

Mrs R Elango & Mr P Elango

The Old Vicarage

Inspection report

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Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Requires improvement



Is the service caring?

Good



Is the service responsive?

Requires improvement



Is the service well-led?

Requires improvement



Overall summary

This inspection took place on 24 and 25 September 2015 and was unannounced. It was carried out by an inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

The Old Vicarage provides care for up to 39 older people some of whom may be living with dementia. On the days of the inspection there were 39 people living at the service. The Old Vicarage is located in the village of Tilmanstone. It offers residential accommodation over

two floors and has two communal areas together with a conservatory on the ground floor which is also used as a dining area. There is a secure garden at the rear and side of the premises.

There was a registered manager working at the service. 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'.

Summary of findings

Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run. The registered manager was supported by a deputy manager.

Although people told us they felt safe, risk assessments to support people with their daily lives were not detailed enough to show how the risks should be managed safely and kept to a minimum. The assessments also lacked guidance for staff to support people with their mobility and nutrition and skin care. This left people at risk of not receiving interventions they needed to keep them as safe as possible.

People were satisfied with the care and support they received. Everyone had a care plan. The contents, information and quality of care plans varied. Care plans did not record all the information needed to make sure staff had guidance and information to care and support people in the way that suited them best and kept them safe. When people's needs changed the care plans had not been updated to reflect the changes. Care plans did not record all the information needed to make

sure staff had guidance and information to care and support people in a person centred way.

If people were unwell or their health was deteriorating the staff contacted their doctors, district nurses or specialist services but this was not always done as quickly as it should be.

Accidents and incidents had been recorded and action had been taken to reduce the risks, however these were not analysed to identify any patterns or concerns to reduce the risk of them happening again.

Recruitment processes were in place to check that staff were of good character to work with people living at the service. Not all the safety checks that needed to be carried out on staff, to make sure they were suitable to work with people had been completed.

Some people received medicines 'when required', like medicines for pain or medicines to help people remain calm. There was no guidance for staff to tell them when they should give these medicines and the effects of the medicines people received was not being monitored.

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). At the time of the inspection the

registered manager had applied for a DoLS authorisation for some people who were at risk of having their liberty restricted. They were waiting for the outcome from the local authorities who paid for the people's care and support. Not all mental capacity assessments had been completed to assess if other people needed to be considered for any restrictions to their freedom and how they were involved in planning their care. All the people using the service needed to have their mental capacity assessed to make sure consideration was given to any possible restrictions to their freedom. We have made a recommendation about the registered manager seeking advice about making sure everyone has the appropriate mental capacity assessments in place to meet their individual needs.

When people were unable to make important decisions for themselves, relatives, doctors and other specialists were involved in their care and treatment and decisions were made in people's best interest. Mental capacity assessments and decisions made in people's best interest were recorded.

People told us that they felt safe living at The Old Vicarage. Staff had received safeguarding training and they were aware of how to recognise and protect people from the risk of abuse. Staff knew about the whistle blowing policy and said they could raise any concerns with the registered manager, the provider or outside agencies if needed.

There were sufficient staff on duty to meet people's needs. Staff received induction training and there was an on-going training programme. The training programme did not include some of the specialised training staff needed to make sure people received the care and support to meet their individual needs.

The service's policy and procedures stated that staff should have one to one meetings every six to eight weeks with the registered manager or the deputy manager. Staff were receiving support from the registered manager or deputy manager through one to one meetings but the frequency of the meetings were not in line with the policies and procedures. Yearly appraisals were being held to make sure staff had the opportunity to develop and identify their training needs and develop their skills

Summary of findings

and knowledge but not all staff had received an appraisal in the last year. There were regular staff meetings so staff could discuss any issues and share new ideas with their colleagues to improve people's care and lives.

Improvements had been made to the environment and there was an on-going plan to make sure the improvements continued. Checks on the equipment and the environment were carried out and emergency plans were in place so if an emergency happened, like a fire, the staff knew what to do.

People told us that they enjoyed their meals. The meal portions were plentiful and people had a choice of food and drinks they wanted. If people were not eating or drinking enough their food and fluid intake was monitored. Some of the records for this were not clear. If needed a referral was made to a dietician or their doctor and food supplements were available so people were kept as healthy as possible.

