

Mr William Dunnett Jackson

The Old Vicarage

Inspection report

Fig Tree House
Front Street, Churchill
Winscombe
BS25 5NG

Tel: 01934853211
Website: www.theoldvicarageresidentialhome.co.uk

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on the 28 & 29 November 2017 and was unannounced.

At our last inspection we found breaches of legal requirements. This was because the service was unsafe, there were unsafe staffing levels to meet people's needs, records were incomplete and unavailable. There were poor quality assurance systems in place. Notifications were not always being made when required and the provider was not accurately registered with us.

Following our last inspection we imposed a condition on the provider's registration. This was because people were at risk of receiving unsafe and inadequate care. Each month the provider had provided a report of the quality assurance systems in place including any action taken or planned.

At this inspection we found improvements had been made to ensure the service was safe, had sufficient staff, records were accessible and quality assurance systems were in place although some shortfalls found during this inspection had not been identified. Improvements were still required to submission of all notifications and the provider was not accurately registered with us.

The Old Vicarage is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The Old Vicarage accommodates up to 19 people in one building and is registered to provide accommodation for persons who require nursing or personal care. At the time of the inspection there were 17 people living at the home.

At the time of the inspection there was no registered manager in post. We had received an application and this was being processed. We will monitor this progress. 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 not always protected from the risk of cross contamination and infection control. Due to poor practices being followed relating to handling laundry, the use of personal protective equipment, lack of liquid hand soap and disposable hand towels.

The provider was not accurately registered with us to reflect the organisation responsible for operating the service. An application had been submitted and we are monitoring the outcome.

The home's quality assurance system was not always identifying shortfalls found during this inspection. This related to a missing incidents and accident forms and notification to CQC. People having no recorded air

mattress setting in place, poor practice relating to infection control, the infection control risk assessment not being up to date or being followed by staff. The home's quality assurance policy also required confirmation of all systems in place at the home and when they are undertaken.

People were supported by staff who had received training, supervision and an annual appraisal. Staff were able to demonstrate their knowledge and they knew people well.

People had care plans that were personalised and risk assessments identified risks and what actions had been taken to minimise the risks. Personal evacuation plans were in place and confirmed people's individual support needs.

Medicines were administered when required and safely. People were supported by staff who had checks undertaken prior to being employed at the service.

People felt supported by staff that were kind and caring. Staff demonstrated privacy by shutting people's door and knocking before entering.

People could have visitors and friend's at various times during the day. The home had activities that people could access if they wished and local schools would visit from time to time.

People felt able to complain and various compliments had been received by thankful relatives.

The management the home was accessible and approachable and staff felt well supported and the home made referrals when people's needs changed.

This service has been in Special Measures. Services that are in Special Measures are kept under review and inspected again within six months. We expect services to make significant improvements within this timeframe. During this inspection the service demonstrated to us that improvements have been made and is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is now out of Special Measures.

We found two breaches of Regulations in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

People could be at risk of cross contamination due to guidelines relating to handling laundry and hand washing not being followed.

The provider's risk assessment for infection control was not following best practice guidelines.

People felt safe and staff were able to identify abuse and what to do should they suspect abuse.

People were supported by sufficient staffing levels to meet their needs.

Risks to people were minimised because risk assessments were in place which detailed their individual risks.

Requires Improvement 

Is the service effective?

People were supported by staff who had received training, supervision and an appraisal.

People were given choice about their meals and had access to hot and cold drinks throughout the day.

People were supported to access health and social care professionals as and when their needs changed.

Good 

Is the service caring?

People felt staff were kind and caring and that they treated them with dignity and respect.

People were supported by staff who had received equality and diversity training. Not all care plans confirmed people's individual needs relating to their equality and diversity.

People were encouraged to receive visitors and the service was flexible with when they visited.

Good 

Is the service responsive?

Good 

People received responsive care and had access to health care professionals if required.

People had access to complaints policy and various compliments had been received about the care experienced.

People had detailed care plans that reflected people's individual care needs and end of life wishes.

Is the service well-led?

The provider was not registered with us correctly and at the time of the inspection there was no registered manager in post.

