Mrs R Elango & Mr P Elango

The Old Vicarage

Inspection report

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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?	Good
Is the service well-led?	Requires Improvement

Overall summary

This was an unannounced inspection carried out on 19 November 2014.

The Old Vicarage is a privately owned care home without nursing in Tilmanstone near Deal. It is registered for up to 39 older people, some of whom may be living with dementia. At the time of our inspection there were 32 people living at The Old Vicarage. It has a large conservatory and garden, is close to local amenities and has public transport links.

The service is run by a registered manager who was present on the day of 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.

Staff understood how to protect people from abuse. They had been trained in safeguarding people and were able

Summary of findings

to tell us how they would recognise signs of abuse. They understood how to report any concerns of poor practice or abuse and knew about the provider's whistle-blowing policy.

There was a risk that people may receive unsafe or inappropriate care. Risks were identified and documented but it was not always clear what monitoring should be done or what action staff should take to reduce risks to people. Staff did not follow best practice when supporting people to have 'as required' (PRN) medicines, such as, pain relief.

The registered manager and staff understood the Mental Capacity Act (MCA) 2005 and ensured decisions made for people without capacity were only made when this was in their best interests.

There was a risk that people's rights were not being protected by arranging for an assessment to be carried out which would test whether or not they were being deprived of their liberty and whether or not it was done so lawfully. The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The Registered Manager understood when an application should be made and how to submit one if a person's liberty was restricted. The registered manager was aware of the Supreme Court Judgement which widened and clarified the definition of a deprivation of liberty. The registered manager was in the process of reassessing people with a view to completing DoLS applications. No DoLS assessments had been completed and no applications had been completed and sent to the local authority since the Supreme Court Judgement.

People and their relatives told us that they were happy with the standard of care at The Old Vicarage and that they had been involved with the planning of their care. People were treated with dignity and respect and staff encouraged people to maintain their independence. People's needs were assessed and people received the support they needed. Care plans contained personalised information about how each person preferred to be supported and included an assessment of what they could do for themselves. Staff knew people well and had good relationships with people and their relatives.

The design and layout of the building met people's needs and was safe. The atmosphere was calm, happy and relaxed.

People were supported by sufficient numbers of staff with the right mix of skills, knowledge and experience. There was a training programme in place to make sure staff had the skills and knowledge to carry out their roles. Staff were respectful, kind and caring.

There were systems in place to monitor the quality of the service and feedback was encouraged from people, their relatives and visiting health professionals. The registered manager analysed the findings to identify any patterns or trends in order to improve the service.

People were offered a choice of healthy food and drinks and were supported to have a balanced diet to meet their nutritional needs. People were supported to see healthcare professionals, such as, GPs, dentists and chiropodists.

Staff told us that there was an open culture and that they felt supported by the registered manager and the deputy manager. Staff, people and their relatives told us that there had been improvements at The Old Vicarage since the registered manager had been employed.

We found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of the full version of this report.

Summary of findings

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 safe.

There was a risk that people may receive unsafe or inappropriate care. Risks were identified and documented but it was not always clear what action staff should take to reduce risks.

People were not protected against the risks associated with the unsafe use and management of medicines. Staff did not follow best practice when supporting people to have 'as required' (PRN) medicines, such as, pain relief.

The provider had recruitment and selection processes in place to make sure that staff being employed at the service were of good character. People were supported by enough suitably qualified, skilled and experienced staff to meet their needs.

Staff knew how to recognise and respond to abuse and had an understanding of the processes and procedures in place to keep people safe.

Is the service effective?

Requires Improvement

The service was not effective.

There was a risk that some people's rights were not being protected. Assessments had not been carried out to check whether people were being deprived of their liberty and whether or not it was done so lawfully.

Staff had a good understanding of people's needs and preferences. Staff said they felt supported. There was regular training and the registered manager and deputy manager held one to one supervision with staff.

People maintained good physical and mental health because the service worked closely with health and social care professionals. People's nutritional needs were met by a range of nutritious foods and drinks which people said they enjoyed. The building and grounds were adequately maintained.

Is the service caring?

Good

The service was caring.

People and their relatives told us that they were happy with the standard of care at The Old Vicarage and that they had been involved with the planning of their care.

People were treated with dignity and respect. People were encouraged and supported by staff to maintain their independence.

Staff were kind, caring and understood people's different needs and preferences.

Summary of findings

Is the service responsive?

Good

The service was responsive.

People had individual care plans which were written with the person and their relatives. Care plans were updated as people's needs changed.