People and relatives told us the staff were kind and respected their privacy and dignity. People were offered choices on a daily basis. Staff were familiar with people's likes and dislikes such as if they liked to be in company or on their own. Staff knew what food people preferred and supported people with their daily routines. People were involved in activities which they enjoyed.

Staff were attentive and the atmosphere at the service was calm and people appeared comfortable in their surroundings. Staff encouraged and involved people in conversation as they went about their duties, smiling and chatting to people as they went by. When people became anxious or restless staff took time to sit and talk with them until they became settled.

Staff supported people to go where they wished within the service. The people and their relatives attended regular meetings to discuss the service and their care.

The complaints procedure was on display. It was assessable and available to visitors but not easily available to people living in the service. People, their relatives and staff knew how to complain and felt confident that if they did make a complaint they would be listened to and action would be taken.

There were quality assurance systems in place. Some audits and health and safety checks were regularly carried out but some checks had not been done. The registered manager had not identified and taken action to make sure the systems used by the service were checked regularly and that shortfalls were identified and improvements made. The service had sought feedback from people, their relatives and other stakeholders. However, their opinions had not been analysed to promote and drive improvements within the service.

The registered manager is required by law to notify the Care Quality Commissions (CQC) of incidents that occur at the service. The registered manager had not notified CQC of some of the incidents that had happened at the service like safeguarding issues and serious injuries.

We received mixed information about the management of the service. The CQC had received concerns about the management approach from various sources. On the day of the inspection people, relatives and staff told us that the management team were supportive and approachable.

When we last inspected The Old Vicarage Residential Home in November 2014 a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 were identified. At this inspection we found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 not consistently safe.

Risks to people were assessed but there was not always clear guidance for staff in the care plans to make sure all staff knew what action to take to keep people as safe as possible. Accidents and incidents were recorded and action taken, but these were not analysed to look for patterns or trends to reduce the risk of reoccurrence.

Recruitment procedures were in place but were not fully adhered to before new staff started to work with people.

People were not always protected against the risks associated with medicines. Staff did not follow best practice when supporting people to have 'as required' (PRN) medicines, such as, pain relief.

There was enough staff on duty to make sure people received the care and support they needed.

Staff knew the signs of abuse and had received training to ensure people were protected from harm.

Requires improvement



Is the service effective?

The service was not consistently effective.

Staff received induction training and on-going training in relation to their role but staff had not completed specialised training they needed to meet the individual needs of people.

Staff did not have regular one to one meetings with the registered manager or a senior member of staff to support them with meeting the needs of people. Not all staff had received an annual appraisal in the last year.

The registered manager and staff understood their responsibilities under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. Mental capacity assessments had not been completed for everyone. People's liberty was not unnecessarily restricted and people were supported to make choices about their day to day lives.

People were supported to ensure their health care needs were met.

The service provided a variety of food and drinks so that people received a nutritious diet.

Requires improvement



Is the service caring?

People and relatives said people were treated with respect and dignity, and that staff were helpful and caring. Staff communicated with people in a caring, dignified and compassionate way.

Good



Summary of findings

People and their relatives were able to discuss any concerns regarding their care and support.

Staff knew people well and knew how they preferred to be supported to maintain their independence.

Is the service responsive?

The service was not consistently responsive.

Some care plans were not easy to follow and did not give staff clear guidelines to ensure person centred care was being delivered. The care plans had not been reviewed consistently and updated. Families supported their relatives to be involved in their care planning.

People were involved in talking about their needs, choices and preferences and how they would be met. Staff were attentive to people who were at risk of social isolation. Staff supported and encouraged people to be involved in activities and their hobbies.

People and their relatives said they would be able to raise any concerns or complaints with the staff, the registered manager and provider, who would listen and take any action if required.

Requires improvement



Is the service well-led?

The service was not consistently well-led.

Systems for monitoring the quality of care provided were not effective. Shortfalls had not been identified and some checks had not been carried out.

Records were not suitably detailed, clear, or accurately maintained.

The registered manager had not notified the CQC of serious events that had happened at the service.

Roles and responsibilities within the service were clear and the staff knew who they were accountable to and what they were accountable for. The staff were aware of the service's ethos for caring for people as individuals and putting people first.

The registered manager sought the views of people, their relatives and staff so that the service could be improved.

Requires improvement



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.

