

Mr & Mrs R Miles

# The Old Vicarage

## Inspection report

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Requires Improvement ●

# Summary of findings

## Overall summary

### About the service

The Old Vicarage is a residential care home providing personal care for up to 10 adults with a learning disability or autistic spectrum disorder. At the time of our inspection there were eight people using the service. Accessible, single room accommodation is provided within a large adapted domestic style 'house', including a range of communal facilities and level access to a well kept garden.

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

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

The provider's governance arrangements, were now effectively operated, to consistently ensure timely decision making and risk mitigation for the quality and safety of people's care. Related records were accurately maintained. A range of service improvements had been sufficient to rectify breaches we found at our last inspection in October 2021, with regard to safe care and treatment and governance. The provider now needs to demonstrate service improvements are fully embedded, proactively ensured and sustained.

Effective remedial measures were now implemented to fully ensure safe staffing, medicines and measures for the prevention and control of infection and cleanliness at the service. People were protected from the risk of harm or abuse when they received care from staff.

Right Support: People were now fully supported to have maximum choice and control of their lives. The provider was able to consistently demonstrate that decisions made for people's care and daily living arrangements, were lawful, least restrictive and in people's best interests.

Right Care: Care was person-centred and promoted people's dignity, privacy and human rights.

Right Culture: The ethos, values, attitudes and behaviours of leaders and care staff ensured people using the service led confident, inclusive and empowered lives.

Systems to regularly seek the views of people, relatives and staff and ensure effective partnership working with relevant authorities for people's care were improved and sufficient. Feedback from this was now used to inform, improve or enhance people's care experience when needed.

Staff were kind, caring, trained and supported. They knew people well, understood their role and responsibilities for people's care and had good relationships with them and their families.

Staff were responsive, to ensure people's access to relevant external health professionals when needed and consistently sought to provide care in a personalised way. All parties we engaged with for the purposes of the inspection were happy with the management, leadership and culture of the service, along with the arrangements for people's care.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection and update

The last rating for this service was requires improvement (published 24/12/2021) and there were breaches of regulation. The provider completed an action plan following the last inspection, to show what they would do and by when to improve safe care and treatment. At this inspection improvements had been made and the provider was no longer in breach of regulations. The overall rating for the service has changed from requires improvement to good based on the findings of this inspection.

#### Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection to ensure good governance; to check the provider had followed their action plan to rectify the breach regarding safe care and treatment, which we found at our last inspection in October 2021, and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led, which contain those requirements. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections, even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for The Old Vicarage [care home] on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Follow up

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

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service well-led?

Requires Improvement ●

The service was not yet fully demonstrated as consistently well led.

Details are in our well-led findings below.

# The Old Vicarage

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This was a focused inspection, carried out in part to check whether the provider had met the requirements of the Warning Notice in relation to Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We also checked whether the provider was meeting the legal requirements and regulation associated with the Act for Safe Care and Treatment.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection team consisted of one inspector.

#### Service and service type

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

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. At the time of this inspection there was a registered manager in post.

#### Notice of inspection

This inspection was announced. We gave a short period of notice of the inspection because it is a small service. We needed to be sure the provider or registered manager would be present to support the

inspection. People are often out and we also wanted to make sure both they would be at the care home for us to speak with.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used this information to plan our inspection.

#### During the inspection

We spoke with two people who used the service, four care staff, the registered manager and an external representative of the registered partnership. We observed how staff interacted with people and we reviewed a range of records. This included three people's care plans, quality assurance and safety audits, operational policies and staffing records and records relating to fire, environmental and equipment safety.

We also used the information the provider sent us when we asked them to, in the provider information return (PIR). This was received following the inspection visit. The PIR is information providers are required to send us annually with key information about their service, what they do well, and any improvements they plan to make.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

At our last inspection the registered persons had failed to consistently ensure that people were protected from the risk of harm. This was a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act (Regulated Activities) Regulations 2014. At this inspection we found improvements had been made and the provider was no longer in breach of Regulation 12.

- Risks were now effectively, identified or managed for people's safety.
- People's care plans showed risks to their safety were effectively assessed, managed and reviewed. For example, risks associated with known triggers that could easily lead to a person's distress, such as noise factors. This was done in consultation with people and their families to optimise outcomes for people's care and safety
- Staff we spoke with, understood related risks and the care steps they needed to follow, to mitigate these when needed.
- Effective incident reporting forms were now provided, which reflected nationally recognised reporting guidance, which staff understood to follow when needed.
- There was a formal management system in place, for the routine monitoring and analysis of any health incidents that may occur within the service. This meant that any trends or patterns could be established, to help accurately inform or improve people's care when needed for their safety.
- There was an up to date comprehensive service risk assessment and related business contingency plan in place, including for any emergencies. Such as, in the event of a fire alarm. This was now being followed, to ensure regular fire drills and people's safe evacuation if needed, such as in the event of the fire.

