

## Vicarage Residential Care Home Ltd

# The Old Vicarage

### Inspection report

Vicarage Lane  
Tilmanstone  
Deal  
Kent  
CT14 0JG

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16 December 2021

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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 and nursing care to 24 people aged 65 and over, some of whom were living with dementia, at the time of the inspection. The service can support up to 39 people.

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

People told us they felt safe and that staff were kind. People were protected from the risks of abuse, harm and discrimination. Risks to people's health were assessed and managed. Staff had guidance about how to reduce risks to people. The service was clean, and staff wore personal protective equipment, such as face masks and gloves, in line with guidance. People and staff were tested regularly for Covid-19 in line with Government guidance.

People were supported by staff who had been safely recruited. There were enough staff to meet people's needs and people were not rushed. There was a relaxed and calm atmosphere in the service. People and relatives spoke positively about the staff and the quality of service. A relative told us, "As soon as we walked into The Old Vicarage it was really clear how caring the staff were. They were chatting to people and it was a very relaxed and warm feeling home. Everyone seemed to be involved."

People were supported to have their medicines safely and as prescribed. The registered manager monitored any accidents and incidents and, when needed, referred people to health care professionals in a timely way.

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 were treated with kindness and compassion. People and their relatives knew how to complain and had no complaints about the service. They felt confident to raise any concerns with the registered manager and felt they were listened to. A relative said, "The communication is really good, first class."

People's communication needs were recorded and understood by the staff. Information was available in different formats to help people understand and / or make choices and decisions.

People were supported to stay busy and active. There were planned and impromptu activities and people helped with things, such as baking and folding laundry. Visiting clergy provided religious services and local schools had sung to people from outside.

People and relatives felt the service was well-led. The registered manager promoted an open and inclusive culture. They were supported by a deputy and team leaders who worked as a cohesive team.

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

This service was registered with us on 11 November 2020 and this is the first inspection.

The last rating for the service under the previous provider was Good, published on 19 June 2019.

#### Why we inspected

This was a planned inspection based on our inspection programme.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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 Care Act 2014.

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.

#### Service and service type

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

The service had a manager registered with CQC. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since it registered with CQC. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

#### During the inspection

We spoke with four people who used the service about their experience of the care provided. We spoke with eight staff, including the cook and the registered manager.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We spoke with three people's relatives about the care and support their loved ones received. We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

# 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 for this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risks of abuse, harm and discrimination by staff who recognised the signs of abuse. Staff completed regular training about keeping people safe and understood how to keep people as safe as possible.
- Staff told us they would raise any concerns with the registered manager and felt confident the right action would be taken.
- Staff understood the whistle blowing process and knew how to report any concerns. They were aware they could also contact the local authority safeguarding team or the Care Quality Commission.
- People told us they felt safe living at The Old Vicarage. Relatives commented, "[My loved one] is definitely safe living there. She couldn't be safer" and, "I do feel [my loved one] is safe. The important thing is they tell me what is happening."

Assessing risk, safety monitoring and management

- Risks to people's health, safety and welfare were assessed, monitored, managed and regularly reviewed.
- When people were at risk of choking, risk assessments gave staff detailed guidance about how to support the person. For example, the size food needed to be cut into and making sure the person was sat upright. There was also guidance about what to do if the person began to choke.
- When people used prescribed creams to keep their skin healthy, there were risk assessments in place about their use. For example, some creams, which are paraffin based, may pose a fire risk. There was guidance for staff to ensure these were safely stored. During the inspection we found people's creams stored safely.
- Risks within the environment had been assessed. Checks were completed on equipment used by people. Other checks, such as gas safety, electrical items and fire equipment, were completed. Each person had a personal emergency evacuation plan to make sure people could be safely supported in the case of an emergency.

Staffing and recruitment

- People were supported by staff who had been recruited safely. Disclosure and Barring Service criminal record checks were completed to make sure new staff were safe to work with people. Two references, including one from the most recent employer, were obtained to make sure the applicant was of good character.
- People were supported by enough staff. Staff told us there were enough staff to meet people's needs. During the inspection, staff were not rushed and spent time sitting with people and chatting.
- The registered manager used an agency to provide additional support when needed. Agency staff

completed an induction before they began working with people. The agency staff worked at the service regularly and had got to know people well.