Views from people, their relatives and healthcare professionals were taken into account and acted on to improve the service. There was a complaints system and people knew how to make a complaint.

Staff were aware of people who chose to stay in their rooms and were attentive to prevent them from feeling isolated. Staff made sure that people could still be involved in activities and their hobbies.

Is the service well-led?

Requires Improvement

The service was well-led.

Records were not all up to date and completed appropriately.

Staff told us that they felt supported by the registered manager and deputy manager.

There was an open culture and staff said they were able to discuss any concerns and that their views would be listened to.

The registered manager completed regular audits on the quality of the service.

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 inspection took place on 19 November 2014, was unannounced and was carried out by two inspectors and a specialist advisor. A specialist advisor is someone who has clinical experience and knowledge of older people.

We did not ask the provider to complete a Provider Information Return (PIR) because we inspected at short notice following some concerns raised with CQC. 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.

Before our inspection we reviewed information we held about the service. We looked at previous inspection reports and notifications received by CQC. Notifications are information we receive from the service when a significant events happens, like a death or a serious injury.

We met and spoke with some of the people using the service and three relatives. We spoke with members of care staff team, the chef, the deputy manager, the registered manager and the provider. During our inspection we observed how the staff spoke with and engaged with people. Some people using the service were not able to talk with us because of their health conditions so 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.

We looked at how people were supported throughout the day with their daily routines and activities. We reviewed seven care plans in detail and looked at specific areas, particularly medication, in another six plans. We looked at a range of other records, including safety checks, staff files and records about how the quality of the service was managed.

We last inspected The Old Vicarage in April 2014 where no concerns were identified.

Requires Improvement

Is the service safe?

Our findings

Potential risks to people were identified and recorded. The risks were then assessed in case there were any hazards making the risk greater. Obvious hazards were removed, where possible, to reduce risks to people. When the hazard was no so obvious, it was not always clear what staff should do to manage risks. One person was at risk of losing weight and this was recorded in their care plan. The action staff should take was 'encourage them to eat and drink'. There was no further guidance or information about how much they should eat and drink, what the goal weight was and whether they may need extra calories. Another person had an allergy to milk and the care plan noted that staff should give 'diluted milk'. Staff we spoke with were clear that this meant to dilute soya milk. Not having sufficient detail to guide staff left a risk to people.

The provider had failed to assess and manage risk to people. This was a breach of Regulation 9 (1)(b)(i) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

People were not protected against the risks associated with the unsafe use and management of medicines. We observed staff support people to take their medicine and looked at the medicine administration record (MAR) for each person. Staff should sign the medicine record when they administer medicine to people and see them take it. Staff said they signed the MAR before giving people their medicine and signed over or above their entry on the MAR if the person refused their medicine. This was not best practice and meant that it was not clear if a medicine had been taken or not. We discussed this with the registered manager who instructed staff to use the correct and safe procedure. Staff notices were placed on both the medicine trolleys stating the new practice. The registered manager wrote in the communication book, which was read by staff at the beginning of the shift, about the change in practice.

In 2012, the 'Centre for Policy on Ageing' produced the guidance, 'Managing and administering medication in care homes for older people'. This documented the use of PRN medication (as required medication). PRN medication should only be offered when symptoms are exhibited, and not restricted to the normal medication round. A specific plan for administration of the PRN medication must be recorded with guidance about why, when and how the medication should be administered, together with any restrictions, for example maximum amount of dosages in 24 hours. This guidance should be sought from the prescriber, pharmacist or other healthcare professional and recorded on the plan of care and should be kept with the regular medicine administration record MAR chart.

Staff told us, and the medicine records confirmed that the time people were given pain relief or other medicines on a PRN basis was not recorded. There was a risk that people could be given too much medication. Times of medicines that needed to be given at a set time or with / before food were not recorded so staff could not be sure when a person could have food.

The provider had not ensured safe medicines practice. This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

People were treated respectfully when given their medicine. People were offered a glass of water and told not to rush. Staff did not leave people until they had seen that medicines had been taken.

People said they felt safe living at The Old Vicarage. One person said, "This is my home. I feel very safe here. My family come and visit me". A relative told us, "We know (our relative) is safe and well looked after. (The manager) and the staff let us know if there are any problems".

There were procedures in place for unforeseen emergencies, such as, gas / water leaks. Fire exits in the building were clearly marked. Staff told us that regular fire drills were carried out and this was documented. An external consultant provided a fire risk assessment for the service in November 2014. The provider was in the process of changing doors throughout the service to ensure they complied with fire safety regulations.