The home's quality assurance systems were not fully effective and had not identified some shortfalls found during the inspection. The home's policy did not reflect all the quality assurance systems undertaken in the home.

People were given opportunities to provide feedback although feedback received was minimal.

Staff were happy working at the home and that the management was approachable and accessible.

Requires Improvement 

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 the 28 & 29 November 2017 and was unannounced. It was carried out by two adult social care inspectors, a specialist nurse advisor and an expert by experience on the first day. On the second day there was two adult social care inspectors. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed information we kept about the service and previous inspection reports. This included notifications of incidents. A notification is information about important events which the service is required to send us by law. This enabled us to ensure we were addressing potential areas of concern. We reviewed the Provider Information Record (PIR). The PIR provides key information about the service, what the service does well and the improvements the provider plan to make.

During the inspection we used a range of methods to help us make our judgements. This included talking to people using the service and their relatives, interviewing staff, pathway tracking, SOFI, reading people's care plans, and other records kept about them), carrying out observations of care and reviewed other records including audits about how the service was managed.

We reviewed seven care plans, recording of medicines and seven staff personnel files. We spoke with ten people and two relatives and two professionals about their views of the service provided. We also spoke with the manager and director, three staff, one team leader, a senior carer, the chef and one house keeping staff.

Is the service safe?

Our findings

At our last inspection we found people were not fully protected from the risks associated with health and safety, sufficient staffing numbers and inadequate systems in place to keep people safe. At this inspection we found improvements had been made to health and safety and staffing levels although improvements were still required to infection control practices within the home.

At our last inspection we found people were not fully protected from risks associated with hygiene and infection control. This was because kitchen staff were handling contaminated clinical waste and placing people at risk of cross infection. We also found no liquid hand soap or paper towels were in place to ensure staff and visitors were able to wash their hands. People's bins were also not of a pedal bin type as recommended. Following the inspection the registered manager advised they would look into putting this right.

The staff practices did not follow the Department of Health's 'The Health and Social Care Act 2008. Code of practice on the prevention and control of infections' or similar practice guidance. On this inspection we found people, visitors and staff were at risk of infections due to lack of liquid hand soap and paper towels in people's rooms, poor handling of soiled and contaminated laundry and the provider's risk assessment not ensuring best practice was being followed. For example, the providers risk assessment - 'control of infection' was not ensuring best practice guidelines were being followed relating to effective hand washing and handling soiled and contaminated laundry. The risk assessment confirmed, 'Staff to use disposable red bags to carry soiled laundry through the home. Laundry is then sorted when in the laundry room'. This practice is not in line with the Department of Health's code of practice relating to the handling of soiled and contaminated laundry. Which states that any segregation required prior to washing should be carried out before transport to the laundry area, avoiding the need for additional handling within the laundry. This meant by staff emptying dirty and soiled laundry within the laundry room there was an increased risk of infections.

The provider's risk assessment had failed to identify the risks to administration staff relating to cross infection because all laundry was transported through the main administration office into the laundry room. There was no other access for staff to use which meant staff working in this area could be at risk of infections due to the lack of clear guidelines for them to follow.

The provider's risk assessment also confirmed, 'Liquid hand wash, white handtowels and laundry bins are provided in resident's en-suites for visitors to use'. Disposable hand towels should be in place for visitors and staff to use not handtowels which present a risk of cross infection. This meant the provider's risk assessment is not in line with the Department of Health's 'The Health and Social Care Act 2008. Code of practice on the prevention and control of infections' or similar practice guidance because visitors and staff had no access to disposable hand towels when washing their hands in people's rooms.

The provider's risk assessment confirmed, 'Staff are instructed not to wear disposable gloves or aprons whilst walking around the home to reduce the possibility of cross contamination'. During the inspection we

observed some staff wore gloves whilst handling laundry and others did not. This meant staff were not following the provider's risk assessment. The Department of Health's code of practice states 'Gloves should be discarded after each care activity for which they were worn and before contact with other items such as door handles, as this will prevent the transmission of micro-organisms to others sites' within the home. This had not been followed on this occasion.

