Aegis Residential Care Homes Limited

The Old Vicarage Care Home

Inspection report

15 Naze Lane
Freckleton
Lancashire
PR4 1RH

Tel: 01772635779
Website: www.pearlcare.co.uk

Date of inspection visit:
19 April 2017
26 April 2017
27 April 2017

Date of publication:
27 June 2017

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

Summary of findings

Overall summary

This comprehensive inspection was carried out on the 19, 26, 27 April 2017. The first day of the inspection was unannounced.

The Old Vicarage is a residential care home accommodating a maximum of 31 older people including people who are 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 the time of the inspection there was no manager in place who was registered with the Care Quality Commission. There was a manager in place who was in the process of applying to become the registered manager. 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.

We last inspected The Old Vicarage Care Home in October 2015. We identified a breach in Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Safe care and treatment.) We found medicines were not managed safely.

During this inspection carried out in April 2017 we found improvements had been made and medicines were managed safely. We have made a recommendation regarding best practice and the management of medicines.

Documentation we viewed was not always complete or up to date. We found risks to people were identified, however the action required to maintain people's safety was not always recorded. In addition, we found care records were not always completed when care was delivered.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Good Governance.)

We looked at the auditing systems in place to identify shortfalls at the home and drive improvement. We found checks on medicines and the environment were carried out. We were informed that audits on care records were not currently carried out and during the inspection visit we noted improvements were required within care records. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Good Governance.)

We viewed the accident and incident audit and noted it had not identified if referrals to the local safeguarding authorities were required. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Good Governance.)

We observed care and support being provided in a safe way and people told us they felt safe. One person told us, "I'm being taken care of and I have someone come to my room every day."
Staff were able to explain the actions to take if they were concerned someone was at risk of harm or abuse. People who lived at the home told us they felt safe. We found a number of falls had occurred at the home and they had not been referred to the local safeguarding authorities. We have made a recommendation regarding this.

We checked to see if people without mental capacity were lawfully deprived of their liberty if this was necessary. We found appropriate applications to deprive people of their liberty were made to the local authorities as required.

We reviewed staff files and found there were processes that ensured staff were suitably recruited. Staff we spoke with confirmed checks had been carried out prior to starting work at the home.

Staff told us they met with the manager on an individual basis to discuss their performance. Staff were complimentary of the training provided and told us further training was being arranged to ensure their skills remained up to date.

We discussed staffing with people who lived at the home. People and their relatives told us staff were often 'busy.' During the inspection we saw staff were patient and kind with people who lived at the home. We saw people were supported at a pace appropriate to their individual needs.

People who lived at The Old Vicarage Care Home told us they considered staff were caring. One person told us, "They're marvellous, they're really, really kind"." We observed people being supported with kindness and compassion.

During the inspection we saw people took part in board games and activities which were meaningful to them. Relatives told us activities were not often provided and one person who lived at the home told us they were "Bored." We discussed this with the regional manager. They informed us an activities co-ordinator had been recruited.

There was a complaints policy available at the home. People told us they would talk to staff if they had any concerns.

People told us they enjoyed the food at the home. We observed the lunchtime meal and saw this was a positive experience for people who lived at The Old Vicarage Care Home. Staff gently encouraged people to eat and we saw people enjoyed their meal.

People who lived at the home told us they could speak with the manager if they wished to do so. We saw meetings were held for people to express their opinions and surveys were offered to relatives and people who lived at the home. People who lived at the home and their relatives told us the manager was approachable.

People told us they were supported to see health professionals if the need arose and we found this was recorded in care documentation. We found that when people had experienced falls, people were referred to their doctor. We saw no evidence people were referred to a health expert who specialised in falls management. We have made a recommendation regarding this.

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.

Assessments of risk were carried out, however care documentation did not always record the actions staff should take to control risks. Documentation was not always up to date.

There were systems in place to manage medicines appropriately, however best practice guidance was not always followed.

Staff were suitably recruited, and staffing levels were sufficient to respond to peoples' individual preferences.

Staff were aware of the policies and processes to raise safeguarding concerns if the need arose.

Is the service effective?

Requires Improvement

The service was not always effective

People were enabled to make choices in relation to their food and drink and were encouraged to eat foods that met their needs and preferences.