There were systems in place to carry out reviews of accidents and incidents. The registered manager looked to see if there were any patterns which were contributing to the accidents, and if there was any action which could be taken to reduce the risks to people. One person had fallen three times so the staff sought medical advice.

There was a system in place to check new staff. Staff completed an application form and had a formal interview as part of their recruitment. Notes were made during interviews and kept in staff files. References from previous employers had been obtained and checks were done with the Disclosure and Barring Service (DBS) before employing

Requires Improvement

Is the service safe?

any new member of staff. Where required, the registered manager had checked that staff were legally entitled to work in the UK and kept a copy of the visa in their staff file. The files we looked at were in line with the provider's recruitment and selection procedures.

The provider employed suitable numbers of staff to care for people safely. There were plans in place to cover emergencies including staff sickness. The registered manager told us that they "only occasionally" used agency staff. During the day of the inspection staff were not rushed and call bells were answered promptly. In addition to the care staff there were two cleaners, a dedicated laundry person and a chef. Staff were visible and accessible to people throughout the day.

Staff were familiar with the provider's whistleblowing policy. Staff we spoke with had an understanding of different types of abuse and knew how to report any suspicions of abuse. Staff told us that they would raise any concerns about poor practice or abuse with the registered manager and were aware of other organisations with which they could share concerns.

When people needed support with their mobility we observed that staff supported people correctly. Equipment used to aid people's mobility, such as hoists, were serviced every six months by a specialist contractor. One of the standing aids was dirty around the base. The leg rest padding was ripped in four areas which made it porous and difficult to clean.

All staff had completed training on infection control within the last 12 months. Clinical waste was disposed of using the correct yellow bags and placed in the outside clinical waste bin. Both the outside clinical bins were stored in an appropriate place to reduce the risk of unauthorised people accessing them.

Toilets and bathrooms were clean and had hand towels, liquid soap and alcohol gel for people and staff to use. Bathrooms that had moving and handling equipment in were maintained so they remained safe and the equipment was clean. People's rooms were clean, tidy and well maintained. Meetings were held by the registered manager with housekeeping staff to talk about how to maintain standards. These meetings also gave staff the opportunity to raise any concerns.

Carpets were clean throughout the service and were in good condition with the exception of the lounge. There was a strong odour of urine in the lounge area and staff told us that they regularly cleaned the carpet but that it did not get rid of the smell. One comment from a quality assurance questionnaire from a family member was, "There has been a vast improvement on the layout of the home and it is now like living at home. The home has undergone a transformation. Only thing that would improve it more would be the carpets". We discussed this with the provider and the registered manager who both told us that they were planning to have a heavy duty lino fitted. The registered manager contacted CQC in January 2015 to confirm that the flooring had been replaced.

Requires Improvement

Is the service effective?

Our findings

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect the rights of people using services by ensuring that if there are any restrictions to their freedom and liberty, these have been agreed by the local authority as being required to protect the person from harm. A Supreme Court judgement in March 2014 made it clear that if a person lacking capacity to consent to arrangement for their care is subject to continuous supervision and control and is not free to leave the service, they are likely to be deprived of their liberty.

There was a risk that people's rights were not being protected by arranging for an assessment to be carried out which would test whether or not they were being deprived of their liberty and whether or not it was done so lawfully. The registered manager understood DoLS and told us that they were in the process of reassessing people with a view to completing DoLS applications. Five people at The Old Vicarage had been diagnosed as living with dementia. No DoLS assessments had been completed and no applications had been completed and sent to the local authority since the Supreme Court judgement.

The provider did not have suitable arrangements in place to obtain and act in accordance with people's consent. This was a breach of Regulation 18 of the Health and Social care Act 2008 (Regulated Activities) Regulations 2010.

Records did not contain accurate and up to date and appropriate information. Care and support plans were reviewed for their effectiveness and reflected people's changing needs. The registered manager told us that not all the care plan reviews were up to date and explained how staff were being supported to do this. We checked the plan for care plan reviews which showed that 17 care plans had been reviewed in October 2014. We looked at seven care plans which had been reviewed in September 2014 or October 2014. All the files we reviewed contained daily notes which were completed by staff on each shift. Two people had moved into The Old Vicarage a few days before our inspection. There were brief plans in place, including people's likes and dislikes, body maps and emergency contact details. Staff entries on care plans did not always promote people's dignity and show respect. One care plan, for a lady living at The Old Vicarage, contained a body map for a gentleman with another person's name which was crossed out. On another care plan tippex had been used where a mistake had been made.

