [my family member] gets a lot of TLC." A further relative said, "They've always cared for [my family member] staff say they love [my family member]."

We saw staff were caring. We saw people were asked how they were, if they needed anything and people responded to staff by smiling and chatting. We observed staff used touch appropriately and gave people compliments. For example, we saw one staff member asked a person if they were cold. They helped the person choose a warm cardigan to put on and complimented them on their choice. The person smiled and laughed as a result. We observed a further staff member reassured a person when they asked for help finding a personal possession. On finding the item the staff member gave it to them and hugged them. The person hugged the staff member back and gave them a kiss on their cheek. Our observations showed staff were caring.

We saw people's privacy was respected. Staff took care to knock on doors and wait for a response before entering people's private bedrooms. During the inspection we saw if people were supported with personal care, bathroom doors were closed to maintain their privacy and dignity. Conversations with people were discreet if they were of a personal nature and staff did not discuss people's needs or wishes in a public area. This helped maintain people's privacy and dignity.

We observed respectful interactions between staff and people who lived at the home. For example, we saw one person received an apology from staff when they needed to disturb them and speak with them. When staff spoke with people they were focussed on them with positive body language and good eye contact. We noted people were equal contributors to conversations and staff spoke considerately and patiently with them. This demonstrated staff were caring and treated people with respect.

There was a calm atmosphere at the home. We observed staff were unhurried and spent time with people in a leisurely way. From the conversations we heard, it was clear there were positive relationships between people who lived at the home and staff. Staff talked with people about their relatives and friends and people responded to staff comments. We observed one person was looking for their family member. A staff member spent time with them talking in soothing tones about the person's family member. This resulted in the person relaxing and laughing as they recalled their memories. This demonstrated staff had knowledge of people and their backgrounds.

Staff spoke affectionately of people who lived at The Old Vicarage Care Home. Staff told us they had time to spend with people and enjoyed being with them. One staff said, "The clients make it a lovely place to work." A further person said, "The most important thing here is the people." This demonstrated staff had a caring approach and valued the people who lived at the home.

We spoke with the manager about access to advocacy services should people require their guidance and support. The manager told us details were made available to people if this was required. This ensured people's interests would be represented and they could access appropriate support outside of The Old Vicarage Care Home if needed.

Staff we spoke with told us they had received training in equality and diversity and had a good understanding of protecting and respecting people's human rights. Staff told us they valued each person as an individual and would report any concerns of discrimination to the manager so people's rights could be upheld. One staff member said, "We treat people as they want to be treated and respect their individuality." We saw care records documented people's chosen faith and the manager told us if people had faith or cultural needs, support for them could be accessed to support their beliefs and preferences.

Is the service responsive?

Our findings

During the last inspection in August 2017 we found people could not be assured they would receive responsive care as records were not always complete and up to date. This was a breach of Regulation 17 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection in October and November 2018 we looked at positional change charts, fluid records, personal care records and falls documentation to ascertain if records supported the delivery of responsive care. We found fluid charts and positional change charts were completed accurately and staff recorded on the computer system if people had fallen.

We found improvements in the record keeping of personal care interventions was required and we saw evidence this was being addressed by the manager and regional manager. We reviewed the care records of one person and saw three entries for one month to indicate they had received help to bathe. We discussed this with the manager who told us the person had been helped with personal care on other occasions, but this had not been recorded.

We looked at three people's computerised nutritional charts and saw gaps were present. For example, on one person's chart we saw no entries were present for tea, supper or extras on one date. On a further person's chart, we saw no entry for four separate occasions. We discussed this with the manager who informed us staff should record if people did not wish to have anything to eat and they reminded staff of this. Staff we spoke with told us they were reminded by the manager to complete records accurately. The manager and regional manager told us they would continue to check the records to make sure staff completed them accurately.