This inspection took place on 24 and 25 September 2015 and was unannounced. It was carried out by an inspector and an expert by experience. We carried out this inspection at short notice because concerns had been raised by relatives, staff and visiting professionals. We were also following up on shortfalls highlighted during the last inspection in November 2014.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service,

what the service does well and improvements they plan to make. We reviewed the information included in the PIR along with other information we held about the service. We looked at previous inspection reports and notifications received by CQC. A notification is information about important events which the provider is required to tell us about by law, like a death or a serious injury.

We looked around all areas of the service, and talked with 21 people who lived at the service. Conversations took place with people in their own rooms, and in the lounge areas. Some people were not able to explain their experiences of living at the service to us due to their dementia. We observed the lunch time meals and observed how staff spoke and interacted with people.

We talked with nine relatives who were visiting people; five care staff, kitchen staff and the activity co-ordinator. We spoke with the registered manager and the provider.

We also had conversations with three visiting professionals who were visiting the service at the time of the inspection.

Is the service safe?

Our findings

People told us that the staff looked after them well and the staff knew what to do to make sure they got everything they needed. People had a wide range of needs. Some people's health conditions were more complex than others.

Risks to people had been identified and assessed but guidelines to reduce risks were not always available or were not clear. Some people were identified at being at risk from having unstable medical conditions like diabetes. Other people were at risk from falling over or developing pressure sores. There was limited information available to give staff the guidance on what to do if the risks actually occurred.

People who had diabetes had their blood sugar checked regularly by the district nurses who visited the service twice a day. There was no guidance for the signs staff should look for if a person's diabetes was becoming unstable and what action they should take to try and prevent this from happening. There was no instruction on what they should do if this did happen. When people were at risk of developing pressure sores because they were unable to mobilise and were physically frail there was no instruction for staff on what signs to look for and what action they should take if concerns were identified. Staff had not taken timely action and informed the district nurses when people's skin was becoming sore. People were not fully protected against the risk of receiving care or treatment that was inappropriate or unsafe. Most of the experienced staff were able to say what they would do to make sure these risks were kept to a minimum but some staff were unsure. There was a risk that staff may not take the correct action as they did not have the necessary information and knowledge.

Accidents and incidents that happened like people falling were recorded by staff. Systems were not in place to analyse accidents and incidents to look for trends to reduce the risk of events re-occurring.

This was a breach of the regulations at the previous inspection of November 2015 and although some improvements had been made the breach of regulations continued.

Care and treatment was not provided in a safe way for people because the provider did not have sufficient

guidance for staff to follow to show how risks to people were mitigated. This is a breach of Regulation 12 (2) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Prior to the inspection the provider and the registered manager had recognised that they needed more support in managing the risks to people and had sought the services of occupational therapists to help them. The occupational therapists made their first visit to the service on 29 September 2015 and were now supporting the registered manager and staff to reduce risks.

People were not fully protected by robust recruitment procedures. The provider had policies and procedures in place for when new staff were recruited, but these were not always followed. All the relevant safety checks had not been completed before staff started work. Some application forms did not show a full employment history and gaps in employment had not been explored. Three of the staff files only contained one reference from a previous employer instead of the required two. The registered manager, therefore, did not have the information needed about how staff performed in their previous jobs and whether there were any concerns. This potentially left people at risk of being cared for by staff that may not be safe to work with people. Other safety checks had been completed including Disclosure and Barring System (DBS) checks. (The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services). Interviews were carried out and a record of the interview was kept. Successful applicants were required to complete an induction programme and probationary period.

The registered person had not ensured that all the information was available as required by Schedule three of the Regulations before new members of staff started work. This is a breach of Regulation 19 (3) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were not fully protected against the risks associated with the unsafe use and management of medicines. The previous inspection of November 2014 had identified a breach in the Regulations as staff were not recording when people received medicines on a 'when required' (PRN) basis for pain or to help them remain calm. At this inspection staff were recording when they gave PRN medicines. However, there was a risk that people were

Is the service safe?

receiving PRN medicines inconsistently as there was no guidance or direction for staff on when to give the medicines and the effect of the medicines was not being monitored. The records showed that staff gave people different types and amounts of medicines when people were experiencing pain but there no explanation as to why they had made that decision.

This is in breach of Regulation 12(2) (d) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

People said that their medicines were given on time. They said that staff asked them if they were in pain and if they needed any 'pain relief' Staff observed that people had taken their medicines.