The provider failed to maintain an accurate record in respect of each person's care. This was a breach of Regulation 20 (1)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Staff treated personal information with confidentiality. Records for staff and people living at The Old Vicarage were kept securely to maintain people's privacy. Staff located care plans promptly when they needed them to complete paperwork.

Staff we spoke with had an understanding of the Mental Capacity Act 2005 (MCA) and staff had completed training on MCA. People were able to make decisions about their everyday life. Meetings were arranged with the appropriate health professionals and people's representatives to make sure that people's best interests were taken into account and that their human rights were upheld when a decision needed to be made on their behalf.

Where people had made advanced decisions, such as Do Not Attempt to Resuscitate (DNAR), this was documented and kept at the front of people's care plans so that the person's wishes could be acted on.

Before people received any care or support staff asked for their consent and acted according to their wishes. People were asked about their day to day preferences – what to wear, what to eat, if they wanted to take part in an activity. Staff encouraged people to make their own decisions and respected people's choices. Staff told us that one person often chose not to sleep for 48 hours. They had arranged for a recliner chair to be supplied so that the person could relax in their room at night.

Staff told us that there was no strict time for breakfast and that they served it when people chose to eat. One staff member said, "We don't rush anyone. Some people like to lay in and that is never a problem". Fresh toast was made when people arrived in the dining room for breakfast. A choice of hot and cold drinks were offered to people throughout the day. The chef knew people well and told us how they spoke to each person every morning to offer them a choice of menu for lunch. The food was served by the chef, was well presented and looked and smelled appetising. People who had special dietary requirements,

Requires Improvement

Is the service effective?

like diabetes, vegetarians or soft diets were catered for. Where a soft diet was offered this was presented well so that the meal was identifiable. During our inspection one person did not like the lunch that was on offer and wanted an egg. Staff were positive and warm in their response and offered several choices of dish. The person chose an omelette and this was served to them at lunchtime.

Some people needed additional support at mealtimes. Staff were patient and sensitive when assisting people. People were not rushed. Small amounts of food were offered at a time. One person was asked if they wanted to cough to be made more comfortable and given sips of drink throughout the meal and chatted with the staff about their family who were due to visit. Staff asked people if they had enjoyed their food and checked whether they felt they had had enough to eat.

All staff completed an induction and a probationary period. This included training and shadowing experienced staff to get to know people and their routines. Staff were supported during the induction, monitored and assessed to check that they had attained the right skills and knowledge to be able to care for, support and meet people's needs.

The registered manager met with staff for one to one supervision to mentor and coach staff. The plan they kept showed when the next one to one meeting was due. Annual appraisals had not previously been carried out but there was a plan in place for them to be completed in December 2014 and January 2015. Staff had the opportunity to discuss personal development with the registered manager. Staff were encouraged to gain further qualifications in care and five staff were doing these additional courses. Staff told us that they felt supported and that the training was adequate. Training updates were provided in subjects, such as, moving and handling, first aid and fire awareness. Staff had completed training courses on dementia awareness to expand their knowledge of this condition.

The design and layout of the service was suitable for people's needs. Communal areas were a good size for people to comfortably take part in social, therapeutic, cultural and daily activities. There was adequate private and communal space for people to spend time with visiting friends and family. The Old Vicarage was in the process of being redecorated. When rooms became vacant there were to redecorate them. People's rooms were personalised with their own photos, pictures and ornaments. Some people had recently had their rooms redecorated and told us that they had been able to choose the colour scheme for the paint and furnishings. One comment from a quality assurance questionnaire from a family member was, "(My relative) became a resident in April 2013 and since then the premises have been improved considerably".

People maintained good physical and mental health because the service worked closely with health and social care professionals including: doctors, dentists and community nurses. People were supported by staff to attend appointments with their doctors, dentists and other health care professionals if the person agreed. The registered manager arranged for a dentist to visit The Old Vicarage to check people's teeth.

One person fell asleep with their head on a table three times in short succession. We discussed this with staff who then supported them to move to an armchair to be more comfortable. We reviewed this person's care plan which showed that this person had a number of health conditions, including diabetes, and took a number of medicines. The registered manager said that they had discussed this, and also recent weight loss, with a physiotherapist the previous day. The deputy manager told us that a community nurse checked blood glucose levels but that records of the results were never left at the service. Following our discussion the deputy manager immediately contacted to GP surgery for a blood sugar level review.