Referrals were sometimes made to other health professionals to ensure care and treatment met people's individual needs.

There was a training programme to ensure people were supported by suitably qualified staff.

The management demonstrated their understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

Is the service caring?

Good

The service was caring.

Staff were patient when interacting with people who lived at the home and people's wishes were respected.

Staff were able to describe the likes, dislikes and preferences of

people who lived at the home.

People's privacy and dignity were respected.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Activities were sometimes available for people to participate in.

People were involved in the development of their care plans and documentation reflected their needs and wishes.

There was a complaints policy to enable people's complaints to be addressed. Staff were aware of the complaints procedures.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Quality assurance systems were not always in place and operated effectively to ensure areas of improvement were identified and actioned.

The manager consulted with people they supported and relatives for their input on how the service could continually improve.

People, relatives and staff told us the manager was approachable and supportive.

The Old Vicarage Care Home

Detailed findings

Background to this inspection

We carried out this comprehensive 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 comprehensive inspection was carried out on 19, 26, 27 April 2017. The first day of the inspection was unannounced. The inspection team consisted of two adult social care inspectors, a pharmacist inspector and an expert by experience. An expert by experience is someone who has experience of health and social care. The expert by experience who participated in this inspection had experience of older people and people living with dementia. The second day of the inspection was carried out by one adult social inspector and was announced. We also visited the home on the 27 April 2017 to view documentation. This was also announced. At the time of the inspection visit The Old Vicarage Care Home provided care and support to twenty five people.

Before the inspection visit we viewed information the Care Quality Commission (CQC) holds about The Old Vicarage Care Home. This included any statutory notifications, adult safeguarding information and comments and concerns. We also contacted the local commissioning authority to gain their views of the service provided. This helped us plan the inspection effectively.

As part of the inspection visit we spoke with seven people who lived at the home and four relatives. We spoke with the manager of The Old Vicarage Care Home, the regional manager, the cook and the deputy manager. We also spoke with the housekeeper and six care staff. We also received written feedback from a visiting health professional. We walked around the home and spent time in the communal areas to make sure it was a safe and comfortable environment for people who lived there. This also allowed us to observe the interactions between people who lived at the home and staff.

We looked at a range of documentation. We looked at five care records and also viewed a sample of eight daily records. We also looked at four staff files, staff rotas and health and safety documentation. As part of the inspection we viewed a sample of medication and administration records and a sample of accident and incident records.

Requires Improvement

Is the service safe?

Our findings

We asked people if they felt safe. People told us, "I don't know what makes me feel safe, but I just do". And, "I'm being taken care of and I have someone come to my room every day." Relatives we spoke told us, "There are people checking [family member] is taking his medicines, there's someone here the whole time and people keeping an eye on [family member]". One relative told us they were sometimes worried about their family member's safety. We informed the manager and regional manager of this to enable further discussions to take place.

During the last inspection visit we found medicines were not managed safely. This was a breach of Regulation 12 of the Health and Social Care Act 2014. (Safe care and treatment.)

During this inspection visit in April 2017 we found improvements had been made. We looked at the way medicines were managed and watched some people being given their medicines at lunchtime. The member of staff administered medicines safely and asked people if they needed medicine that was prescribed 'when required' in a respectful and caring way. Extra Information to help staff decide when to give a person their 'when required' medicine (a protocol) was filed with the person's medicine administration record (MAR). This helps ensure the medicine is used safely and the person gains maximum benefit. We noticed an error in the dose on one person's protocol. We brought this to the manager's attention and it was immediately corrected.

We were informed that in in January 2017, a system of daily, weekly and monthly audits had been introduced to check that medicines were managed safely. We saw action was taken when concerns were identified. The home had a detailed medicine policy on how medicines should be handled in the home. However, some information in the policy (relating to the law) was out of date.

We looked at twelve out of 25 current MARs belonging to people who lived at the home. We also looked at the previous month's MARs. There were no unexplained gaps in the records of administration. We checked the amount of medicine left in the container for three people and found that the quantities matched their MARs. The record on one person's MAR had been altered because a medicine that was prescribed once a week was wrongly signed for as given daily. This showed that staff giving medicines had not followed the right procedure of checking each medicine with the MAR before administration. Poor practice when giving medicines increases the chance of a mistake that could result in a person being harmed.

