

# People First Care (Wooler) 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

### About the service

The Old Vicarage is a residential care home providing personal care for up to 28 older people, including those who are living with dementia. At the time of our inspection there were 24 people using the service.

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

People and relatives spoke positively about the staff and the care provided. Comments included, "They are really nice. [Relative] likes fun and carry on and they do have fun with her. She says they are lovely" and "We have the reassurance that she is being looked after well."

There was a system in place to assess, monitor and manage risk. However, not all risks relating to the environment had been fully assessed. We have made a recommendation about this. Following our visits to the home, the registered manager took immediate action to address the issues we had identified relating to the environment.

There were sufficient staff deployed to meet people's needs. Staff rotas were adjusted to take into account the change of seasons. During the summer months, staff started work at 7am, since many people liked to rise earlier when the mornings were lighter.

There was a system in place to manage medicines. The management of topical medicines did not follow best practice guidelines. The registered manager took immediate action to address this issue.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People and relatives spoke positively about the "homely" environment. A new 10 bed extension had recently been built. Further adjustments were being made to communal and staffing areas to ensure these areas reflected the increase in people living at the home. One relative told us, "I think it is homely. There are no long corridors or locked doors. The transition from her own home was smooth. It felt welcoming. It has the smaller touches like keeping people together for meals. Things are kept small and it has the personal touch. It has the trust factor. I can 100% recommend this home."

Staff were suitably trained and supported. People and relatives told us they considered staff knew what they were doing. One relative told us, "He is comfortable there and staff are confident looking after him."

The home was part of the local community. Many of the staff lived in the same area as people and so they shared a common interest in amenities and events in the local community. One relative told us, "It is a small and homely place and it is kept as part of the community."

Records were not fully available to demonstrate how the provider was meeting their responsibilities under the duty of candour. The duty of candour regulation tells providers they must be open and transparent with people about their care and treatment, as well as with people acting on their behalf. It sets out some specific things providers must do when something goes wrong with someone's care or treatment, including telling them what has happened, giving support, giving truthful information and apologising. We have made a recommendation about this.

The provider and management staff promoted a person-centred, inclusive culture which enabled people to achieve positive outcomes. Projects such as 'Three wishes' and 'Resident of the day' had been introduced to help ensure people achieved positive outcomes.

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

#### Rating at last inspection and update

The last rating for the service under the previous provider was outstanding (published 22 May 2018). The provider of the Old Vicarage changed on 8 September 2021. Most aspects of the company remained the same; with the exception of an additional director.

#### Why we inspected

This was a planned inspection based on the date the service was registered.

#### Recommendations

We have made recommendations in the safe and well-led key questions in relation to the assessment of environmental risks and duty of candour. Please see these sections for further details.

#### Follow up

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

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# The Old Vicarage

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

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

#### Inspection team

The inspection was carried out by 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.

#### Service and service type

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

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

### During the inspection

We spoke with 8 people, 13 relatives and 11 staff including the nominated individual, regional manager, registered manager, deputy manager, senior care staff, care workers, activities coordinator, housekeeper and laundry assistant. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We also spoke with a health professional who was visiting the home.

# Is the service safe?

## Our findings

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

This is the first inspection of the service under the new provider. This key question has been rated good. This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

- There was a system in place to assess, monitor and manage risk. However, not all risks relating to the environment had been fully assessed.

We recommend the provider keeps the assessment of risk relating to the environment under review to ensure best practice is followed.

The registered manager took immediate action to address the issues we had identified relating to the environment.

### Systems and processes to safeguard people from the risk of abuse

- There was a safeguarding system in place. Staff had completed safeguarding training and raised no concerns about staff practices. People told us they felt safe. This was confirmed by relatives.

### Staffing and recruitment

- There were sufficient staff deployed to meet people's needs.
- People, relatives and staff explained that there were enough staff to care for people. Comments included, "There seems to be enough staff. You always see a member of staff going around looking after people" and "Yes definitely [enough staff]. There is a mixed range of staff and not a high turnover. They would like more time, but they do have time to chat to the residents."
- Staff rotas were adjusted to take into account the change of seasons. During the summer months; staff started work at 7am, since many people liked to rise earlier when the mornings were lighter.
- Recruitment checks were carried out prior to staff starting at the home to help ensure staff were suitable to work with vulnerable people. One relative told us, "There are no temporary staff at the home. They are all local and long-serving."

