

UG Care Limited

The Old Vicarage

Inspection report

Ford Street
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Near Leominster
Herefordshire
HR6 9UW

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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

The Old Vicarage provides accommodation and personal care to up to 16 older people some of whom are living with dementia. At this inspection, there were 12 people were living there.

At the last inspection on 12 May 2016, the service was rated Good. At this inspection we found the service remained Good, as the service continued to meet all relevant fundamental standards.

People continued to be supported in a safe way and were protected from avoidable harm and abuse. Risks to people were managed in a way that protected them and kept them safe from harm. Staff were aware of the risks people faced and the action required to minimise the risk and keep people safe. People were supported safely and their needs were met by sufficient numbers of staff. People told us there was always enough staff to support their needs and respond to them in a timely manner. People continued to receive their medicines safely.

People told us they had confidence in the abilities of staff to meet their individual needs. Staff received training and support that was specific to the people they supported. They were encouraged to undertake any training that was relevant to their role and felt supported and valued as part of a team. People were supported by staff to make their own decisions. When people lacked mental capacity to take particular decisions, staff took the required action to protect people's rights and ensure people received the care and support they needed. People's dietary requirements were assessed and people were provided with sufficient food and drink.

People continued to receive support from staff who were kind, caring and compassionate. Staff were respectful of people's privacy and dignity. People were listened to and felt able to voice their opinions and were involved in decision-making about their care and support they received.

People received care and support that was responsive to their needs. People's care and support was tailored to meet people's individual needs and preferences. People continued to be involved in activities and stimulation of their choice. People knew how to complain if they needed to and were confident any concerns would be addressed seriously by the registered manager.

People were cared for by a team of staff that were well-led. There were systems in place, which continued to monitor and assess the quality of the care provided. The home had been involved in forging links with the local community. They had become the local collection point for people in the village to collect their medicines.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remains good.	Good ●
Is the service effective? The service remains effective.	Good ●
Is the service caring? The service remains caring.	Good ●
Is the service responsive? The service remains responsive.	Good ●
Is the service well-led? The service remains well-led.	Good ●

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 checked 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 was a comprehensive inspection, which took place on 12 August 2017, and was unannounced. The inspection team consisted of two inspectors.

Before our inspection we received information of potential concern relating to the safety and well-being of people residing at the home. We reviewed information we held about the service, and looked at our own system to see if we had received any concerns or compliments about the home. We analysed information on any 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 also contacted representatives from the local authority and Healthwatch for their views about the home, which would aid our inspection.

During the inspection, we spoke with seven people who lived at the home and a visiting health care professional. We also spoke with the registered manager, the deputy manager, one senior member of care staff, two members of care staff, one domestic and the cook. We viewed three people's care and medicine records. We also viewed other records relating to the management of the home.

We also spent time in the communal areas of the home to observe how staff supported and responded to people. As part of this, we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Is the service safe?

Our findings

At this inspection, we found people continued to be supported in a safe way and were protected from avoidable harm and abuse. The rating continues to be Good.

People consistently told us they felt safe living at The Old Vicarage. One person said, "I feel very safe. I have to be hoisted into a chair and bed. I feel very safe when they do it. They take care and reassure me. Never worry about that." Another person said, "I feel 150 percent safe living here." Staff confirmed they had received training in how to keep people safe from abuse and understood how to report any concerns. Both the registered and deputy manager knew their responsibilities in reporting and dealing with any potential concerns of abuse.

Staff confirmed the provider had requested references from previous employers before they started work at the home. Criminal records checks on their background had also been completed to ensure they were suitable to work with people who lived at the home. These checks were called disclosure and barring service checks.

Risks to people continued to be managed in a way that protected them and kept them safe from harm. Staff were aware of the risks people faced and the action required to minimise the risk and keep people safe. One member of staff told us, "We have residents who have risk assessments in place, such as falling, which seems to be the main one. I also make sure the environment is safe from trips and hazards. We also guide people when using walking frames. We are focused on making sure people are safe."