People were weighed on a consistent basis and staff contacted the relevant health professionals, such as dieticians, if they noticed any change in weight. Prompt action was taken and referrals were made in response to any changes in people's health needs, to make sure people had the care and support they needed.

Good

Is the service caring?

Our findings

People told us that they were happy living at The Old Vicarage and said that they were well cared for. A relative commented, "(My relative) is happy here and well looked after". One relative mentioned in a quality assurance questionnaire, "Almost without exception the staff are friendly, helpful and caring. We think they do a fantastic job in difficult circumstances and have endless patience".

There was a relaxed and friendly atmosphere at The Old Vicarage. The décor and furnishings created warm and comfortable surroundings. Some people were not able to express their thoughts and feelings and tell us about staff. We spent time observing how staff interacted with people and saw staff showing considerate attitudes towards people. Staff supporting people had a friendly approach. Staff were kind, compassionate and sensitive to people's needs. Staff chatted with people and talked with them about their friends and relatives. The management team and the staff we spoke with knew people well. Staff understood, respected and promoted people's privacy and dignity. Staff spoke with people face to face, making eye contact, in a sensitive and kind way. Some people communicated non-verbally and staff took time to ensure that what was being communicated, using body language and facial expressions, was understood. Interactions included playful social banter between people and staff. People were relaxed in the company of each other and staff. People told us that their privacy was respected. People were supported with their personal care in the privacy of their own bedrooms or bathrooms. Staff were discreet when they spoke with people to support them to use the bathroom.

People moved freely around the service and grounds and could choose whether to spend time in their room or in communal areas. Staff told us that visitors were able to come at any time. During our inspection there were a number of people who called in to see their friends / relatives. Staff were polite and spent time updating relatives. Responses from quality assurance questionnaires, completed by relatives, showed that privacy was always given to visitors when they needed it.

A member of staff showed us around the service. Some people were in their rooms and staff knocked and waited for an answer before entering the room. People had the option of having a key to their room and some had chosen to do this. Master keys were accessible to staff should they be needed in an emergency.

Some people did not have any relatives and were unable to make complex decisions themselves. The registered manager arranged for them to be supported by an Independent Mental Capacity Advocate (IMCA) so that people were involved in decisions about their care as much as possible. The registered manager had sought advice from, and was working with, health professionals to develop a 'This is me' care plan for people living with dementia at The Old Vicarage. People used 'This is me' to tell staff about their preferences, likes, dislikes and interests.

Care plans were easy to follow and were written with each person and / or their relatives. They were written in a personal manner and detailed and descriptive. Staff we spoke with knew people well. They were able to talk to us about people's life histories, daily routines and their preferences which helped them to give personalised care.

People's goals included details of what people could manage to do independently, what support was needed and considered what was in the best interest of each person. People were supported to maintain their independence and they were encouraged to do things for themselves. Staff told us that one person had wanted to go on an outing but needed support to do so. They had provided the support and the person had then decided that they didn't like being out and wanted to go home. Staff explained that they had reassured them, taken them back to The Old Vicarage and discussed alternative things to do.

Good

Is the service responsive?

Our findings

People and their relatives told us that an assessment of their needs was done when they were considering moving into The Old Vicarage. The care plans we reviewed showed that a pre-assessment was completed when a person was thinking about using the service. This was used so that the registered manager could check whether they could meet people's needs or not. Relatives told us that staff kept them up to date with any changes in their relative's health.

Each person had a detailed, descriptive care plan which had been written with them and their relatives. Care plans contained information that was important to the person, such as their likes and dislikes, their personal life history, how they communicated and any preferred routines. Plans included details about people's personal care needs, communication, mental health needs, health and mobility needs. Care plans were reviewed and changes to people's needs were noted to make sure that staff had up to date information about of people's needs.

A staff handover was completed at the beginning of each shift. The registered manager or deputy manager was involved in this as often as possible. There was a communications book which was used in conjunction with the handover. Staff we spoke with said that they made notes in the book during each shift and that this made sure staff were aware of any changes in people's health or support needs.

The provider was recruiting an activities co-ordinator. There were planned activities each day which people could choose to do. Staff were aware of the risks of social isolation and the importance of social contact and so encouraged people to be involved. Planned activities took into account people that were in bed. Staff told us how one person really enjoyed singing but was unable to go to the lounge so when there was a singer in The Old Vicarage they went to this person's room to sing with them. One person we spoke with told us that they were looking forward to the hairdresser coming later that day. A relative wrote on a quality assurance questionnaire, "The entertainment and activities are very good and (our relative) loves her music".