### Using medicines safely

- There was a system in place to manage medicines. The management of topical medicines did not follow best practice guidelines. The registered manager took immediate action to address this issue.

### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.

- We were assured that the provider was admitting people safely to the service.
- We were somewhat assured that the provider was using PPE effectively and safely. We have signposted the provider to resources to develop their approach.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

#### Visiting in care homes

There were no restrictions upon visiting at the home. This was confirmed by relatives. Comments included, "We are able to at any time and they make us welcome" and "The home is open 24 hours a day for visiting. I take [relative] out for a little walk in the wheelchair when the sun is shining."

#### Learning lessons when things go wrong

- Lessons learned had been identified following a recent incident. Accidents and incidents were analysed and monitored to help identify any trends or themes so action could be taken to help reduce the risk of any reoccurrence. One relative told us, "When she first moved in, she had a fall. They put a pressure mat in her room. They have taken all the necessary steps to prevent it happening again."



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection of the service under the new provider. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed prior to coming to the home. The registered manager had strengthened the pre-admission assessment to ensure it fully covered people's needs and any identified risks.

Staff support: induction, training, skills and experience

- Staff were suitably trained and supported.
- People and relatives told us they considered staff knew what they were doing. One relative told us, "They are very well trained. They are constantly on training courses, including the cook. There are a lot of one-off courses delivered in teams usually by the local authority, sometimes at the local training centre. I think they do have some training for dementia."

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to eat and drink enough to meet their needs.
- We received mixed feedback about the meals at the home. The chef was seeking further feedback from people on what they would like to see on the menu.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff worked with health and social care professionals to ensure people's needs were met. We spoke with one health professional who told us, "They are fabulous with the patients. They always follow procedures and protocols. It is such a lovely place to come."
- Relatives told us that staff contacted health professionals if any concerns were raised. One relative told us, "I asked [registered manager] whether his blood pressure had been checked. They phoned up and arranged it. If you mention anything they will act on it straight away."
- Staff used the home's company vehicle to support people attend hospital appointments. This helped reduce both travelling and waiting times.

Adapting service, design, decoration to meet people's needs

- The design and décor of the home met people's needs.
- People and relatives spoke positively about the "homely" environment. A new 10 bed extension had recently been built. Further adjustments were being made to communal and staffing areas to ensure these areas reflected the increase in people living at the home. A new staff room and laundry room were being planned. Plans were also in place to update the garden area.
- A new silent 'nurse call' system had been installed. This had helped create a calmer, more homely

environment without the sound of alarms going off through the day/night.

Ensuring consent to care and treatment in line with law and guidance

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- We found the service was working within the principles of the MCA and when needed, appropriate legal authorisations were in place to deprive a person of their liberty.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection of the service under the new provider. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were treated with care and compassion.
- People and relatives spoke positively about the caring nature of staff and the support they provided. Comments included, "It is small home and they know their residents well. Even when the cleaner comes in, she knows [relative] and has a chat with her. The staff are excellent and none of them are short with the residents," "You can tell by the faces of the residents and the faces of the staff too that they are happy. They are very patient with her" and "When [relative] came here, staff said 'You can go back to being his wife, we will look after him' and that's what has happened. I am no longer his carer – I am his wife, which is great."
- Staff knew people well and provided care and support which met people's needs and wishes. One relative told us, "She prefers classical music to local radio and they know her preferences. If someone wants to have a drink at a certain time for example at 9 p.m. or wants to eat at a certain time they can choose to."
- One person had a cat. A staff member explained it made the person happy to see staff support and care for their cat.

Supporting people to express their views and be involved in making decisions about their care

- People and relatives were involved in decisions about care.
- Reviews were carried out to make sure the care provided met people's needs. One relative told us, "Next Tuesday the manager has asked me to go in for a review of his care."