People were supported safely and their needs met by sufficient numbers of staff. People told us there was always enough staff to support their needs and respond to them in a timely manner. One person said, "There seems to be enough staff who come straight away when I ring the bell." Another person said, "You could always do with more staff, but I have never had to wait for anything. I can't praise them enough." Staff told us the registered manager ensured there was enough staff on duty to meet people's needs, and recently things had improved. One member of staff said, "At the moment, staffing has improved. We could always do with more, but I don't have any concerns about staffing. We have a good team and it's like a family." Another member of staff told us that staffing levels were brilliant, as it had been a problem in the past. This meant they could spend more time on activities and stimulation with people and just being able to sit and chat with them."

We looked at how people were supported to take their medicines. One person said, "I get my medicine when I need them and I always check, as I know what I have. I haven't found an error yet." Another person told us, "I always get my medicines, no worries there." We saw people received their medicine safely. Staff checked each person's medicines with their records before administering them and records were accurate and completed correctly. Staff told us that they received training from an external pharmacy who also checked their competence. Only senior staff members, the registered and deputy manager administered medicines at the home. Close scrutiny and regular checks were undertaken, which meant that there had been no recent medicine errors.

Is the service effective?

Our findings

We found people continued to receive care and support from staff who had the skills and knowledge to meet their needs. The rating continues to be Good

People told us they had confidence in the abilities of staff to meet their individual needs. One person told us, "The staff are very good and always have time to sit and chat and get me whatever I want. All the staff seem well-trained in my view." Another person said, "I think they are absolutely fantastic. They have treated me so well over the years, they really look after you. They have even got me walking again. They know what they are doing and are well-trained."

Staff confirmed to us that they continued to receive training and support that was specific to the people they supported. They were encouraged by the provider to undertake any training that was relevant to their role and felt supported and valued as part of a team. Staff told us they had plenty of opportunities to attend training and understood how developing their skills would benefit people living at the home. Staff told us that training was provided by an external agency and that in addition, a number of staff were currently completing nationally recognised qualifications in social care. Staff told us they had recently received training in personal emergency evacuation plans (PEEPS), which was confirmed by people we spoke with. A complete mock evacuation was undertaken to support the training provided. One member of staff said, "I have supervision with the manager. I definitely feel I have had sufficient training for my role. The staff have also been very supportive."

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).

People were supported by staff to make their own decisions. When people lacked mental capacity to take particular decisions, staff took the required action to protect people's rights and ensure people received the care and support they needed. Staff were able to confirm they all had received training in the Mental Capacity Act (MCA). Throughout the inspection, we saw staff seeking people's consent before providing any care. Staff understood the importance of obtaining people's consent and were able to explain the principles of the MCA. One member of staff told us, "Under the MCA, we try to help people with decision making when they have limited capacity. All of our residents are able to make everyday decisions." The registered manager understood their responsibilities in monitoring people's ability to give informed consent.

People's dietary requirements were assessed and people were provided with sufficient food and drink. One person said, "The food is fantastic." Another person told us, "The food is very good. If I don't like something they [staff] all know and will offer me something else." A third person told us, "Food is good. Nice old

fashioned and homely." One person explained to us how they understood their diabetes they lived with, but importantly, they believed staff understood it also. They said, "They help me make good choices with my diabetes and weight." We saw that people were offered choices at meal times with plenty of snacks and drinks available throughout the day.

People were supported with their day to day healthcare and attended appointments to get their health checked and monitored. A visiting health care professional told us, staff were good at reacting to any concerns and that the home had recently worked very hard at improving pressure relief for people. They said they had an excellent relationship with the registered manager, who was very responsive to any issues raised.

Is the service caring?

Our findings

People continued to receive support from staff who were kind, caring and compassionate. The rating continues to be Good.

One person told us, "It's lovely, they [staff] are so good. I'm very happy here and wouldn't want to be anywhere else. The staff are very caring and excellent." Another person said, "Staff are very kind and respectful. We have jokes and laughs all the time." Another person told us the care was very nice and that they could not fault in any way. We saw staff engaging with people throughout the inspection in a warm and professional manner. They was laughter with staff prioritising people's needs and requests effectively. Staff demonstrated a good understanding of people's individual needs and choices.

Staff were respectful of people's privacy and dignity. We saw personal care was delivered behind closed doors and staff knocking on bedroom doors before entering. One person told us, "They [staff] are very respectful. They never come into my room without knocking. I have never felt worried or embarrassed with them. It's a lovely place." Another person said, "They knock on my door and are always very respectful all the time when dealing with my personal care needs."