During the last inspection in August 2017 we found people did not always have their preference of a male or female carer to support them met. At this inspection in October and November 2018 we asked the manager if they considered the gender of staff when they allocated rotas. The manager told us this was a consideration and they were recruiting further care staff so if people expressed a preference this could be met. They explained that at present there was no-one living at the home who had expressed a preference regarding the gender of staff who supported them. People we spoke with confirmed they had no preference. Staff we spoke with told us they supported people in a way they wanted to be supported. They explained they knew people's individual routines and made sure these were followed. One staff member described a person's early morning routine. They told us it was important this be respected. A further staff member said, "It's a routine around people, not a routine around us." Another staff member told us, "It's resident-led here, not staff-led." A relative we spoke with explained how their family member's chosen routine was respected. They told us, "[My family member] can choose their own routine. [My family member] isn't made to get up or go to bed. It's up to [my family member]." This demonstrated staff were aware of the importance of meeting people's individual needs in a person-centred way.

We found people were given the opportunity to discuss their end of life wishes. We spoke with two people who confirmed they had been asked if they wanted to discuss their end of life care. They told us they had

declined to do so in any detail. Care records contained the basic information regarding people's end of life wishes and the manager told us records would be updated as people shared information with staff and care planning took place.

We found people were supported by staff who were responsive to their needs. We noted one person had lost weight and there were instructions in place from a health professional. We further reviewed the person's care record and saw they had gained weight. Staff we spoke with described the help and support the person required and we observed the person being supported on inspection. We noted their needs were met in accordance with the health professional's recommendations. This demonstrated care was provided which was responsive to individual needs.

People told us they were referred to other health professionals if this was required. One person said, "They got the doctor out for more tablets for me." Another person said, "Aye, they sort all that out." Relatives we spoke with told us they were happy with the service provided. One relative told us they had every confidence in the response of staff if their family member became unwell. They explained staff would contact health professionals quickly if they were concerned. They commented, "They get the doctor quickly. As soon as the doctor is available, he comes." A further relative told us staff supported their family member to attend hospital appointments and the staff would contact the doctor if their family member was unwell. "They told us, "If [my family member] needs a doctor, they get one in." This demonstrated people were supported by staff who responded to people's changing needs.

Relatives told us they had been involved in their family member's care planning. Relatives we spoke with confirmed they were involved in discussions regarding their family members care. One relative described the way the service worked with them. They said, "It's a multi team that works well together." A further relative told us they took part in care planning by having regular telephone conversations about their family member's care needs. Care records we viewed showed people's needs were individually assessed and plans were developed to meet those needs. For example, records we viewed guided staff on how to be responsive to people's mobility or nutritional needs.

Staff told us they offered people who lived at the home the opportunity of being involved in activities and people we spoke with confirmed this. One person told us, "There's a plan on the wall and staff remind me if I forget." A further person told us they liked the musical entertainers who visited. They smiled and said, "I have a dance with the singer." Staff told us they supported people to take part in activities and during the inspection we saw this took place. We saw one person being supported to take part in some craft. It was evident from the persons expression that they were concentrated on and engaged with the activity. We also observed people taking part in a game of skittles. We noted there was laughter and people smiled and chatted as the activity took place.

Relatives we spoke with told us they had no concerns with the provision of activities. One relative commented, "[My family member] goes to the entertainment. She enjoys it." A further relative explained how their family member had previously isolated themselves, but staff had gently encouraged them to take part in activities. They explained, "[My family member] takes part in activities now. [My family member] is happy and enjoys them." This demonstrated people were supported to take part in activities that were meaningful to them to minimise the risk of social isolation.

We saw people's care records contained information on their individual communication needs. Staff told us they would consider the needs of the person and obtain the support they required. For example, by using pictures or large print to support understanding. This showed people's individual needs were considered.

The Old Vicarage Care Home had a complaints procedure which was available to people who lived at the home. We reviewed the complaints procedure and saw it contained information on how a complaint could be made. All the people we spoke with told us they had no complaints but they would raise these with staff or the manager if they had. We were informed by the manager that no complaints had been made since the last inspection carried out in August 2017.

Is the service well-led?