- Staff had been vaccinated against Covid-19 in line with Government guidance. Regular Covid-19 tests were completed to reduce risk of transmission.

#### Using medicines safely

- People received their medicines safely and as prescribed. Medicines were stored, managed and disposed of safely. Each person had a medicines administration record with their photograph on. Records had been completed correctly. Some people were prescribed medicine on an 'as and when' basis, such as pain relief/ There were protocols in place about when to give the medicine and how often.
- Staff wore a tabard, to indicate they were not to be interrupted by other staff, when administering people's medicines. When people were given their medicine, staff explained what they were having and what it was for. Staff watched people take their medicine before signing the medicines record.
- Some medicines have specific storage and administration requirements. Staff monitored the temperature in the medicines room and in the medicines' fridge to make sure the medicines were stored at the correct temperature to remain effective.

#### 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 meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- 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.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

#### Learning lessons when things go wrong

- Incidents and accidents were recorded. These were analysed to identify any patterns. Action was taken to reduce the risks of accidents happening again. For example, when a person had a fall, a monitoring chart was implemented. A referral was made to the person's doctor or the falls team if they had further falls.



# 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 for this newly registered service. 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; Staff working with other agencies to provide consistent, effective, timely care

- People's physical, mental health, social and emotional needs were assessed before they moved to the service. This made sure staff were able to meet their needs and support them in the way they preferred.
- People were given the opportunity to discuss their lifestyle choices, including sexuality, religion and disability to make sure they could continue to live their lives as they chose.
- People and their relatives were involved with the planning and reviewing of their care and support.
- People's health care needs were assessed using recognised, evidence-based tools, such as Malnutrition Universal Screening Tools to check if a person was at risk of malnutrition. People were referred to health care professionals when needed.
- The registered manager and staff worked closely with people, their relatives and health care professionals to ensure transitions between services were as smooth as possible.

Staff support: induction, training, skills and experience

- New staff, and agency staff, completed an induction before they began working with people. New staff who had not previously worked in care completed the Care Certificate; an identified set of standards social care workers adhere to in their daily working life.
- People were supported by staff who were skilled, knowledgeable and who kept up to date with best practice by completing training in topics, such as moving people safely, fire safety, dementia and continence care. Training was monitored to make sure staff refreshed their knowledge regularly. A relative said, "The staff really know what they are doing. They know mum well and know her specific needs. I can't speak highly enough of them."
- Staff met with the registered manager for one to one supervision. This was an opportunity for staff to discuss their performance and development. Staff were able to achieve additional vocational qualifications in health and social care.

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

- People were supported to eat healthily and drink plenty. One person told us, "I have just had a cooked breakfast and it was wonderful."
- People were offered a choice of healthy, well-balanced, home-cooked meals and snacks throughout the day.
- People's nutritional health was assessed. The cook told us, "Some people have special dietary needs, like diabetes and Celiac disease. Nobody misses out because I make special cakes and puddings for them too."

- When people needed support with their eating or drinking, this was done discreetly.
- People were asked for feedback about their meals and any suggestions were listened to. For example, a person had requested sardines on toast for tea and this had been provided.

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

- People were involved in decisions about their home environment. Some people had chosen the paint colours in their rooms and others were in the process of doing so. People's rooms were personalised with their own photos, pictures and ornaments to make them feel homely.
- There was clear pictorial signage around the service which helped people locate important places, such as the toilet. This supported people living with dementia who may not always remember their way around.
- Communal areas, such as lounges and the conservatory, were spacious and well-lit. People chose where they would like to spend their time.
- People had plenty of outdoor space to enjoy in the good weather.

#### Supporting people to live healthier lives, access healthcare services and support

- People were supported to stay as healthy as possible. Staff monitored people's health and contacted health care professionals when needed. Relatives told us, "The staff are very good. I know they keep a close eye on [my loved one] because of their health condition" and, "[Staff] act quickly if they notice something isn't quite right and they always let me know what is going on."
- People had access to health care professionals, such as dentists, chiropodists and opticians. People's oral health was assessed and included in people's care plans. Records of oral care included the level of support people needed and whether they wore dentures.
- Staff worked with health care professionals, such as speech and language therapists and GPs, to support people to stay healthy.