Medicines were kept safely and at the right temperature. However, maximum and minimum temperature readings were not recorded each day when the medicine refrigerator temperature was checked. This is important in order to ensure that medicines in the fridge have been at the right temperature throughout the previous 24 hours. Medicine storage facilities were clean and tidy.

We recommend the registered provider seeks and implements best practice guidance in relation to the safe management of medicines.

Medicines that are controlled drugs (drugs subject to tighter legal controls because of the risk of misuse) were stored in the way required by law and staff carried out a daily stock check. We also checked the two controlled drugs (CDs) in stock and found that the records in the CD register were correct.

Some people were prescribed creams and these were stored safely. Carers signed a different chart when they applied a person's cream. We looked at four people's cream charts and saw that creams were applied regularly and in the way prescribed. This meant that people's skin was cared for as directed.

Staff who handled medicines had received training and managers were in the process of carrying out 'competency checks' to ensure staff understood how to put this training into practise. This meant that staff were supported to give medicines safely.

We reviewed care records and saw some risk assessments were carried out to ensure risks were identified. One of the care records we saw did not record how risks to a person were to be managed. We saw a hazard had been identified, however, it was not clear how staff were to support the person safely. We also saw a care record for another person which did not clearly identify the hazard to the person. We discussed our findings with the regional manager and saw this was amended.

We also identified two people had fallen on more than one occasion at the home. We noted they had not sustained significant injuries. We asked the regional director if referrals to other health professionals had been made to ascertain if further help and support was required. The regional manager explained that further medical advice had been sought. They also explained that in the case of one person's fall, the environment had been reviewed and a change had been made to minimise the risk of reoccurrence. We discussed the referral of people to the falls team. This is an external health team who provide expert advice in relation to the management of falls. The regional manager told us they would ensure further advice was sought regarding this.

Prior to the inspection concluding we received written confirmation that further advice had been sought.

We recommend the service seeks and implements best practice guidance in relation to the management of falls.

We spoke with staff about safeguarding. They told us they had received training to deal with safeguarding matters. We asked staff to give examples of abuse and they were able to describe the types of abuse that may occur. Staff also demonstrated an understanding of signs and symptoms of abuse and explained how they would report these. They said they would immediately report any concerns they had to the registered provider, the manager, or to the local safeguarding authorities if this was required. One staff member told us, "I'd report to protect the residents." Staff told us they could access the local authorities safeguarding number in order to report concerns. During the inspection, we saw the local authorities safeguarding number was displayed within the home.

We discussed safeguarding referrals with the manager and the regional manager. During the inspection we noted a number of falls had occurred within the home and these had not been referred to the Lancashire Safeguarding Authorities. We discussed this with the regional manager and manager. They explained the falls had not resulted in serious injury, risk assessments and care plans were in place and being followed at the time of the fall. They explained these required reporting to the safeguarding authorities for protocol purposes only. The regional manager and manager responded swiftly to our discussion and completed the referrals as required.

We recommend the service seeks and implements best practice guidance in relation to the management of safeguarding referrals.

We looked at staff files to check suitable recruitment processes were in place. We reviewed documentation which showed appropriate recruitment checks were carried out before a person started to work at the service. Staff we spoke with told us they had completed a disclosure and barring service (DBS) check prior to being employed. This is a check which helped ensure suitable people were employed to provide care and support. We saw records of the checks were kept and references were sought for each new employee.

Prior to the inspection visit we received information of concern that there were insufficient staff available to meet people's needs. We discussed staffing with people who lived at the home. We received conflicting feedback. We were told, "I think the girls work very hard and at times I think they do too much. I used to have to wait a long time when I rang my buzzer, but over the last month they have sorted it out." And, "If I ring (my bell) they come and help me." Also, "I think so, we don't have to wait a long time."