Our findings

There was no manager registered with the Care Quality Commission at the home. This is a condition of the registered provider's registration. 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. There was a manager in place, who was supported by a deputy manager. A review of information we hold on our system about Aegis Residential Care Homes Limited shows there is currently a registered manager application for the Old Vicarage Care Home in process with the Care Quality Commission.

During the inspection carried out in August 2017 we found care records were not always stored securely and the main office and auditing system was disorganised. We also found people could not be assured they would receive responsive care as records were not always complete and up to date. This was a breach of Regulation 17 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During this inspection carried out in October and November 2018 we found some improvements had been made. We found care records were computerised and access was restricted only to authorised people. The office was organised and if we asked for information this could be located and provided. As well as computerised records, there were paper records containing people's social histories. These were stored securely and accessible only by staff. The manager told us these were in the process of being recorded on the computerised system.

There were a range of audits carried out by the manager and the regional manager to identify if improvements were required. For example, we saw checks were carried out on accidents and incidents, people's weights, staff retention, the environment and equipment in use at the home. In addition, the regional manager carried out audits to check that improvements were being made.

We saw evidence the manager sought feedback from people who lived at the home and relatives and visitors. Surveys were also provided to people who lived at the home and their relatives. When feedback was received we found whenever possible, action was taken in response to this. For example, the manager had introduced a 'You said – We did' board in the home. This is a board that displays feedback and the action the service has taken in response to the feedback. We viewed the board and saw feedback had been received suggesting a quieter dining experience would be beneficial. The board showed the service had responded by providing another mealtime after the first mealtime. During the inspection we saw this took place and people were supported to eat in a quieter environment if this was their choice. In addition, we saw on the board, feedback that the home appeared 'tired' in places. It was also recorded that refurbishment had taken place. During the inspection we found a new carpet had been fitted and decoration had taken place in communal areas within the home. This demonstrated feedback was received and responded to.

During this inspection carried out in October and November 2018 we found not all fundamental standards had been met. There was a breach of regulation, and this area had not been addressed, demonstrating that

the management oversight and governance of the service was not where it needed to be at the time of the inspection.

People told us they found the manager and deputy manager to be approachable and relatives echoed this. They told us they would have no hesitation in bringing concerns to the attention of the management team. Relatives we spoke with told us they were happy with the way the home was run. One relative said, "The manager has high standards and she leads the staff well." A further relative said of the manager, "[Manager] is very easy to talk to and listens to what I say. [Manager] wants to make life better for [my family member]."

Staff we spoke with could explain their roles and responsibilities and spoke positively of the support they received. One staff member commented, "I can talk to [manager] about anything, anytime." Another staff member told us they felt the home had improved under the manager's leadership. They told us this was because they received support and guidance to do their job. Staff told us they received leadership from the manager and deputy manager both formally and informally. For example, we were told they attended handovers to ensure they remained informed about people at the home and staff meetings were also provided for staff to attend and discuss any areas they wished. The manager spoke proudly of the staff at the home. They told us they valued everything they did and staff were committed to working together to provide high quality care.

Staff told us they considered morale to be good and they worked together as a team to ensure people were supported. One staff member commented, "I'm proud of working here as a team, our passion is to care." During the inspection we saw staff worked closely together to support people who lived at the home. We noted staff spoke discreetly about people's wishes and needs and passed information to each other to ensure they were clear about the next steps they had to take. This demonstrated there was a culture of teamwork where staff and the management team worked together to ensure the home was well organised.

We discussed partnership working with the manager. They explained they worked with other agencies to make sure they followed current practice, providing a quality service and the people in their care were safe. These included healthcare professionals such as GPs, district nurses, members of the falls team and dietitians. This ensured a multi-disciplinary approach had been taken to support care provision for people in their care to receive the appropriate level of support.

The home had on display in the reception area of the home their last CQC rating, where people who visited the home could see it. This is a legal requirement from 01 April 2015.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Medicines were not always managed properly and safely. Regulation 12 (1) (2) (g)

The enforcement action we took:

We served a Warning Notice for this breach in Regulation.