Medicines were stored in a locked room and were administered from two medicines trolleys. The medicines trolleys were clean and tidy, and were not overstocked. There was evidence of stock rotation to ensure that medicines did not go out of date. Bottles of medicines and eye drops were routinely dated when they were first opened. Staff were aware that these items had a shorter shelf life than other medicines, and this enabled them to check when they were going out of date. When staff gave people their medicines they signed the medicines administration records. The medicines given to people were accurately recorded. Some items needed storage in a medicines fridge. The fridge and room temperatures were checked daily to ensure medicines were stored at the correct temperatures. The records showed that medicines were administered in accordance with the prescribed instructions from people's GPs. Regular checks were done on the medicines and the records to make sure they were given correctly. If any shortfalls were identified the registered manager took immediate action to address them.

There were enough staff on duty to meet people's needs and keep them safe. Staff told us there were enough staff available throughout the day and night to make sure people received the care and support that they needed. The duty rota showed that there were consistent numbers of staff working at the service. On the day of the inspection the staffing levels matched the number of staff on the duty rota and there were enough staff available to meet people's

individual needs. There were arrangements in place to make sure there were extra staff available in an emergency and to cover for any unexpected shortfalls like staff sickness

People told us that they felt safe. People looked comfortable with other people and staff. People said and indicated that if they were not happy with something they would report it to the registered manager, who would listen to them and take action to protect them. Staff knew people well and were able to recognise signs through behaviours and body language, if people were upset or unhappy. Staff explained how they would recognise and report abuse. They had received training on keeping people safe. They told us they were confident that any concerns they raised would be taken seriously and fully investigated to ensure people were protected. Staff were aware of the whistle blowing policy and knew how to take concerns to agencies outside of the service, if they felt they were not being dealt with properly. One staff member told us, "I would definitely let my manager know if I suspected abuse was happening. If they did not take action I would contact social services or Care Quality Commission (CQC)". Another staff member said, "If I saw another staff member doing something they shouldn't, I'd report it to the manager. I know they would do something about it".

People were safe in the environment because all areas of the service were maintained and checked regularly. The staff carried out regular health and safety checks of the environment and equipment. This made sure that people lived in a safe environment and that equipment was safe to use. Regular maintenance checks were made on systems like the electrics and gas supply. The hoists had been serviced to make sure they were in good working order. The building was fitted with fire detection and alarm systems. Regular checks were carried out on the fire alarms and other fire equipment to make sure it was working. People had a personal emergency evacuation plan (PEEP) and staff and people were regularly involved in fire drills. A PEEP sets out the specific physical and communication requirements that each person has to ensure that they can be safely evacuated from the service in the event of an emergency.

Is the service effective?

Our findings

One staff member told us, “I have been working here for over a year and am very happy. I love the residents and the managers are very supportive, I can go to them anytime if I am worried about anything. I have never seen anything untoward regarding the care of the residents but would report it if I did”.

Staff had not completed all the training they needed to make sure they had the skills, knowledge and competencies to meet all people’s needs. The training offered to staff did not cover areas like diabetes, pressure area care or catheter care. There were incidents recorded of people falling. The training programme identified that this training, preventing falls, was available but staff had not received it. There were people who needed care and support in these areas and there was a risk that that staff would not know how to care for them properly.

Senior staff were able to tell how they cared and supported people but other care staff were unsure. Staff told us they felt supported and that the training they had completed was good. They said that they would like more specialised training. Staff were knowledgeable about the training they had received and they were able to tell us what training courses they had completed. Some staff were able to explain about the dementia training they had attended and how they put this into practise when caring and supporting people. Staff told that the dementia training was ‘excellent’ and they had learnt a lot. The registered manager kept a training record which showed when training had been undertaken and when ‘refresher training’ was due. Regular training updates were provided in subjects, such as, moving and handling, first aid and infection control. The registered manager told us after the inspection that they sourced and booked training for catheter care and diabetes in November 2015.

The provider’s policies and procedures for supervision and appraisal staff that, ‘each supervision should take place every six to eight weeks’ and this was a time where staff had the opportunities to discuss improvements within the service and a private time to discuss with their manager to explore personal development and issues both inside and outside the service which may have some influence on work performance. Staff had not received supervision in line with the provider’s policies and procedures. According to records not all staff had received supervision this year

and the majority of staff had received one supervision. All staff had not received an appraisal in the last 12 months to discuss their development and individual training needs. The registered manager told us that appraisals were planned. Only a few staff had received an annual appraisal in the last 12 months. There was no evidence that all the staff had their practise observed to make sure they were delivering safe, effective care to people. The registered manager and deputy had completed two checks during the night to make sure people were receiving the care and support they needed at this time.