Relatives we spoke with told us they considered staff to be busy. One relative commented, "They need more, they're very busy all the time, they will always smile and interact, but they don't get the opportunity to sit and chat". A further relative told us they had noticed an improvement in the staffing provision. They told us, "It has vastly improved in the last three months." We carried out observations during the inspection visit. We timed two call bells and saw these were answered promptly. We also checked an alert mat. This is a mat that sounds an alarm when it has been stood on. These may be used to minimise the risk of falls. We found staff attended the alarm swiftly. We saw staff spent time with people during activities and we noted one staff member sat with a person and chatted with them about their family.

We asked the manager and regional manager of The Old Vicarage Care Home how they ensured there were sufficient numbers of staff available to meet peoples' needs. They told us they used a staffing calculation tool. This is a tool which helps calculate the needs of people who use the service and indicates the number of staff required to support people. They explained this was regularly reviewed and adjusted as required. We were also told if extra staff were required due to a person's needs or unplanned leave, additional staff were provided. We viewed a staff rota and saw staffing levels were consistent with the manager's explanation and the assessed needs of people who received care and support. The regional manager told us they had considered the staffing levels when allocating staff to the home. They explained that staff were allocated specific people to support on a daily basis. They told us this helped ensure people knew who was available to support them, encouraged continuity of care and supported accountability of staff actions. The regional manager explained they were committed to ensuring people received high quality care. They further explained if complaints were made, the allocation of staff helped ensure effective investigations were carried out. They said this was useful as it may help identify if staff needed extra training support or when staff had performed well.

Staff we spoke with raised no concerns regarding the staffing levels at the home. They told us they welcomed the opportunity to support specific people on a daily basis. One staff member commented, "We have time to support people here." A further staff member said, "We have time to come in and sit with people and we're encouraged to do that."

We spoke with staff and asked them to explain the procedure they would follow in the event of a fire. Staff we spoke with were able to explain the procedure. They were knowledgeable of the support people would require to enable them to evacuate the home. Staff explained each person had a 'Personal Emergency Evacuation Plan' (PEEP) and we saw documentation which evidenced this.

We looked at a range of health and safety documentation. We found agreements and checks were in place to ensure equipment and services were maintained safely. We noted window restrictors were fitted and water temperatures were monitored to minimise the risk of scalds. This helped ensure peoples' safety and security.

We walked around the home to check it was a safe environment for people to live in. We discussed the suitability of the internal stairs with the regional manager and manager. We saw the stairs had magnetic gates at the bottom and the top. These could be pushed open and posed the risk of people falling. The regional manager explained they had consulted with the local fire authority to seek advice on the safest way to minimise risk without compromising fire safety. They explained after seeking advice they had engaged an electrician to carry out a survey and as a result, internal doors were being fitted with electronic devices. The regional manager explained the internal doors would be connected to the fire system, so would open in the event of fire. This would enable staff to support people to evacuate safely. During the inspection visit we saw work had commenced and was in the process of being completed. The fitting of electronic devices minimised the risk of people accessing the stairs unobserved and minimised the risk of harm occurring.

Requires Improvement

Is the service effective?

Our findings

We spoke with people who lived at The Old Vicarage Care Home to gain their views on the care provided. One person told us, "I'm kept comfortable and warm." A second person said, "I think my care is ok." Relatives we spoke with told us they considered the care and support provided had improved since the new manager had started. One relative told us, "The care here is improving."

We viewed documentation which demonstrated that people received referrals to other health professionals as required. We saw appointments were made for people to see doctors and district nurses as their needs changed.

The 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We saw documentation which evidenced if people were unable to consent to care and support, mental capacity assessments were carried out. We found applications to restrict people's liberty were submitted to the local authority if these were required. Staff we spoke with were knowledgeable of the applications in place. This helped ensure people received care and support in accordance with their assessed needs.

During the inspection visit we saw people were asked to consent to care and support before this was given. For example, we saw one person was asked if they wanted to have their meal in the lounge or the dining area. The person chose to stay in the lounge and their wishes were respected by staff. Staff we spoke with demonstrated an awareness of the importance of gaining people's consent and told us they had received training in these areas. They told us they would report any concerns immediately to the manager or registered provider to ensure peoples' rights were protected.