#### 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 Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People's capacity to make specific decisions was assessed. When people were unable to make decisions for themselves, the registered manager met with relatives and health care professionals to make a decision in the person's best interest.
- The registered manager and staff understood their responsibilities under the MCA. Regular training about MCA and DoLS was completed to make sure staff remained up to date with guidance.
- Staff gained people's consent and used pictorial aids to do so when needed.

# 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 for this newly registered service. 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 kindness, dignity and respect. People and their relatives spoke positively about the registered manager and staff. One person told us, "The staff are all lovely, wonderful."
- Relatives told us, "[My loved one] is treated with utter respect by the staff. They are brilliant. They are kind, caring, patient and will give [my loved one] a hug when she needs one. Whenever you go there, the staff are always happy. The atmosphere is always lovely" and, "I think the staff do a cracking job. They know all the people."
- Staff knew people, their backgrounds and their preferred routines well. The registered manager and staff spoke fondly of people.
- Staff completed training about equality, diversity and inclusion and about how to support people in a positive way. Part of the services philosophy of care was 'Carers will strive to preserve and maintain the dignity, individuality and privacy of all residents within a warm and caring atmosphere'. The registered manager and deputy manager monitored staff to make sure equality and diversity were embedded throughout the service.

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

- People and their relatives were involved in the planning and reviewing of their care and support.
- A relative told us, "I am more than happy with [my loved one's] care and I am involved in it all the way, which is very important to me as I can't see her the way I used to."
- The registered manager and staff knew people well and understood when people may need some additional support to make decisions about their care. They made sure people had access to the information they needed, for example, information about local advocacy services. An advocate supports people to express their needs and wishes and helps them weigh up available options and make decisions.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect and their independence was promoted. A relative told us, "[My loved one] is treated with dignity. I visit weekly. [My loved one] is always clean and presentable. I can see she is well looked after. They are very quick to act if she is poorly, even if it is just a cough."
- Some people were living with dementia and did not always have an understanding of time. Staff supported people respecting their choices. For example, when people decided to get up in the middle of the night, staff settled them comfortably in the lounge and made them a cup of tea.
- The registered manager said, "Part of ethos and vision at The Old Vicarage is about keeping as much independence for as long as possible and really valuing people." The registered manager discussed 'dignity' during staff meetings to remind them of the importance of this in all aspects of care and support.

# 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 for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

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

- People received care and support that was tailored to and responsive to their individual needs. People's care plans were detailed and regularly reviewed to make sure they were kept up to date.
- People and their relatives were involved in planning their care. Care plans were treated as 'living documents' that expanded and grew as staff learned more about people.
- Some people had essential care givers visit them regularly. Essential care givers often offer companionship or support people with their care needs. Individual essential care giver care plans were in place. These included an agreement regarding testing for Covid-19, wearing personal protective equipment and the level of support to be provided.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People were given information in a format that suited them best. This included easy to read complaints processes, larger print and pictorial information.
- Easy to read information with pictures were displayed on notice boards about Covid-19 and personal protective equipment.
- Photographs of each member of staff were on display. This helped people and visitors identify staff and their role in the service.
- Staff knew how people communicated and whether people had hearing or sight impairments.

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 that were important to them. Visiting arrangements were made in line with Government guidance. A relative told us, "They let us know as soon as there are any changes in guidance, like for the visiting. They are so good at letting us know."
- People were supported to keep busy, some of them helping staff with daily chores, such as folding laundry. A relative said, "[My loved one] is motivated by helping other people". Visits from outside entertainers had been reduced during the Covid-19 pandemic to one 'music for health' session each month. Staff encouraged people to do regular armchair exercises. People enjoyed other activities, such as baking and making flower table decorations. Visiting choirs had sung to people from outside.
- The registered manager had developed strong links with the local community, such as the local church

and school. Visiting clergy provided communion and 'songs of praise' sessions.