The registered person had not taken all the necessary steps to make sure all staff were suitably qualified, competent, skilled, supervised and experienced to work with people. This is a breach of Regulation 18 (1) (2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

When staff first started working at the service they completed an induction and a probationary period. This included shadowing experienced staff to get to know people and their routines. Staff were supported during the induction, monitored and assessed by the registered manager to check that they were able to care for, support and meet people’s needs. Regular staff meetings and handovers highlighted people’s changing needs, allocations of work and reminders about the quality of care delivered. Staff had the opportunity to raise any concerns or suggest ideas.

The staff team knew people well and how they liked to receive their care and support. The staff had knowledge about how people liked to receive their personal care and what activities they enjoyed. Staff were able to tell us about how they cared for each person on a daily basis to ensure they received effective individual care and support. They were able to explain what they would do if people became restless or agitated.

Decisions about treatment had been made in people’s best interests and in line with their legal rights. The registered manager and staff were aware and had knowledge of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Staff told us about providing care for people who did not have sufficient mental capacity to make decisions for themselves. All the staff were aware of their responsibilities in relation to the MCA. One staff member said, “We encourage people to make decisions on a daily basis, just about small things. This helps them to be

Is the service effective?

more independent”. There were some mental capacity assessments in place to determine whether people had the capacity or not to make decisions and give consent. The registered manager was aware that this was on-going work and that more aspects of people's care and support needed to be considered under the Mental Capacity Act. People's consent to their care and treatment was discussed with them or with their next of kin or representative. The registered manager was aware of the need to involve relevant people if someone was unable to make a decision for themselves. If a person was unable to make a decision about medical treatment or any other big decisions the registered manager involved relatives, health professionals, advocates and social services representatives to make sure decisions were made in the person's best interest. Some people lacked full capacity to make complex decisions about their care and were given the right support. The registered manager had applied for DoLs authorisations when it was necessary to restrict people for their own safety and was awaiting the outcome of the applications. These were as least restrictive as possible.

We recommend that the registered manager seeks advice and guidance from a reputable source, about the Mental Capacity Act and mental capacity assessments.

We received feedback from a health care professional who was involved with the service. There had been a recent incident when a person's health needs had changed and health care professionals had not been informed of the change in a timely manner. The registered manager had investigated this and found that there had been a breakdown in communication between the staff members and information had not been passed on. As soon as this was identified the person received the input they needed from healthcare professionals.

A number of people stated that they hadn't seen a chiropodist “for months” and their feet were becoming a problem. One said “I am diabetic and it is very important that my feet are checked regularly”. The registered manager told us that they had been ‘let down’ by the regular chiropodist who regularly visited and that a new chiropodist had been found. On the second day of the inspection there were two chiropodists at the service tending to people's feet.

People's health was monitored and when it was necessary health care professionals were involved to make sure

people were supported to remain as healthy as possible. When people had problems eating and drinking they were referred to dieticians. If a person was unwell their doctor was contacted. When people had mental health needs they received support from the local mental health team who visited and gave advice on how to support people. People were supported to attend appointments with doctors, nurses and other specialists as they needed to see them. Visiting professionals like district nurses went to the service on regular basis and were available for staff if they had any concerns. Relatives told us that the staff responded promptly when their family member needed to see a doctor or to attend any other health related appointments

People confirmed that they had access to other health professionals and one person said, “The District Nurse calls to dress my legs twice a week”.

When people were at risk of developing pressure sores they had beds with air flow mattresses and special cushions were available for people to sit on. There were turning charts which had been completed detailing what side people were required to be turned onto, to reduce the risk of pressure sores. This supported people to keep their skin healthy and intact.