We also found that laundry was not being stored safely as soiled and contaminated laundry was bagged up and left on the floor within the laundry area. All laundry should be stored safely and as required by the department of health's guidelines to prevent the risk of infection.

We also observed the general assistant emptying people's bins and then continue to work in the kitchen area. The provider's risk assessment confirmed, 'The removal of clinical waste from the building to the clinical waste storage bin is the final task of the general assistant undertakes to reduce the possibility of cross contamination into the kitchen'. We observed the general assistant emptying people's pedal bins which contained used PPE for example gloves. Following emptying those bins they continued to then work in the kitchen area supporting with meals. This meant people could be at risk of cross contamination and infections due to failure to follow best practice guidelines and ensure that the providers risk assessment was accurate and being followed.

This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service was clean and people were happy with the cleanliness of their room. One person told us, "Cleaned everyday". Staff had received infection control training but they were not following the best practice guidelines which placed people at risk of infection and cross contamination.

At our last inspection we were made aware of an incident following which a person using the service sustained a serious injury from a storage heater. This incident is subject to a criminal investigation and as a result this inspection did not examine the circumstances of the incident.

At our last inspection we found concerns relating to the safety of the service. This was because storage heaters were not covered, hot water temperatures were above the recommended temperature guidelines, and windows had no opening restrictors. Following the inspection we imposed a condition on the provider's registration where we required a monthly report of actions taken to ensure the service was safe. At this inspection we found action had been taken to address these shortfalls.

For example, all storage heaters had been covered to reduce the risk of burns and these risks were also recorded in people's individual risk assessments. Water temperatures were checked weekly. Records confirmed this. Where records confirmed water temperatures had been above, The Health and Safety Executive (HSE) guidelines the director confirmed what action had been taken. During the inspection we found water temperatures to be within the recommended guidelines.

At the last inspection we found windows had no restrictors fitted to prevent the risk of people falling. At this inspection we found windows had restrictors fitted and risk assessments had been undertaken to minimise risks to people.

At the last inspection we found insufficient staffing in place to meet people's needs safely. At this inspection improvements had been made. For example, the manager and director confirmed there were two waking staff working at night. In the day there would be a minimum of two care staff, a team leader and a manager.

There was also a combination of cleaning and kitchen staff. People we spoke with were happy with the support from staff although they felt continuity could be improved. They told us, "It is usually the same staff but few different faces recently". Another person said, "We do get different ones on. I like familiar faces". Another person said, "I get a different person every day, staff come and go all the time". At the time of the inspection the home was using agency care staff. Rotas confirmed the minimum staffing level was provided by the service. The service had a dependency tool that confirmed what support people required including how many staff were required in the day and at night. During the inspection we heard call bells answered quickly and people received support and assistance when required. One health care professional that we spoke with felt staff were attentive and were sympathetic to people's needs as and when required.

At our last inspection we found people were not fully protected from other risks. This was because air mattresses were not set in line with people's individual weights and they were not being checked. At this inspection the manager confirmed no one was receiving support in relation to pressure ulcers. The manager confirmed that people's air mattresses were set by the district nurses. Five people at the home were sleeping on air mattresses and these were set to comfort setting, however there was no support plan relating to what setting people's mattresses should be set to. This meant although people had their air mattresses checked daily it was unclear what staff were checking their mattress setting against to provide effective support for people. We fed this back to the manager who confirmed they would liaise with the district nursing team and would update people's support plans with what their mattress should be set to.

At our last inspection we found there were no risk assessments for people at risk of choking. At this inspection we found risks to people were identified and minimised. For example, where one person was at risk of choking they had a detailed risk assessment that confirmed what support they required and how they should have their meals prepared.

At our last inspection we found concerns relating to the safety of the building including fire risks. At this inspection we found improvements had been made. Prior to the inspection we contacted the fire service. They confirmed the home had actioned outstanding concerns relating to ensuring doors were fire safe. During the inspection we observed fire extinguishers placed throughout the home. There was a plan of the building and a fire risk assessment and evacuation plan. People had personal evacuation plans (PEEPS) in place that confirmed the support and assistance they required in an emergency situation. On the second day of the inspection we observed staff receiving fire evacuation training. The home had a 'grab file' for use in the event of an emergency. This contained emergency contact numbers, people's mobility needs, next of kin information and staff contact details. The home also had a business continuity plan in the event of evacuation. This ensured people could be moved safely from the building in an emergency situation.

