

UG Care Limited

# The Old Vicarage

## Inspection report

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

This inspection took place on 12 May 2016 and was unannounced.

The Old Vicarage provides accommodation and personal care to up to 16 older people some of whom are living with dementia. At this inspection 13 people were living there.

A registered manager was in post and present during our inspection. 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.

People were safe as staff had been trained and understood how to support people in a way that protected them from danger, harm and abuse. Staff had access to care plans and risk assessments and were aware of how to protect people from harm.

There were enough staff to support people and to meet their needs. The registered manager had systems in place to ensure additional support was provided when needed. The registered manager completed appropriate checks on staff before they started work to ensure they were safe to work with people.

People received their medicine from staff who were trained to safely administer these and who made sure they had their medicine when they needed it. The registered manager completed checks to ensure staff followed safe practice when assisting people with their medicines.

People received care from staff who had the skills and knowledge to meet their needs. Staff attended training that was relevant to the people they supported and adapted to meet their specific needs. Training was provided in a way that adapted to staff learning preferences. Staff were supported by the provider and the registered manager who promoted an open and transparent culture.

Staff provided care and support which was personalised and respected people's likes and dislikes. People took part in activities they liked and found stimulating. People felt involved in the day to day running of the home and were kept up to date with changes and developments. People's independence was encouraged and staff respected their privacy and dignity.

People were supported by staff who knew them well and had good relationships with them. Staff made sure people were involved in their own care and information was given to them in a way they could understand. People were involved in decisions about their day to day care. When people could not make decisions for themselves staff understood the steps they needed to follow to ensure people's rights were upheld.

People had a choice of food to eat and could choose alternatives if they wished. People had access to healthcare when needed and staff responded to any changes in need promptly.

People and staff felt able to express their views and felt their opinions mattered. The provider and registered manager undertook regular quality checks in order to drive improvements. The provider engaged people and their families and encouraged feedback. People felt confident they were listened to and their views were valued.

## 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.

People were protected as staff understood how to recognise and report any concerns they had about people's safety or wellbeing. Risks associated with people's care was assessed and steps taken to minimise the risk of harm. Checks were made before staff could start work to ensure they were safe to work with people.

### Is the service effective?

Good ●

The service was effective.

People received support from staff who were trained and motivated to provide care. People were supported to maintain a healthy and balanced diet which adapted to their needs and preferences. People had access to healthcare when they needed.

### Is the service caring?

Good ●

The service was caring.

People had positive and caring relationships with staff who supported them. Staff spoke about people they supported with warmth, respect and kindness. People were provided with information in a way they could understand and allowed time to make decisions. People had their privacy and dignity respected by staff.

### Is the service responsive?

Good ●

The service was responsive.

People received care and support that was personal to them. People's individual needs and preferences were known by the staff supporting them. People were able to raise any concerns or comments with the provider and were confident their opinions were valued.

### Is the service well-led?

Good ●

The service was well led.

People were included in the running of their home and their suggestions were valued. The provider and staff had shared values in supporting people. The registered manager and provider had systems in place to monitor the quality of support delivered and made changes when required.

# 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 12 May 2016 and was unannounced.

The inspection team consisted of one 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.

We reviewed information we held about the service. We looked at our own system to see if we had received any concerns or compliments about the home. We analysed information on statutory notifications we had received from the provider. A statutory notification is information about important events which the provider is required to send us by law.

We asked the local authority and Healthwatch for any information they had which would aid our inspection. We used this information to help plan our inspection.

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 spoke with five people receiving support, one relative, the registered manager, three care staff members and the cook. We viewed the care and support plans for two people, including assessments of risk and records of medicines and healthcare provision. We saw records of quality checks completed by the provider and incident and accident records.

# Is the service safe?

## Our findings

People felt safe living at the Old Vicarage. One person told us how staff reassure them and keep them safe. Another person said, "I am safe here, there is no pressure on me and I can just relax and enjoy life". One relative told us their family member was well cared for in a safe and caring environment. Staff we spoke with had a clear understanding of the different types of abuse, what to look for and how to report it. One staff member told us, "If I ever suspected anything at all I would report it to the manager straight away". Another staff member told us they have information telling them what to do if they had any concerns and who to report these to. This included contact details for the local authority. The registered manager had made appropriate referrals to ensure people were kept safe.

People told us they felt safe receiving services from the provider. One person told us staff were very proactive in ensuring they moved around safely. They said staff always made sure they used their walker. People told us they were involved in identifying risks associated with their care and how they minimised the risk of harm. One person said, "Staff talked to me about how to move safely around my home. They (staff) got someone in to assess what equipment I needed". Staff we spoke with told us about the individual risks associated with people's care and what they did about minimising the risk of harm. One staff member said, "We know [person's name] becomes distracted when walking and then becomes at risk of tripping. We assist and keep them focused on their walking to minimise the risk of a fall". People were able to move freely around their home. We saw people moving around inside and outside of their home whilst using mobility aids appropriate to their needs. When needed staff supported and guided people to keep them safe. We saw people had individual assessments of risk in their personal care plans for example risks associated with eating and drinking, mobility and skin integrity.