Care files we viewed contained contact details of people who were important to those who received care and support from The Old Vicarage Care Home. We saw details of doctors and relatives were recorded to enable contact to be made. Staff we spoke with told us if they were concerned about a person's wellbeing, they would contact the manager and other health professionals as required.

We saw documentation which evidenced people were referred to other health professionals if the need arose. For example, we saw evidence of involvement with doctors and district nurses were recorded in the care records. During the inspection process we received written feedback from an external health professional. The health professional raised no concerns regarding the care and support provided by the home. This demonstrated staff were aware of the action to take if a person became unwell.

People told us they liked the food provided at The Old Vicarage Care Home. We were told, "It's quite good, but I've not got a big appetite." And, "I get Caribbean food, sometimes I get too much." One person told us, "It's not always to my taste, but it's nourishing."

Documentation we viewed also evidenced people were supported to eat and drink sufficient to meet their needs. We saw people's weight was monitored to ensure their dietary needs and preferences were considered as part of the care planning process. For example, we saw recorded that a person who lived at the home liked two breakfasts. During the inspection we spoke with the person who confirmed this was made available to them.

We observed the lunchtime meal being served and saw people were supported with their meal appropriately. People were offered choices and staff were patient when encouraging people to decide what they preferred to eat. We also saw people were offered alternatives if they did not like the meals offered. We observed one person chose to have a sandwich and crisps. We saw this was provided as they requested. We observed people being offered a choice of puddings and people were able to select the pudding they preferred. Drinks were available throughout the meal and these were replenished as required.

We viewed the kitchen area and found the fridges and freezers were stocked with a variety of meats, fresh and frozen vegetables and dried and tinned goods. During the inspection we saw fruit, biscuits and cupcakes were available and offered to people throughout the day. This helped ensure people ate and drank sufficient to meet their needs.

We spoke with staff to check they received sufficient training to enable them to deliver safe and effective care. Staff explained they had received training in areas such as safeguarding, MCA, and moving and handling. We reviewed the training matrix. This is a document that records the training staff have completed and the training staff are required to complete. We saw where gaps were identified, a forward training plan was arranged to ensure staff had the skills and competence to provide safe and effective care.

We discussed training with the manager. They acknowledged there were gaps in the training of staff. They told us they had planned the upcoming training to ensure staff received training to maintain and develop their skills. Staff confirmed training was being arranged to enable them to develop and maintain their skills. All the staff we spoke with were positive regarding the upcoming training. They told us they had discussed this with the manager who had responded by arranging courses for them to attend.

Staff we spoke with told us staff received an induction prior to starting to work with people who received care and support. In addition, staff explained they received supervisions with the registered manager. These are one to one meetings where staff discuss their performance and any training needs. Staff said these were helpful as it allowed them to discuss any areas of concern and also to plan any further training required. We saw documentation which evidenced these took place.

We walked around the home to check the environment was suitable for people. We saw the registered provider had provided aids for people who are living with dementia. We found handrails and contrasting toilet seats were fitted in communal bathrooms. These may minimise the risk of people falling. We noted a malodour in one area of the home. We were informed by the regional director that new cleaning products were currently being trialled to assess their effectiveness. This was confirmed by speaking with the housekeeper. Two relatives we spoke with told us they considered the malodour had decreased.

Good

Is the service caring?

Our findings

People who lived at the home were complimentary of staff. Feedback included "They're alright, I'm being well treated, the staff are very, very good." And, "They're marvellous, they're really, really kind." All the relatives we spoke with told us they considered staff to be gentle and respectful. One relative told us, "The staff are lovely, kind and caring".

We found staff were caring. We observed staff talking with people respectfully and offering help. For example, we noted one person was tidying their handbag. We saw a staff member sat with them and offered to help. The person accepted the help and chatted with the staff member. We heard the staff member and the person laughing and joking. This demonstrated staff took time to develop positive caring relationships with people.

We saw staff were patient with people who lived at the home. We observed one person being helped to mobilise and saw this was carried out with compassion and understanding. The staff member offered encouragement and was gentle in their tone of voice. We noted this had a positive impact on the person who thanked them.