At our last inspection we recommended that the registered provider ensure that the management of medicines was in line with current guidance. This was due to staff not checking one person's pulse prior to having their medicines administered. At this inspection we found people received their medicines safely from staff who had received specific training to safely carry out this task. People received medicines when required and records were current and up to date.

People were supported by staff who had recruitment checks undertaken prior to starting their employment. Staff files contained an application form, interview notes, references and terms and conditions of employment. Records showed that a range of checks had been carried out on staff to determine their suitability for work. This included undertaking a Disclosure and Barring Service (DBS) check. The DBS helps employers to make safer recruitment decisions by providing information about a person's criminal background and whether they were barred from working with vulnerable adults. This ensured people remained safe at the service.

People felt safe. They told us, "I feel safe and looked after very well". Another person told us, "Everything is great here". Another person said, "I like it here - makes me feel safe". One relative told us, ' We know they are well looked after here". People wore a alarm pendent around their neck and felt able to call for help if needed. One person told us, "I wear it every day, I have never used it but makes me feel safe having it".

Staff were knowledgeable about safeguarding people and had completed safeguarding adults training. They were able to confirm the different types of abuse how to report it. One staff said, "I didn't realise how many different kinds of abuse there was and I wouldn't hesitate reporting it to [name of manager]."

Is the service effective?

Our findings

People received care from staff who were well trained and competent. The provider's training matrix confirmed staff had received training in safeguarding adults, infection control, first aid and Deprivation of Liberty Safeguards (DoLS). The senior manager told us that they were keen to develop staff with the local college.

Staff undertook an induction when they started working at the service to make sure they were able to safely and effectively support people. Inductions were aligned with the Care Certificate. The Care Certificate is a modular induction which introduces new starters to a set of minimum working standards. All the staff files we looked at confirmed staff had received an induction when they began working at the service. The induction took new staff members through systems, procedures and how to support people in the home.

People were supported by a staff team who were well supported which enabled them to provide a good standard of care to people. Staff received supervision's and appraisals in line with the providers' policy. Supervision's and appraisals provided an opportunity for the manager to meet with staff, feedback on their performance, identify any concerns, offer support, assurances and learning opportunities to help them develop. Staff said they felt supported, and the managers had an open door policy and they could raise any concerns straight away. During our inspection, we observed staff regularly going into the manager's office for an informal chat.

People received care and support with their consent. Staff asked people if they required help and support before they provided people with their care.

Where people lacked the mental capacity to fully consent to their care, the provider had followed the principles of the Mental Capacity Act 2005 (MCA). The MCA provides the legal framework to assess people's capacity to make certain decisions, when required. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. Two people staying at the home were subject to a Deprivation of Liberty Safeguards at the time of our inspection. A DoLS is when a person is deprived of their liberty because they are unsafe without it. There were systems in place to record expiry dates and any conditions attached to the DoLS authorisations.

The service had a well-documented process for capacity assessments. This showed what area of capacity was being assessed, and how the outcome was established. When a best interest decision was needed, these were decision specific. A 'best interest decision' is when relevant persons make decisions about the care and treatment for an individual, who has been assessed as lacking capacity to make the decision for themselves.

The documentation showed how the person and other relevant people had been involved in the decision making process, other options that had been considered and why the outcome was the least restrictive. However, we found one care plan without any capacity assessments despite it containing paperwork stating the person lacked capacity. The manager confirmed the person at the time of admission into the home was unwell and was presenting as having no capacity. Their care plan had no record if they now had capacity or not. The manager confirmed they would review their care plan.

People had food and fluid charts in place when concerns were raised regarding their daily intake. This confirmed people's optimum intake and total for that day. One person's records had conflicting information recorded relating to their daily fluid intake. For example, on four different records we found differing optimum intake amounts recorded. These fluctuated from, "2000ml, 2100mls, 1000mls and 200mls" however there was no clear record as to why. We fed this back to the manager for them to check the person's required daily intake.