People continued to be listened to and felt able to voice their opinions and were involved in decision-making about their care and support they received. One person said, "If I have any concerns, I speak with the home manager who sorts it straight away. They never mess about and are excellent." Another person told us, "I do feel involved in the care I get. They will always remind me to do things and are always making sure I'm ok." Another person explained how they were involved in monthly review of their care, were listened to and felt involved.

People were encouraged to be independent, express their views and make choices about the care and support they received. One person said, "Every day they [staff] they come around with choices for lunch and ask me what I want to do. They will always help me, but I'm quite independent, but find it difficult at times." Another person told us, "I'm independent, but they [staff] do encourage me to do as much as I can for myself, but I know when I need support. They monitor you during the day and night." One member of staff explained how they believed it was very important to encourage people to be independent, such as washing, dressing themselves, and making choices. This would enable people to be independent and feel good about themselves.

Is the service responsive?

Our findings

People continued to receive care and support that was responsive to their needs. The rating continues to be Good.

People's care and support was tailored to meet people's individual needs and preferences. One person required oxygen for an existing health condition. They told us staff looked after them very well and supported them when they needed oxygen. We spoke to a senior member of care staff who demonstrated a good knowledge of procedures for the safe storage and use of oxygen. They were aware of the specific guidelines for the person's individual oxygen usage. The provider had arranged for this person to attend a breathing course within the local community centre to support their well-being, which they told us they found very useful.

Do not attempt resuscitation (DNAR) wishes were recorded within people's care files. Records were complete and had been reviewed and discussed with the people themselves. People continued to confirm they, together with their relatives were actively involved in determining their care needs. Their needs were then regularly reviewed by the home manager. Staff told us people's care plans included information about their personal backgrounds and preferences, together with guidance for staff on how to meet their specific care needs.

People continued to be involved in activities and stimulation of their choice. One person said, "We have sing songs and bingo and things like that, there is always plenty to do." Another person told us, "I choose to stay in my room, listening to music and watching telly. I don't get involved in activities, but staff do come and sit and chat with me often." Another person said, "We have board games and I also do knitting and singing. We have singers coming in. We all gather in one room and really have a good time. We also have stretching exercises." People were taken out on trips in the summer to the local theatre or pub or shopping. The home had established links with the local school for carol singing at Christmas and were also involved in local village festivities.

People knew how to complain if they needed to and were confident any concerns would be addressed seriously by the registered manager. One person said, "I have no concerns about this place. I know how to make a complaint, no concerns there and I will speak my mind. I know they will sort any issues." The home had policies and procedures for dealing with formal complaints. We were aware that the home had received one complaint, which had not been investigated effectively or dealt with in a timely manner. The registered manager acknowledged there had been failings in dealing with the complaint effectively. They assured us that in future, all complaints would be dealt with in line with their policy and procedures.

Is the service well-led?

Our findings

At this inspection, people continued to be cared for by a team of well-led staff. The rating continues to be Good.

People told us the registered manager was visible in the home with a hands on approach to providing care. One person told us, "I see the manager every day, they are very good indeed." Another person said, "The manager is excellent. There's nothing they won't do for you or anything too small. I'm very fond of them as they treat us like family." One member of staff told us that they felt supported by the registered manager who focused on team building. One staff member told us, "I have regular contact with the manager, who has always encouraged me to develop and have additional training. I feel very supported and valued; they are a very good boss." Another member of staff told us, "You can speak your mind. The manager sits and listens and get things sorted, they are very much part of the team. They have supported me with personal issues and are very compassionate. They are also very flexible with our duties."

There were systems in place, which continued to monitor and assess the quality of the service provided. These included regular meetings, where people were able to feed-back what they wanted and any concerns about the quality services provided. Regular checks of medication, the environment and fire safety were undertaken by the registered manager. The registered manager monitored any falls that may have occurred, which were reviewed with staff through regular staff meetings. Questionnaires were also sent out annually to people and families to see where improvements could be made. We looked at minutes from monthly staff meetings, where clinical items were discussed as well as what was going on and any plans for the future.

The home had been involved in forging links with the local community. They have become the local collection point for people in the village to collect their medicines. The Registered Manager told us that this agreement had a really positive effect. Visitors from the local community had got to know people in the home and spent time having a drink and chat, which the home encouraged.

A registered manager had been in post since October 2010 and was present throughout 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.