Staff told us they were committed to making The Old Vicarage Care Home a positive place to live. One staff member told us, "I just want to make people's lives better." A further staff member said, "The residents here are very important to me." Staff told us they took time to get to know people as this enabled people to feel comfortable and valued. One staff member explained one person's hobby. They told us they took time to speak with them about it and would make sure they did this every time they were on shift as the person enjoyed this.

We asked people who lived at the home if they felt staff understood them and their individual needs. People told us they did. Comments we received included, "Everyone knows me." And, "The girls know what I like." Our observations showed staff knew people's preferences and social history. We observed staff talking with people about their family and things which interested them. For example, we observed a staff member chatting with a person about a local village. The person was smiling as they relayed their memories. We observed a further staff member talking with a person about their grandchildren. The person was keen to talk about their family and showed the staff member photographs of them. They were laughing and smiling as they did so. This demonstrated staff knew the social histories of people and used these to encourage conversation which was meaningful to the person.

We discussed the provision of advocacy services with the regional manager. The regional manager informed us advocacy support was arranged at people's request. We were informed there were two people accessing advocacy services at the time of the inspection.

During the inspection visit we noted staff took care to respect people's privacy and uphold their dignity. For example, we observed bathroom doors were closed when personal care was delivered. We saw staff knocking on people's doors prior to entering their rooms. People who lived at The Old Vicarage Care Home

told us their dignity was protected. One person commented, "They shut my door before they help me."

We found care records were stored securely. This helped ensure private information was only available to authorised people. We noted if staff needed to discuss people's needs or wishes, this was done in a private area to ensure details could not be overheard. This helped ensure individual personal details remained private and people's dignity was protected.

Requires Improvement

Is the service responsive?

Our findings

People who lived at The Old Vicarage Care Home spoke positively regarding the care and support they received. People told us, "I sort out my own appointments. Staff help me if I ask." And, "I've had the doctor out. The girls arranged it." Relatives we spoke with told us they considered the care and support to be improving since the appointment of the new manager.

We found care records were not always person centered. Care records were written in a respectful manner and contained information regarding people's likes and dislikes. However, we noted in one person's record they were referred to by another name which was not their own. We asked people if they were involved in the planning of their care. Two of the people we spoke with told us they had not been involved in reviews of their care. Two relatives we spoke with told us they were involved in the planning of their family members care. One relative told us they had not been involved since their family member moved into the home. We passed this to the manager and regional manager to enable further discussion to take place.

Care documentation we viewed was not always up to date or accurate. In one care record we saw a person was referred to by another name. We spoke with staff who confirmed this was not their name. We viewed a further care record and saw it recorded the person liked to have a bath. On discussion with the regional manager we learnt the person was unable to have a bath due to their current health status. This was not recorded in the care record related to the person's personal care needs. In addition we viewed records which had not been completed after care had been delivered. We saw records of the checks which were carried out on people at night. Two staff members told us the checks were carried out to ensure peoples' safety and to record the care and support provided. The records we viewed contained the date and time of the completed checks, but did not record the care and support given. We viewed a further care record and noted gaps in the care documentation. For example, we saw a dependency assessment was not completed. A dependency assessment is an assessment tool which helps calculate the support a person requires. We also found a moving and handling risk assessment was not totalled to record a final score. Care records should be up to date and complete to ensure staff have accurate information to deliver care and support safely.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Good Governance) as records were not consistently accurate and up to date.

People we spoke with told us their personal preferences were considered and respected. One person told us, "I told staff my routine and they follow it." A further person told us they sometimes wanted to stay in their room. They said, "It's never an issue." This demonstrated peoples' preferences were respected.

During the inspection we did not see any external activities taking place. We were informed a therapy dog and musical entertainers came to the home. One person we spoke with confirmed this took place. We observed people being asked if they wanted to listen to music or watch television. We also observed people being supported to play board games and take part in activities meaningful to them. For example, we saw one person helping staff offer biscuits when drinks were provided. It was clear from the expression on their

face and the conversations they had with people, that this was important to them. We also observed a person helping staff by tidying used cups away. They told us, "I like doing this."

Feedback we received from people who lived at the home included, "I go outside in the garden, we've got a lot of videos, but I do get bored." And, "I listen to the radio all day and all night." Also, "I go to church and I watch television." Relatives we spoke with told us they considered more activities could be provided. We were told, "They sit and watch TV, they don't do exercise. They rely on family to give them games, outings and interaction." Also, "They don't do anything."