Everyone said the food was “wonderful” and “we have a choice every day” People enjoyed their lunch. It was served hot enough; the portions were good and reflected the appetite of people. People told us that they always have enough to eat and they liked what they had. One visitor said, “My relative is very difficult about eating and drinking. They (the staff) try hard to get them to eat but my relative is very reluctant”. When people were losing weight they were encouraged to have supplement food and drinks and were referred to the dietician. Hot and cold drinks were given throughout the day and people were encouraged to drink to make sure they remained hydrated. One person was on a fluid to chart to monitor the amount that they drank. The chart was unclear and muddled. There was no guidance for staff on how much people should be drinking and what action they should take if they were not drinking enough. The amount of fluid the person drank each day was not totalled up to see if they had drunk enough. During the inspection staff went to the person's room every 30-60 minutes to encourage them to drink and check that they were alright. The registered manager told us they had

Is the service effective?

discussed the person fluid intake with the district nurse and they were waiting for a different record that would make it clearer and easier to monitor how much the person was drinking.

People and their relatives said that the food at the service was good. One person told us, "The food is good. Another person said, "Well there's plenty for me. I have no complaints". People told us there was a choice of food and drink. One person said, "If I don't like what's on the menu they will make something else for me". Staff were aware of what people liked and disliked and gave people the food they wanted to eat. Staff respected people's choices about what they did eat. Each person was asked individually what meal they would like. The food was fresh and appetising. It was served promptly with attention paid to the appearance of food on the plate. People were not rushed and ate at

their own pace. No-one had any complaints about the food. The staff encouraged people to sit with others at meal times so they could chat and socialise while eating, this also encouraged people to eat their meals. Lunch was a calm and relaxing time when people sat chatting. Staff were discreet and sensitive when they were supporting people with their meal. Staff supported people to cut up their food so they could eat independently.

Those who did not wish to eat in the dining room were served food where they preferred. Most people ate in the dining room but some preferred to eat at small table where they were sitting or in their own rooms. If people were at risk of not eating or drinking enough their dietary intake was monitored and they were referred to their doctor or the dietician.

Is the service caring?

Our findings

People said they were well cared for and this was confirmed by relatives. People said, “All the staff are so kind to me” and “They look after me so well” “They always notice if I am not looking well and do something about it”. Relatives told us, “This is a very caring home and all the staff, male and female, are lovely. My relative is very happy and contented here. The owner calls regularly and asks us if we are happy about everything” “They always offer us refreshments” They always let us know immediately if my relative is unwell or has had a fall”. One relative told us that they had a bad experience with another care service, but feels quite satisfied with this one so far. They visited the service every day at lunchtime to support their relative. They said “I am always looking for the way they care for people here and so far I have not been disappointed”.

Staff and relatives told us that visitors were welcome at any time. During our inspection there were a number of friends and relatives who visited. They told us that they visited whenever they wished. Staff were welcoming and polite and spent time updating people about their relatives. Staff had knowledge of people’s needs, likes and dislikes. People were called by their preferred names and the staff and people chatted together and with each other.

The staff treated people and visitors with respect and dignity. They were polite and courteous. They listen to what people said and asked and responded to their requests. Staff stopped to chat with people as they carried out their duties and they attended to people’s needs promptly. Every time they walked by people they spoke to them to see if they needed anything. Staff spoke with people quietly and sensitively. When staff spoke with people they bent down so they would be on the same level as them. There

was a calm atmosphere in the service throughout the inspection. When people did become distressed or agitated, staff intervened and used appropriate de-escalation techniques, including listening and distraction skills. Staff had skills and experience to manage situations as they arose. When one person was upset and restless a member of staff spoke to them patiently and clearly which resulted in the person becoming calm and engaging in a conversation.

People were supported to make choices. They told us that staff always offered them choices such as what they wanted to eat or wear. People chose where they wished to be in the service, either in their room or the communal lounges. People were also supported to go out into the garden when the weather was good. People were encouraged to stay as independent as possible. Staff knew what people could do for themselves; what assistance was needed and how many staff should provide the support.

The interaction between people and staff was positive, caring and inclusive. Staff consistently took care to ask permission before intervening or assisting. There was a high level of engagement between people and staff. Consequently people, where possible, felt empowered to express their needs and received the care and support that they wanted in the way they preferred. Staff told us how they supported people to maintain their dignity, privacy and confidentiality. Staff knocked on people’s bedroom doors and waited for signs that they were welcome before entering people’s rooms. They announced themselves when they walked in, and explained why they were there. People were clean and smartly dressed and their personal hygiene and oral care needs were being met. People’s nails were trimmed and gentlemen were neatly shaved. This helped to promote people’s personal dignity.

Is the service responsive?

Our findings

People and their relatives told us that an assessment of their needs was completed before they came to stay at The Old Vicarage. This was done so that the registered manager could check whether they could meet people's needs.