Staff members told us before they were allowed to start working with people they had to go through a safe recruitment and selection process. They told us this was to ensure they were safe to work with people. The registered manager described the appropriate checks that would be undertaken before staff could start working. These included satisfactory Disclosure and Barring Service (DBS) checks and written references. The (DBS) helps employers make safer recruitment decisions and prevent unsuitable people from working with people. Staff we spoke with confirmed appropriate checks and references had been gathered before they started their employment. We saw records where these checks had been completed and recorded.

People told us there were sufficient numbers of staff available to meet their needs although they acknowledged there were busy times for staff. We saw there were enough staff to meet the needs of people and to stop and chat to them throughout this visit. One staff member said, "We have enough staff. Sometimes it can feel a little stretched but there is always extra support available if we need. We just have to ask [registered manager's name]". The registered manager told us they assessed the staff they needed according to the needs of those living there. If they required additional support they requested a reassessment by the funding authority to ensure they could continue to meet the needs of people.

We looked at how people were supported to take their medicines. We saw people were assisted to take their medicines in a safe way by staff who followed safe administration practices. One person said, "I know what I

need to take and they (staff) make sure I take what I need". Staff members told us they undertook training to ensure they were safe and competent to assist people with their medicines. One staff member told us they completed a 12 week course in safe administration of medicines. Following this they were observed by the registered manager to ensure they followed safe practice. The registered manager undertook regular checks to ensure people received their medicines as they were prescribed and to ensure staff members were safe to support people.

# Is the service effective?

## Our findings

People told us they thought the staff supporting them had the right skills and training to assist them. One person said, "They (staff) had the right skills alright". Another person told us, "In my mind the training they have is demonstrated day after day". Staff told us they felt well trained and supported in order to provide care for people. One staff member said, "After I first started I had the chance to work alongside another more experienced staff member. This allowed me the opportunity to learn the ropes and to get to know everyone". Staff members felt this was a supportive introduction into the role they would be performing. In addition to working alongside more experienced staff, new members of the team undertook induction training. This included health and safety and moving and handling training. Staff told us they felt this equipped them with the necessary knowledge to perform their role.

Staff had access to training appropriate to the people they supported. One staff member said, "Sometimes you can feel insecure about your role but the training here is great. It gives you the skills and confidence you need to help people". Another staff member told us, "I went on dementia awareness training. It gave me an understanding of what people are living with and how I can support and reassure them when they find things confusing or scary". Staff members told us the training provided was adapted to their needs and learning styles. One staff member told us, "We didn't like the on-line training as it didn't give you the opportunity to ask questions about what you were being told. [Registered manager's name] instead arranged for training to be provided face to face". The registered manager told us they worked with other providers in the area to access joint training sessions. This also allowed staff to talk to colleagues from other locations and to share ideas and best practice. One staff member told us, "Following a conversation with someone on a joint training session I asked to go on additional training which [registered manager's name] provided".

People received care and support from a staff team who felt supported to carry out their role. One staff member said, "We have regular one on one sessions with [registered manager]. During these sessions we can talk about what we are doing well and what we can improve on. It is a good opportunity to think about our jobs and how we do it". In addition to one on one sessions staff told us they felt supported day to day and could always approach a senior staff member or the registered manager at any time for advice and guidance.

We saw staff members sharing information between themselves about people's needs and recording any changes. For example, one staff member was confirming whether or not someone had eaten, they checked with the person and confirmed the amounts with the staff member who had supported them. We were told by one staff member, "We share things which are important so that everyone is aware of people's needs and we can then help them consistently".

We saw people were supported to make their own decisions and were given choice. People were given the information in a way they could understand and were allowed the time to make a decision. We saw people being offered choices about what they wanted to do, where they wanted to go and what they wanted to eat or drink. One person told us, "I prefer the fresh air so always choose to sit outside when the weather

permits".

We saw people's capacity to make decisions was assessed and reviewed when needed. Staff we spoke with had a clear understanding about the process to follow if someone could not make a decision. Staff had a clear understanding of the principles of the Mental Capacity Act and the process of best interest decision-making. One staff member said, "We support people to make their own decisions day to day but sometimes with the more complicated decisions we need the help of family and the local authority to make a decision in the best interests of the person".