The registered manager said that staff made suggestions of new things to do and talked to people about their ideas. Staff told us that a weekly 'Reiki' session had been introduced and that people enjoyed it and it had had a positive impact.

Staff were responsive to people's needs throughout the inspection. When people asked for anything from staff they responded quickly. People did not have to wait. People were supported to maintain links with people that mattered to them. People were encouraged to continue with their interests when they moved into the service. Staff told us that one person had a love of butterflies and was supported to go to a weekly club. They said that some people enjoyed gardening and helped with dead-heading flowers, pruning and making hanging baskets and that others liked to be on hand to offer advice.

People maintained good physical and mental health because the service worked closely with health and social care professionals including: doctors, dentists and community nurses. People's different religious needs were met. Group meetings were held regularly for different faiths. Staff told us that the communion was offered by visiting clergy and that hymn singing meetings were well attended and enjoyed.

The registered manager told us that they valued feedback from quality assurance questionnaires, meetings and supervisions and also from conversations with people and their families, staff, care managers and health professionals. Responses from the questionnaires were positive. Meetings were held with people on a group and an individual basis to ask for their views on the day to day running of the service.

The provider had a policy in place which gave guidance on how to handle complaints. People and relatives we spoke with told us that they would raise any concerns with the registered manager or staff and felt that they would be listened to. A complaints booklet was given to people and their relatives when they moved to the service. The registered manager spoke with people each day and asked them if they were happy with such things as their care, food and activities.

Requires Improvement

Is the service well-led?

Our findings

There was a system in place to monitor the service people received. Regular quality checks were completed by the registered manager on key things, such as, care plans, fire safety equipment and medication to make sure that they were efficient and safe. Records were in good order but not all up to date. Where we identified shortfalls during our inspectionthe registered manager took action. None of the concerns we highlighted with care plans had been noticed by the registered manager during their audits.

A comment made on a quality assurance questionnaire from a relative said, "We have noticed a big improvement since (our relative) has been at The Old Vicarage. We think the manager has made a lot of improvements since she has been there". There were a number of thank you messages to the staff at The Old Vicarage. Comments included: "Thank you for caring for (our relative) with such love and kindness", "Thank you everyone who cared for (our relative). All the staff were kind and caring towards her" and "To all the carers, kitchen staff and cleaning staff who looked after (our relative) superbly through her troubled time at the home. We sincerely thank you".

Staff that had left The Old Vicarage had sent cards to the registered manager and staff to thank them for their time working there. Comments included: "After the long wait to complete the remaining months of my NVQ I finished ahead of time. I have finally received my management certificate. I am very grateful for you putting me through" and "Thank you all so much for all the help, training and support you gave me helping me become a carer".

There was a clear management structure for decision making and accountability which provided guidance for staff. The registered manager and deputy manager worked with the staff each day to keep an overview of the service.

There was an open culture and the registered manager told us, "If staff don't agree with something they suggest new ideas" and "Staff come to us with ideas". Staff we spoke with told us that the relationship between staff had improved since the manager had been appointed. One staff said, "The manager is very supportive and standards of care have improved" and another commented, "The manager leads by example". The service had a website which was kept up to date with vacancies, notices and what facilities were offered. It stated, "Our objective is to provide for the health and social needs of all our residents with professionalism, compassion and experience. We will care for them through understanding, respect and dignity".

Regular staff meetings highlighted any changes or concerns with people's care and support. Organisational changes, for example, policy changes, health and safety and training were discussed. Staff had the opportunity to comment on the day to day running of the service and suggest improvements.

The provider had a range of policies and procedures in place that gave staff guidance about how to carry out their role safely. Staff knew where to access the information they needed. When we asked for any information it was immediately available and records were stored securely to protect people's confidentiality. Accidents and incidents were appropriately recorded, formed part of the quality assurance process and were analysed by the registered manager to identify any patterns or trends and minimise risks to people.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010 Care and welfare of people who use services People were not protected against the risk of receiving unsafe or inappropriate care because staff did not have guidance to minimise risks. Regulation 9 (1)(b)(i).

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines People were not protected against the risks associated with the unsafe use of medicines because the time PRN medicine was given was not recorded. Regulation 13.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2010 Consent to care and treatment People's rights were not being protected because there were no assessments to test whether or not they were being deprived of their liberty and whether or not it was done so lawfully. Regulation 18.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010 Records People were not protected against the risk of receiving unsafe or inappropriate care because records were not all accurate, appropriate and up to date. Regulation 20 (1)(a).