People and relatives said that they were involved in planning their care. They told us that they talked with staff about the care and support they wanted and how they preferred to have things done. Assessments reflected their previous lifestyles, backgrounds and family life as well as their health concerns and medical needs. These helped staff to understand about people and the lives that they had before they came to live at The Old Vicarage.

Each person had a care plan. These were written to give staff the guidance and information they needed to look after the person in the way that suited them best. Care was not fully person centred. The information in people's care plans was not always completed, clear or easy to follow. The care plans indicated that when people's care and support needs remained stable they were getting the care that they needed, from staff that knew how they liked to be supported. However, when people's needs changed this was not always reported in a timely manner or documented. The care plans had not been updated to reflect the changes in people's care and treatment needs, which left them at risk of not receiving the care and support that they needed. The care plans did not give staff all the guidance they needed to make sure people received the care and support that they needed in the way that would suit them best. For example, when people were identified as losing weight and not eating a healthy diet their care plan had not been updated to give staff the guidance they needed to take to support the person to remain as healthy as possible. One person's physical health had deteriorated and they were being cared for in bed. Their care plan had not been updated to reflect the changes in their care and support needs.

Some people had a urinary catheter in place. A catheter is a tube that is inserted into the bladder so that urine can drain freely. There was no plan in place to give guidance to the staff on how to support the people with the catheter and what to look for in case there was a problem.

A staff handover was completed at the beginning of each shift. There was a communications book which was used in conjunction with the handover. Staff said that they made

notes in the book during each shift and that this made sure staff were aware of any changes in people's health or support needs. However, this information was not reflected in the care plans.

The registered person was not ensuring that person centred care and treatment was meeting the needs of people and plans had not all been regularly reviewed or updated. This is in breach of Regulation 9(1) (a) (b) (c), 9(3) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

Staff told us how they knew when people were happy or unhappy. They were able to explain how people would behave when they needed reassurance or if something was wrong. Staff found out what the issues were and addressed them. Staff were responsive to people's needs throughout the inspection. When people asked for anything from staff they responded as quickly as they could.

Staff spoke about respecting people's rights and supporting people to maintain their independence and make choices. People were supported to keep occupied and there was a range of activities on offer to reduce the risk of social isolation. Staff were aware of the risks of social isolation and the importance of social contact and so encouraged people to be involved. When people were in their bedrooms because of their health conditions or because it was their preference, staff regularly went in to check they were alright and chatted. The provider employed an activities co-ordinator who planned activities each morning. People were supported to do what they wanted. There was entertainment such as bingo, singers and hairdresser came on a regular basis. One person told us how they preferred to do crossword puzzles and read but would join in the entertainment when they wanted to. Another person said, "I just like to sit and watch what is going on". There were also exercise sessions, which people said they enjoyed. Another person said, "It is good here, the time goes so quickly".

Staff provided people with choices about their care, which was personalised to their needs. People were given choices about how they wanted to live their lives and spend their time. Staff said that their aims were to make sure that people got everything they needed. They wanted the service to feel like people's own home where they were respected and cared for. People could choose when they

Is the service responsive?

went to bed and when they got up. During the inspection two people had chosen to get up late. Staff checked with them that they were alright. They made them comfortable in the lounge and they were given a late breakfast.

The service had a written complaints procedure. The complaints procedure was on display in the entrance hall with the visitor's book so visitors could access this easily. The procedure was not easily accessible for the people living at the service. There had been complaints this year that had been investigated and resolved. During the inspection some people complained to us about that their hearing aids were not working properly. We brought this to the registered managers' attention and they said that they would look into this and take the necessary action to address the issue.

One person told us that there were one or two things they were not happy with, they had told the registered manager and it was sorted out. Another person said, "There is really nothing to complain about here". People and relatives told us that they did not have any concerns about the standards of care, and said they knew they could talk to the registered manager or any of the staff if they had any worries. They said the registered manager and staff were approachable and said they would definitely listen if people or their relatives had any concerns. People were confident that any concerns or complaints would be listened to and properly addressed.

Is the service well-led?

Our findings

There were mixed views about whether or not the service was well led. Some people and their relatives said that they did not feel that they had access to the registered manager as their office was in the basement and not accessible to them. They said, “We hardly ever see the manager. They are occasionally in the lounge but not very often”.