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA. The provider had trained and prepared staff in understanding the requirements of the MCA. The provider had made appropriate applications and followed the guidance provided. We looked at the recommendations made as part of the authorised applications. The provider had taken action and was meeting the recommendations made.

Staff followed current guidance regarding do not actively attempt cardio pulmonary resuscitation. People's views and the opinions of those that mattered to them were recorded in any instructions made. Instructions were clearly displayed in people's personal files and staff knew people's individual decisions.

People were supported to have enough to eat and drink and to maintain a healthy diet. One person told us, "The food here is very good. We have a variety and there are never two days the same". Another person told us, "I would tell them if I didn't like something and they (kitchen staff) would always get me something they know I would like". The kitchen staff were aware of people's individual food likes and dislikes as well as any special diets which needed to be followed. We saw drinks were available to people throughout the day and people were prompted and assisted to eat and drink when needed. People's weights were monitored by staff if needed to ensure their health was maintained. One relative told us, "I have no concerns about [relative's name]. They will sometimes go off their food but staff will always get them something they know they like which encourages them to eat".

People had access to healthcare services and were supported to maintain good health. One person told us, "The district nurse comes in regularly to see me, and I see the GP when I need. The optician comes out and I had my eyes done recently and the chiropodist comes out once a month". We saw records of regular health care visits and any recommendations made were carried out by the staff supporting people. People told us if they felt they wanted or needed to see a doctor or nurse they just needed to inform a staff member and were confident this would be responded to promptly. Staff members told us they could identify changes in how people were and talked to them about how they felt. If needed they sought assistance from health care professionals.

## Is the service caring?

### Our findings

We saw people being supported by staff who were kind, caring and compassionate. People told us they felt valued by staff. One person told us, "The staff are fabulous. Nothing is too much trouble and to tell the truth, they spoil me". Another person said, "I can't fault it, they're very helpful". One staff member told us, "I came to work here because I wanted to work in a smaller place where you could get to know those you are supporting and spend time with them. This is why I chose to work in care". We saw people and staff sharing jokes and using humour throughout this inspection. Staff had the opportunity to sit and chat and people were involved in discussions and openly laughing amongst themselves. One person said, "No one experiences care like you get here. It is a home from home".

Staff we spoke with talked fondly about those they supported. They were able to tell us about individual's personal histories including what they did and what they like to do now. People were supported by staff who took an interest in them as individuals.

We saw one person starting to become anxious. A staff member responded to this person immediately and sat with them and comforted them. The staff member took the time to understand the person's anxiety and identify what was causing them upset. After a short while the person was able to tell the staff member what the matter was and the staff reassured them and assisted the person to make right what they thought was wrong. The person relaxed and joined others for lunch. One staff member told us, "If someone becomes upset or angry we have to look beyond what they are showing us and to try and understand what could be causing this upset. Once we do that we can help the person put things right again". One person told us they were concerned about something. They spoke to a staff member who corrected it immediately. This person told us, "They (staff) took away the fear".

People were involved in making decisions about their own care and support. We saw people involved in discussions and decisions about their care and treatment. These decisions were recorded and staff were aware of how people wanted to be supported. One person said, "They (staff) will open the wardrobe and show me the clothes and I choose what I want to wear". Another person told us about the small things that mattered to them. They said, "Just being called by the name you like means so much and just shows that they know who I am".

People told us their privacy and dignity was respected by staff providing support. One person said, "Everything is done in private and you are never made to feel bad about anything". Another person told us, "I prefer my door to be open but they (staff) still knock it". We saw people being supported in a way which promoted independence. People were given the option of staff support if they needed it and staff were available should they be required. One staff member told us, "It is not a case of doing things for people but just prompting sometimes and being around can give them the confidence to do things for themselves. It is about people maintaining dignity and independence and not about taking it away".

## Is the service responsive?

### Our findings

People had care plans which were personalised to them. Information contained in the care plans detailed what people thought staff members needed to know in order for them to do their job. One person said, "I think they know me better than I do sometimes". We saw care plans that were regularly reviewed and contained up to date and relevant information about the person which was personal to their needs. People told us they were involved in the planning of their care and if they needed so were their family members. One relative told us they were involved in the planning of their family member's care and were fully informed and consulted about any changes.

Staff we spoke with knew the individual needs and preferences of the people they supported. Personal likes and dislikes were recorded and staff could tell us what people's preferences were. For example, one staff member said, "[Person's name] has worked outside all of their life. This is where they like to spend their time so we help to make this happen". We saw one person outside for most of this inspection. They were regularly visited by staff members who brought them drinks and encouraged them to wear a hat as the day was hot and sunny.