People had mixed views about the quality of the food. They told us, "Food is fine I get enough I am not a big eater". Other comments from people included, "Food is nice you get good amounts," "Always plenty of good food" and "excellent". Other comments included "The food isn't always fresh and the pastry is inedible." We observed one person during lunch say 'I prefer mash' when they had chips. The carer responded saying there was mash potato on their pie. Another person had asked for boiled potato when their plate had mash potato. We fed this back to the manager and director so they could improve the meal time experience for people.

Kitchen staff confirmed that all people were given the menu choices the day before and they could choose from various options depending in their individual needs and preferences. Lunch was served in various areas throughout the home. For example, people could eat in the dining room, conservatory, sitting room, lounge or in their own rooms. People's individual dietary requirements were catered for. For example, the kitchen staff confirmed they would support people who were diabetic, celiac, gluten free or required their food modifying. During the inspection one person was requiring their food modifying. Staff were able to confirm their specific dietary requirements. We observed staff being unable to get the texture quite right. Kitchen staff confirmed it was at times difficult to get all food items on the menu through a sieve. The person also confirmed at times they had been required to send the food back as they felt it was too lumpy. During lunch time we observed this happening. We fed this back to the manager and director as there are a range of options available for people who require their diet modifying that could increase the meal options available to this person.

People had access to food and drink throughout the day. People had water in jugs in their room and people felt there was plenty of opportunities for hot drinks in between meals. One person told us, "Oh yes there is plenty of drinks available. It is very good".

People's health was monitored and referrals were made when required to a range of specialist health care professionals to make sure they received the treatment needed. For example, dieticians, speech and language therapists, GPs, tissue viability nurses, music therapists, chiropodists and dentists. The manager told us one local GP had been carrying out fortnightly visits to the home. On the second day of the inspection we observed people benefited from signing with a music therapist. They told us how the manager was discussing new referrals to them for people who could benefit from this type of service. Records confirmed these visits and care plans were updated including any outcomes if required.

Is the service caring?

Our findings

People and relatives spoke positively about the care they received from staff. People told us, "The staff work hard and are kind". Another person said, "Staff do everything for me. They help me wash and dress every day, they are all lovely we have a good rapport". Another person told us, "All friendly staff, they are happy". One relative told us, "A lovely home feeling the staff are so friendly and welcoming they always offer me a cup of tea".

People felt treated with kindness and compassion. One person told us, "I am very grateful for being looked after. I am very well cared for". We observed positive interactions with people. For example, people were asked, "How are you feeling today, you look better than yesterday". This seemed to cheer the person up. We also observed staff support people. For example, when one person was struggling to drink their tea. The staff member offered to swap their cup which the person seemed very grateful for.

Staff had received training in equality and diversity to make sure they were able to support people in a way that reflected their individual values and life style choices. The manager confirmed they were in the process of introducing a 'This is me document'. This would give staff important information relating to the person's individual needs. Two people's, 'This is me document' confirmed important information relating to the person's life. For example, where they were born, their religious beliefs, if they liked to celebrate Christmas and Easter as well as if they liked to pray.

People were able to follow their religious and spiritual beliefs which were recorded in people's care plans. People's care plans had a section that could record people's individual sexuality and if the person had any individual impairments relating to their hearing and/or sight. This meant the service sought to respect people's individual characteristics and ensure people were protected to receiving care that respected them as individuals. This part of the care plan had recently been introduced. The manager confirmed staff were about to have training to enable them to be competent at completing this section of the care plan with people

People felt well supported and treated with dignity and respect. One person told us, "When I have a bath I am well looked after". Another person told us, "They have great kindness and dignity when washing me". They also confirmed that staff spoke to them throughout the time they were supporting them. They told us, "Yes all the time they are talking to me". Another person told us, "My legs are creamed twice a day they couldn't be kinder, they show me respect 100%". During the inspection we observed one interaction where the staff member provided little reassurance and verbal positive communication to the person whilst they transferred from their wheelchair. We fed this back to the manager so they were aware of what we had observed.