- During the inspection, people and staff were enjoying a Christmas party together. There was singing, dancing and laughter throughout the afternoon. The cook had prepared festive food and made a large Christmas cake.

#### Improving care quality in response to complaints or concerns

- People told us they knew how to complain and said they did not have any complaints. One person told us, "If I was not happy about something I would go straight to [the registered manager]." A relative told us, "If I have any concerns I will talk to [the registered manager]. They are spot on. They run the home well."
- There was a complaints process. This was included in people's welcome packs when they began living at the service. The registered manager recorded and monitored complaints and had investigated and responded in line with the complaints policy.
- Compliments received were recorded and shared with staff. The registered manager and staff had received many letters and cards of thanks. One letter noted, 'Thank you from the bottom of our hearts for the love and care you showed towards Mum. Never for one moment did we have any doubts that she was safe and well cared for which was a comfort to us.'

#### End of life care and support

- People were asked about their end of life wishes and, when they were happy to discuss them, these were recorded to make sure people's wishes would be respected.
- Staff completed training about supporting people and providing compassionate care at the end of their life.
- At the time of the inspection there was no-one being supported with palliative care.

# 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 for this newly registered service. 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

- People and their relatives felt the service was well-led and would recommend it to others. One person pointed to the registered manager and told us, "She is very good, she is." A relative commented, "I can't speak highly enough of [the registered manager], the staff and the home."
- The provider had a set of values and a philosophy of care that was shared throughout the staff team. Amongst the services values were, privacy, dignity, choice and fulfilment. These noted, 'When people have worked hard throughout their life and have committed to helping others, we think they deserve extra cherishing'.
- During the inspection interactions between the registered manager, staff and people were positive, reassuring and compassionate. Staff activity centred on people's individual needs. The atmosphere was happy and relaxed.
- The registered manager spoke passionately about the people living at the service. They coached and mentored the staff team and led by example. There was an open-door policy and people, relatives and staff told us the registered manager was always accessible.

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

- The registered manager provided strong leadership and was supported by a deputy manager and team leaders. They worked together as a cohesive team.
- Effective audits and checks were completed to monitor the quality and safety of the service. Records, such as care plans and medicines administration records, were checked regularly to ensure they were accurate.
- An external consultant had completed checks of the service. A number of areas were identified as needing improvement. The registered manager implemented an action plan and had addressed most of the shortfalls.
- The registered manager understood the duty of candour. This requires the service to be honest with people and their representatives when things have not gone well. A relative told us, "In the past I have had a call from [the registered manager] to say, 'I am terribly sorry .... has happened'. I am confident they will do the right thing. They will always say if something has gone wrong".
- Reportable incidents, such as a death or a serious injury, were reported to the Care Quality Commission in line with regulatory requirements. When needed, the local authority safeguarding team were informed.

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

- Quality assurance surveys were completed to help obtain feedback about the service. The responses to these were analysed and a summary was provided to people and their relatives. This included any actions where there may have been areas for improvement and well as sharing the positive results.
- Resident meetings were held, and people were kept up to date with the Covid-19 pandemic guidance, such as visiting guidance.
- A relative told us, "I have confidence in [the registered manager] and staff. I trust them to do their job. I definitely feel listened to."
- The registered manager said, "We have had support from the local community which has been heart-warming. The local school made laundry bags for staff uniforms and we had some 3D visors made for the staff."
- Regular staff meetings were held. Staff had the opportunity to feedback and discussions were held about any changes or improvements to the service. The registered manager had set up a WhatsApp group for the staff team to share updates on guidance. They had found some updates were happening late on a Friday, and by having a group messaging system, all staff were made aware of upcoming changes immediately.

Working in partnership with others

- The registered manager and staff worked with health care professionals to ensure people received effective, joined-up care and support.
- The registered manager was affiliated to several professional groups to share views and seek advice. The registered manager said, "I am active on a managers WhatsApp group. There has been a wealth of information, love and support there. The knowledge and compassion is just uplifting."
- People were referred to health care professionals when needed and advice given was followed by staff.