We discussed this with the regional manager. The regional manager told us they had recently recruited an 'activities co coordinator.' We saw a notice was displayed advertising this to people who lived at the home and their relatives. The regional manager told us activities was an area they wished to improve upon. They explained the activities coordinator would support people to engage in group and individual activities and would also support the design of an activities programme.

We found there was a complaints procedure which described the response people could expect if they made a complaint. At the time of the inspection visit people told us they had no complaints. People we spoke with could not recollect if they had been informed of the complaints procedure. We discussed this with the regional manager. They told us they would address this. Relatives we spoke with told us they would speak with the manager if they any complaints.

Staff told us if people were unhappy with any aspect of the service they would pass this on to the manager. This demonstrated staff were aware of the process to follow to enable complaints to be addressed.

Requires Improvement

Is the service well-led?

Our findings

We asked people their opinion of the leadership at The Old Vicarage Care Home. One person told us they felt this had improved. They explained that since the new manager had started they had noticed a change. They said, "It's a lot more organised here now." People spoke highly of the new manager. Comments we received included, "He's a good manager". And, "He's very approachable, you feel you can ask him and the staff anything." Relatives we spoke with told us they found the manager to be approachable. One relative told us, "He's very visible as a manager." They told us they considered the service had benefitted from the new manager's leadership. They said, "It's vastly improved."

Staff told us they considered the Old Vicarage Care Home to be well-led. Staff told us the manager had a positive impact on the service. They explained the service was now more organised and communication had improved. Comments we received included, "He's doing a lot, he's putting in a structure." And, "I think this home is turning round. [Manager] is listening to us and the residents to make it a better place." Also, "This is a different home since [manager] started. I know what's going on and what I have to do."

Staff we spoke with told us some checks were carried out to ensure improvements were identified. They confirmed checks on medicines, and the environment took place. They also told us the manager worked alongside them and would inform them if an improvement was required in their working practice.

We asked the regional manager and manager what audits were carried out to ensure a high quality of care was achieved. We were told environmental audits were carried out and we saw evidence of this. In addition we were informed checks were carried out on medicines and accidents and incidents. We saw documentation which evidenced this. We viewed the accident and incident audit. We were informed by the manager this was currently being introduced. We noted several falls had occurred within the home. We could see no evidence the falls had been alerted to the local safeguarding authorities. We discussed this with the regional manager and manager who confirmed this was the case. The audit in place was ineffective as it had not identified if further action was required in relation to safeguarding referrals.

We discussed the completion of care records audits with the regional manager. The regional manager explained care records audits were not currently carried out. They told us this was as complete care plans were in the process of being reviewed and updated.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Good Governance) as systems in place to assess, monitor and improve the quality and safety of the service offered had not been established and operated effectively.

We asked staff if staff meetings were held. Staff told us these were held but were not regular. Staff told us they felt supported by the manager and staff meetings had been planned for the coming months. This was confirmed by speaking with the manager. They told us they had met all the staff at The Old Vicarage Care Home and planned staff meetings were being scheduled.

We saw people were offered the opportunity to give feedback on the quality of the service provided. The regional manager told us they offered people and relatives the opportunity to complete surveys and these were located in the entrance of the home. We viewed nine completed surveys and saw some positive comments regarding the environment. This demonstrated the registered provider actively sought peoples' views.

We saw documentation which demonstrated people who lived at the home were invited to attend 'residents and relatives meetings.' We viewed minutes of the last meeting. This showed discussions had taken place regarding the activity provision at the home. In addition the regional manager told us they had two 'relative representatives' in place at the home. They further explained the representatives would provide feedback and information from other relatives to the manager. The regional manager said they hoped this would enable further engagement with relatives and improvements to be made. This demonstrated relatives were invited to share their views so any improvements required could be identified

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations 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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems in place to assess, monitor and improve the quality and safety of the service offered had not been established and operated effectively. Regulation 17 (1) (2) (a.) Records were not consistently accurate and contemporaneous. Regulation 17 (1) (2) (c.