Respecting and promoting people's privacy, dignity and independence

- Staff respected and promoted people's privacy, dignity and independence. A relative told us, "He likes his freedom so they allow him to roam about. He has always been an outdoor person and likes to go outside in the garden."
- Housekeeping skills were encouraged to maintain people's independence. People helped to peg out the washing on the line, match up socks and dust.
- One person was having difficulty seeing the food on their plate. Staff recognised this and placed the person's meal on a yellow coloured plate which made it much easier for them to see and enabled them to eat their meal independently.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection of the service under the new provider. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to maintain relationships with their family and friends and enjoy activities which met their social needs. A visiting health professional told us, "They are always doing activities with residents to keep their minds occupied and often having a little dance it's lovely."
- The registered manager had implemented a "Three wishes" project to help people engage and achieve their chosen activity. People had been supported to go ice skating, swimming and to the seaside. This was confirmed by relatives who told us, "[Relative] was an ice-skater so they actually took her ice-skating. They put the wheelchair on the ice. Everyone gets to do something that they would like to if they can arrange it. It can be swimming or a pub lunch or anything that makes them happy. They do think about the individual's needs" and "Recently she said that she would love to have her feet in the sea. Three months ago, they took her to a lifeboat station in Newbiggin and she was able to dip her feet in the sea (with a wheelchair) and enjoy some fish and chips."
- The home was part of the local community. Many of the staff lived in the same area as people and so they shared a common interest in amenities and events in the local community. Staff supported one person to go to the library every two weeks to choose new books. People also enjoyed walks out into the local area.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care was planned to help ensure care was person-centred care.
- Electronic care plans and risk assessments were in place. Some care plans relating to fire safety were generic and did not always follow best practice guidance. The registered manager told us this would be addressed.
- People and relatives told us that staff were responsive to people's needs. One relative told us, "They saw that the wheelchair she was using was not right and they organised one which was a better fit. They are confident and they get things sorted quickly."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The provider was meeting the AIS. Information about people's communication needs was recorded in

their electronic care plans.

Improving care quality in response to complaints or concerns

- There was a complaints procedure in place. We discussed with the registered manager about recording informal concerns centrally so these could be analysed and monitored more easily to help identify any trends or themes.

End of life care and support

- End of life care was provided. Staff worked with the person, their relatives and health and social care professionals to make sure people's needs could be met at this important time.
- One relative spoke very highly about the care their loved one had received before they died. They told us, "They [staff] are lovely people. It's the relationships they create and the love and care they give."

# Is the service well-led?

## Our findings

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

This is the first inspection of the service under the new provider. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The provider, management and staff promoted a person-centred, inclusive culture which enabled people to achieve positive outcomes.
- People and relatives spoke highly of the caring nature of staff. One relative told us, "Whenever I have been there, [staff] have been friendly and helpful. They do reflect the management and the leadership."
- Projects such as 'Three wishes' and 'Resident of the day' had been introduced to help ensure people achieved positive outcomes.
- Staff spoke positively about working at the home and the people they supported. One staff member said, "I like to treat people like I would my grandparents. It's about paying attention to detail - how you approach them and making them feel loved and wanted."

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

- Records were not fully available to demonstrate how the provider was meeting their responsibilities under the duty of candour.

We recommend the provider ensures records are available to demonstrate how they are meeting their responsibilities under the duty of candour.

The registered manager wrote to us following our inspection to state that this had been addressed.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Management and staff were clear about their roles and responsibilities. People, relatives and staff spoke positively about the registered manager. Comments included "[Name] is brilliant. I can talk to her about anything. I would have no qualms about going to her," "She's on the ball" and "She runs a tight ship."
- The registered manager was supported by the deputy manager. The regional manager oversaw the management of the service together with the provider.
- Audits and checks were carried out to monitor the quality and safety of the service. We spoke with the registered manager about the auditing of environmental risks. The registered manager introduced additional risk assessments and actioned aspects of the environment which we had highlighted did not always follow best practice guidance.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- There was a system in place to involve people, relatives and staff in the service. One relative told us, "There are questionnaires. There is a residents' committee and occasionally we do have meetings for relatives."
- A staff incentive scheme was in place which involved a monetary bonus to aid recruitment and 'Treat Wednesday' which included treats for staff such as doughnuts and chocolates.

Working in partnership with others

- Staff worked with health and social care professionals to make sure people received effective care and support.