People were encouraged to maintain relationships that were important to them. During the inspection we observed people having visitors throughout the day. The manager confirmed people could have visitors at any time and that they felt it was beneficial for people. They confirmed although they liked people to experience a protected meal time they were flexible as they also recognised that this could be beneficial and

a positive experience for people to eat with their visitors.

People were able to spend time in communal areas or in the privacy of their own room. We observed people doing this throughout the inspection. People could sit in the dining area, lounge, sitting area or conservatory. During the inspection we observed staff knocking on people's doors and closing them if privacy was required.

People were encouraged to maintain their independence. One person we spoke with felt the home respected her wishes to maintain their independence. They told us, "If I need help it is always there. I like to be independent".

Relatives felt up to date and well informed. They told us "They always offer me information. Like what kind of night (Name of person) have had".

Is the service responsive?

Our findings

People had a care plan that confirmed their needs and how these should be met. Care plans had minimal information relating to what support the person required with their diabetes care and Parkinson's. This is important as it gives staff clear guidelines on how to support the person with their individual care needs. Care plans were reviewed and updated whenever the needs of the person changed. Daily records showed people's needs were being met. People were involved in their care planning and relatives and other professionals were involved if required or when requested by the person. Staff spoke confidently about people's needs and knew people well.

We found the wording in care plans was not always respectful to people. For example, we found where people required support with their personal care their care plan had recorded, 'Strip wash'. The director and manager confirmed that they were in the process of changing all care plans over to an electronic system. This they felt would be an opportunity to review the wording of some care plans.

Risks assessments were reviewed monthly or when required and appropriate actions taken to address changes that were identified. Risk assessments had been completed in areas such as skin integrity, mobility, nutrition, financial management and maintaining body temperature. We found one person required their risk assessment updating where they had a sensor mat in place to alert staff should they get out of bed. The manager confirmed they would address this.

The home had a complaints policy displayed in the home and in people's care file in their room. Nine complaints had been received in the last 11 months. All complaints had been fully investigated and responded to. Records clearly identified what had happened in response to these complaints. The home had also received many thank you letters and cards. Comments included, '[Name of person] is very settled here thank you for making her feel welcome.' Another example was, "Thank you for making [name] last years of their life so wonderful".

People were able to take part in a range of activities in the home. Within the conservatory area there were books, DVD's and board games. There was an activity timetable. This confirmed what activities were on offer. These included movie afternoons, chair exercise and board games. People knew the home had an activities timetable. They told us, "I have been asked to go". Two people told us of their love for music. We observed people listening to music and signing during the inspection with the visiting music therapist. People watched TV and listened to different radio stations of their choice. The home also undertook days out. The manager confirmed this was something they were keen to encourage.

People's care plans confirmed what their preference and choices were for their end of life care. For example, where they wished to have treatment and if they were happy being taken to hospital. The service had identified and taken action when people could require support with medicines. This had been arranged so that it was available should it be required. The manager confirmed one person's wishes relating to their loved one and how important this was to them in planning for the future. No one at the time of the inspection was receiving end of life care.

Is the service well-led?

Our findings

At our last inspection we found that the home was not accurately registered with us. We also found a number of quality assurance systems were not in place and records were not always up to date or accessible. We had not received all notifications as required. Following the inspection we imposed a condition on the provider's registration that each month they needed to send us their monitoring of the service and any action taken. At this inspection we found improvements had been made to records and the provider and manager were undertaking audits although these had failed to identify some shortfalls found during the inspection including the failure to make sure all notifications were sent to us.

Following our last inspection the provider had sent us an application to change the provider's registration details. This was because The Old Vicarage was registered with CQC to be run by Mr William Dunnett Jackson when it was Old Vicarage (Churchill Ltd) that was responsible for the management of the service. Although an application had been received the provider was not at the time of this inspection correctly registered with the Commission. We are reviewing this application to ensure action is taken.