People told us they thought the care and support they received was good and that it adapted to meet their changing needs. One person said, "If I am feeling under the weather they (staff) will always spend time with me to see if I am alright". The registered manager told us, "As well as completing regular reviews with people we identify and adapt to any changes people tell us or that we notice. This way we don't wait until a set time to change how we do things but adapt day to day". We saw staff members sitting with people and talking to them about their day and what they would like written in their notes. These included any changes the person wanted to make.

We saw people involved in a number of activities at this inspection. During the morning people were playing a game of quoits in the lounge. People were laughing and chatting and becoming competitive as the game progressed. One person told us they took part in a number of activities including knitting and movement to music which helped maintain their mobility. Another person told us they had regular themed days or activities. During a recent horse racing event people and staff were involved in making this a full day activity which included food people had chosen and as one person told us, "A little flutter on the ponies". People told us they were encouraged to participate in as much or as little as they wanted. One person told us they hated to be idle. Throughout this inspection we saw this person folding the washing, preparing the vegetables for lunch and tidying the dining room. This person told us, "These are my jobs, I just can't sit down and do nothing. They (staff) will always find me something to do".

People were encouraged to maintain relationships with those that mattered to them. Relatives and friends were free to visit whenever they wanted and private areas for visiting were available. People and their visitors had access to refreshments in communal areas and were encouraged to take part in any activities planned at The Old Vicarage. We saw notices advertising an upcoming summer fete encouraging families and friends and people living locally to attend. People told us they were aware of this fete and were looking forward to it.

People felt comfortable to raise any concerns or complaints with staff or the registered manager. One person said, "If I was worried I would always go to whoever is on duty. There is always someone to turn to". Another person said, "If I have something on my mind they (staff) will always sit down and talk to me". People had confidence that their concerns would be listened to and responded to appropriately. People and relatives told us they could always complete a feedback form which was kept in the entrance hall. However, all those we spoke with said they would just report anything to the registered manager or staff as they had full confidence it would be addressed. The registered manager told us they encouraged people to let them know anything which they felt needed improving as well as the things they felt were going well. The registered manager had a process in place for receiving and responding appropriately to complaints and compliments.

## Is the service well-led?

### Our findings

People told us they felt involved in and fully informed about where they lived and with the development of their home. People knew who the management team were. People told us they felt able to approach the registered manager at any time. We saw the registered manager spending time with people and staff. One person told us, "I just happened to mention the one day about how I missed going out to do the weekly shop. The next thing I knew was the registered manager and I went out for the day and did all the shopping". People told us they felt the registered manager had a very good awareness of the day to day running of their home and knew them all individually.

People told us they were involved in regular resident meetings and were able to contribute. People knew about the developments at their home which included building work and the replacement driveway. People told us at a recent residents meeting they decided how they were going to celebrate a bank holiday. They decided what they wanted to do and chose the menu which would be provided. One person said, "We had a great time at Easter and the food was lovely". One relative told us they had recently completed a questionnaire asking for their feedback on the support provided. The registered manager said the information received from the latest survey was in the process of being collected and the results were not available for this inspection. However, people and relatives felt their opinions mattered and were confident to make suggestions.

Staff members told us they felt valued and supported as individuals and as part of a team working at The Old Vicarage. Staff members were aware of the provider's whistleblowing procedures and felt they would be supported should they ever need to raise a concern. Staff attended regular staff meetings where they had the opportunity to make suggestions and discuss any changes which could be made. One staff member said they had a particular interest in "pamper sessions" and suggested how this could be introduced. They told us they were fully supported to get this established and the registered manager made funds available. One person said, "They (staff) think up things which are really good to do like painting your nails".

We asked staff about the values the registered manager and provider strive to achieve. One staff member told us, "That's a simple one; it's all about making a home for people and supporting them as they wanted". People we spoke with told us they believed The Old Vicarage to be their home and were happy, content and safe living there. People were supported by a staff team who shared the values of the registered manager and the provider.

People felt part of their local community involved in going out to the local shops and public house. The registered manager had created strong links with the local community. Activities were arranged to involve those living locally including music session from the local school to participation in village celebrations. One person told us during a recent fete the bouncy castle was put on their front lawn and they spent time talking to neighbours and friends outside in the garden.

At this inspection there was a registered manager in post. The management team clearly understood the requirements of their registration with the Care Quality Commission. The registered manager had appropriately submitted notifications to the Care Quality Commission. The provider is legally obliged to

send us notifications of incidents, events or changes that happen to the service within a required timescale. The provider and registered manager had systems in place to monitor the quality of service provision. The registered manager told us they assessed information from quality checks, incident and accidents and feedback from people and staff which they used to drive improvements. For example, they identified previously that care and support planning needed to be more personalised to people. As a result they introduced a new system along with additional staff training. The registered manager had oversight and completed a number of checks and ensured plans were personal. At this inspection the care and support plans were personal to people's needs and preferences.