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 MCA 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 when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

- We found the service was working within the principles of the MCA, to ensure people received the least restrictive care in accordance with their individual capacity, consent, rights and best interests. No person

accommodated was subject to a DoLS.

Systems and processes to safeguard people from the risk of abuse

- The provider had effective arrangements to protect people from the risk of harm or abuse
- Staff were trained and knew how to recognise and report any suspected or witnessed abuse, in accordance with the provider's procedures.
- The provider used the Herbert protocol for people's safety. This is a form containing information to help the police, if a vulnerable person goes missing; which is completed in advance by care staff with the person, in consultation with their family or friends.
- People felt safe and were supported and informed by staff, to help keep them safe. All were confident to raise any safety concerns, if they needed to.

Staffing and recruitment

- Staffing arrangements were sufficient and safe for people's care, support and chosen daily living and lifestyle arrangements, both in and outside the home.
- Staff were safely recruited. The provider carried out required pre-employment checks in line with national guidance and the law, before staff began to work at the service to provide people's care.
- Staff told us they received a thorough care induction and ongoing training to enable them to provide people with safe, effective care. This included completion of the care certificate, access to relevant national vocational qualifications and training to enable staff to understand people's individual learning disability or autistic spectrum disorder. The care certificate is an identified set of standards that health and social care workers must adhere to in their daily working life.

Using medicines safely

- Medicines were safely managed, to ensure people received their medicines when they should.
- Following staff medicines training, recorded staff competency checks were carried out, to ensure that staff responsible for administering people's medicines, were safe to do so

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules. Including to prevent visitors from catching and spreading infections.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider's infection prevention and control (IPC) policy was up to date.
- We were somewhat assured that the provider was promoting safety through the layout and hygiene practices of the premises. Management remedial actions were in progress to fully ensure this, following a recent IPC audit report of the service, carried out by the local authority.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.

The provider followed government guidance concerned with COVID-19, with regard to visiting in care homes. People's rights to family life and to receive visitors were understood and followed by staff, in line with the most recent government guidance



# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question as inadequate. At this inspection the rating has changed to requires improvement. This meant that management, leadership and service improvements, were either not yet always demonstrated as fully embedded, or proactively made and sustained ongoing; to consistently support the delivery of high quality care, person centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care; Working in partnership; Engaging and involving people, the public and staff

At our last inspection the registered persons had failed to operate effective governance and management systems, to consistently ensure the quality and safety of people's care and timely service improvement when needed. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found improvements had been made and the provider was no longer in breach of Regulation 17.

- There was now a coherent governance policy and related management strategy in place for the service. However, related management and service improvements, either made or needed; were not yet fully demonstrated as embedded, proactively ensured or sustained ongoing for the quality and safety of people's care.
- We found a range of service improvements had been made. Examples, included arrangements for staffing, medicines, risk management strategies, people's community access, best interests decision making and related record keeping for people's care. Management measures were in progress, to formally assess the service and staff training arrangements against nationally recognised guidance for ensuring the right care, right support and culture for people with a learning disability or autism.
- However, following our last inspection in October 2021, the provider had not acted in a timely manner, to ensure effective management measures for infection, prevention and control (IPC). Before this inspection, the local authority shared their report to the registered persons, following their recent IPC audit of the service. This mostly showed a satisfactory standard, but identified some areas where improvements were needed.
- We discussed our findings with the registered manager, who showed us their action plan, with related remedial measures in progress, including timescales for achievement. A revised, comprehensive IPC operational policy and related management audit tool had also been subsequently introduced, to effectively inform and ensure safe IPC arrangements at the service for people's care ongoing.
- Records showed a comprehensive range of management audits were now regularly carried out to check the quality and safety of people's care and inform service planning and improvement. An up to date statement of purpose was also now provided.

- Following our last inspection, effective arrangements had been re-established, to obtain regular feedback and ensure effective partnership working with people, relatives, staff and relevant authorities involved in people's care.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager and staff understood the duty of candour requirement, if things went wrong at the service, as relevant to their role and responsibilities.
- However, at this inspection, the most recent inspection rating had not been displayed on the provider's website as required to do so, following our inspection report published in December 2021. The provider took immediate action to rectify this following the inspection visit.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Accessible information was now considered to fully support people's understanding and involvement in their care and daily living arrangements, in a way they could understand. For example, by use of large print simple language text, or pictorial information.
- People, relatives, staff and others with an interest in people's care, were happy with the service arrangements for people's care. Many were particularly pleased about the improvements made since our last inspection, to ensure people's regular community access, participation and engagement with others, in activities they enjoyed, both within and outside the home.
- All parties we spoke with were positive regarding management, leadership and culture of the service, which was often described as inclusive and caring. Many commented they would recommend the service to family and friends.