At our last inspection we had not received all notifications as required by law. At this inspection we found some improvements had been made although during the inspection we identified one notification which had not been made when one person had sustained a serious injury from a fall. This incident had not been identified on the home's quality assurance system as occurring. We raised this with the director and manager who following the inspection made the notification retrospectively. Other notifications had been made when required.

At this inspection we found improvements had been made to a number of quality assurance systems although some shortfalls found during the inspection had not been identified through the home's quality assurance system. Action had been taken to ensure audits were in place for monitoring incidents and accidents including falls and call bell response times. Although the providers monitoring of the incidents and accidents had failed to identify where one incident had no accident log completed or notification to CQC.

The provider's infection control audit had failed to identify shortfalls found during the inspection. For example, not all people's rooms had liquid hand soap and disposable hand towels in place and the laundry room had no facilities to keep red soiled disposable bags up off the floor. However it had identified where there was poor infection control practice undertaken by staff and what action had been taken.

The provider was undertaking daily audits relating to administering and recording of medicines, hourly checks, food and fluid charts, cleaning, security and air mattresses. Audits were also in place for monitoring health and safety. We identified during the inspection although daily checks were undertaken on people's air mattress there was no record of the specific comfort setting that staff were checking the mattress against each day. The audit had not identified this shortfall. We fed this back to the manager and the director for them to action this.

The home had a quality assurance policy that confirmed the annual quality monitoring and the monthly internal system. However this policy had no details of how often audits would be undertaken for medicines, infection control, care plans, records and other weekly and daily monitoring in place. The director confirmed audits were agreed in the senior manager's business meetings. Records confirmed these conversations. This meant the provider's policy required reviewing and updating so that it reflected all the home's internal quality monitoring and made sure on-going improvements were made in the standards of care provided to people.

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

At the last inspection the records were not organised or up to date and accessible during the inspection. At this inspection we found improvements had been made and although audits and action plans were kept in various different files the manager and director were able to locate them and provide us with copies.

The manager was supported by a director. They visited the home frequently to oversee the quality assurance of the home and ensure the home was complying with the conditions of their registration. The manager at the time of the inspection had applied to become registered with us. We are monitoring this application. They were positive in their approach and spoke about people in an inclusive respectful manner.

The provider's statement of purpose confirmed the aims and objectives of the service. This was, 'To provide the highest standard of care in a homely environment, assisting our service users to live with dignity while providing the necessary support to enable them to lead a full and active life, and to give our service users the fundamental right to self-determination and individuality. The manager confirmed, it is the 'Residents home. Staff ethos of person centred care that is personalised to that resident. That they have the choice'.

The manager and the director of the home had a good knowledge of people and their individual needs. We observed them spending time talking to staff and people throughout our inspection. People and staff were relaxed and spoke positively about the culture of the home and the management having an, 'Open door policy'. One member of staff told us, "It is a warm and friendly atmosphere, everyone is nice we are a team, all one big team. I feel valued and appreciated really happy working here". When asked about the management support they told us, "Very approachable. No problems about talking to (Manager)".

The manager confirmed the home was improving the links with the local community. For example, the local Brownies and schools were due to visit in December to sing Christmas carols. They had also renewed the links with the local church across the road where people could go and have lunch. This they felt was important to people's social well-being.

People living at the home were able to complete satisfaction surveys, which enabled them to share their views about the home; a small number of people completed the last survey in 2016. The manager informed us that questionnaires were about to be sent out to people and their relatives. The manager was in the process of reviewing how the service could ensure it received maximum participation and feedback of the service it provided.

Records showed staff meetings were held and detailed minutes were completed so everyone could see who had been present, what had been discussed and what actions agreed. The manager told us about the homes' residents meetings that gave people the opportunity to contribute and feel involved with the running of the home. These meetings allowed people to discuss topics and ideas as well as any items of

concern or improvements.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>People could be at risk of cross contamination and infections due to failure to follow best practice guidelines and ensure that the providers risk assessment was accurate and being followed.</p>

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider's quality assurance system had not identified all shortfalls found during this inspection relating to infection control, air mattresses and the provider's policy relating to their auditing system.</p>

The enforcement action we took:

Notice of decision already in place from previous inspection. Condition of registration remains.