Other people, relatives and staff said that the registered manager was approachable and supportive and they could speak to them whenever they wanted to. People and their relatives told us the registered manager listened to what they had to say and ‘sorted things out’ if there were any problems.

Quality assurance systems were in place but were not consistently applied. The registered manager and staff audited aspects of care both weekly and monthly such as medicines, care plans, health and safety, infection control, fire safety and equipment. People were at risk of receiving unsafe care and support because the audits had not identified the shortfalls that were found at the inspection. Audits had not identified that staff files did not contain all the relevant checks to make sure the staff were safe to work with people. Audits had not identified that care plans and risk assessments had not been updated and did not contain the information needed to make sure people received safe personalised care and support. Breaches of the regulations identified at the last inspection of November 2014 had not been addressed. The provider had not undertaken their own checks to make sure that shortfalls were identified and action had not been taken to address them.

The registered person had failed to identify the shortfalls at the service through regular effective auditing. This was a breach of Regulation 17 (1) (2) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Registered persons are required by law to notify the Care Quality Commission (CQC) of events that happen at their service. The CQC had not received any notifications since November 2014. The registered manager told us that they had not sent some notifications regarding safeguarding but had definitely sent notifications when people had died at

the service. When we investigated this further it was discovered that the wrong email address had been used. The registered provider told us this would be rectified and they would send us the notifications retrospectively.

The registered person had failed to notify the CQC of significant events that happened at the service. This was a breach of Regulation 20 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There were regular meetings for people and staff. The minutes of these showed these were an opportunity to share ideas, keep up to date with good practice and plan improvements. Staff said there were always opportunities to discuss issues or to ask advice. There was a commitment to listening to people’s views and making changes to the service in accordance with people’s comments and suggestions. People were involved in their local community. The registered manager and staff had recently held an open day and barbeque for neighbours, relatives and people within the local community. Staff told us that this went very well and that people who had never visited the service before were ‘pleasantly surprised’.

People, relative’s views and staff views about the service were also obtained through the use of questionnaires. The most recent one had been in May 2014. The feedback had been positive. Relatives and people said, “I have found the staff to extremely helpful and caring. They make me very welcome”. “There is always staff on hand to help people when they need it”. “The care is very personal and special. People are treated with respect”. “The cleanliness and food are good”. Staff said that their vision for the service was to make people comfortable, safe and ‘at home’.

People and relatives said the provider had spent a lot of time and money upgrading the décor of the service which was now very pleasant. The service was bright, fresh and welcoming. The provider with the support of the registered manager and the maintenance person had spent a lot of money and time improving the environment. All the communal areas had been painted and decorated and new flooring had been laid. The majority of bedrooms had been refurbished and new flooring laid when needed. One relative said, “My relative has a lovely room. It couldn’t be any better”. The garden was well kept and accessible to people when they wanted to go out. There were on-going plans to continue improving the environment.

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.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

People were not protected against the risk of receiving care or treatment that was inappropriate or unsafe.

People were not protected against the risks associated with the unsafe use of medicines because there was no guidance for staff on when to administer PRN medicines. The effects of the medicines were not being monitored.

Regulation 12 (2)(b)(f).

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

The registered provider had not obtained all the information as stated in Schedule 3 for each member of staff.

Regulation 19 (3)(a)

Regulated activity

Regulation

Regulation 9 HSCA (RA) Regulations 2014 Person-centred care

The registered person had not made suitable arrangements with a view to achieving service user's preferences and ensuring their individual needs are met. Care and support planning did not always meet service user's individual needs.

Regulation 9 (1)(b)(c)(3)(a)

Regulated activity

Regulation

This section is primarily information for the provider

Action we have told the provider to take

Regulation 18 HSCA 2008 (Regulated Activities) Regulations
2010 Consent to care and treatment

People were at risk as there were times when there were staff on duty that were not suitably qualified, skilled and experienced to meet the needs of service users.

Staff had not received the appropriate support, supervision and appraisals to enable them to carry out their duties.

Regulation 18 (1) (2) (a)

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

The registered person did not identify and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk from the carrying on of the regulated activity.

People were not protected against the risk of receiving unsafe or inappropriate care because records were not all accurate, appropriate and up to date.

Regulation 17 (1) (2) (b) (d).

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 20 HSCA (RA) Regulations 2014 Duty of candour

The registered person had failed to notify the CQC of significant events that happened at the service.

Regulation 20 (2) (3)