SRJ Care Home Limited

The Old Vicarage Care Home (Long Eaton) Limited

Inspection report

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Date of inspection visit:
07 May 2019

Date of publication:
21 June 2019

Ratings

Overall rating for this service	Good

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?	Good

Summary of findings

Overall summary

About the service:
The Old Vicarage Care Home (Long Eaton) Limited is a care home that provides personal care for up to 30 people. The accommodation is established in an old rectory containing bedrooms on three floors, each floor has toileting and/or bathing facilities. There are two communal lounges on the ground floor which are also used for dining. At the time of the inspection there were 29 people using the service.

People's experience of using this service:

There were not always enough staff to support people when they required this, as the lounge was often unsupervised. . . Some equipment used in the home was not able to be cleaned to reduce the risk of possible infections.

There was a friendly atmosphere and relatives felt welcomed. People's medicine was managed safely, risks had been reviewed to ensure ongoing learning. When people required equipment to move there was guidance provided, which staff followed.

People are supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice.
Staff had received training to support their role and in developing their skills when they were promoted.
People enjoyed the meals and their weights were monitored.

When people required health care this was provided in partnership to ensure the best outcome for the person's wellbeing. This was reflected in the consistency of the staff group. Staff were provided with training and felt supported by the registered manager and the senior team.

People told us they enjoyed the company of the staff and had established positive relationships. When care was delivered this was done with dignity and respect, ensuring people's views were considered.

The care plans provided sufficient information to ensure people's needs and preferences had been considered. They were reviewed to reflect any changes. Signage around the home was in place and further consideration was being made to reflect other information could be shared. Some activities were planned and further consideration about how to achieve meaningful engagement was being developed.

Any complaints had been acknowledged and addressed. Notifications had been received to reflect events at the service. The rating was displayed at the home and on the providers website. Audits were in place to reflect on how to drive improvement, along with people's views.
Rating at last inspection: Good (Published October 2017)

Why we inspected: This was a planned inspection based on the rating at the last inspection which was Good. At this inspection we identified that improvements were required in the Safe domain, however the overall rating remains 'Good.'

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

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service was not always safe Details are in our Safe findings below	**Requires Improvement**
Is the service effective? The service was effective Details are in our Effective findings below.	**Good**
Is the service caring? The service was caring. Details are in our caring findings below.	**Good**
Is the service responsive? The service was responsive Details are in our responsive findings below.	**Good**
Is the service well-led? The service was well-led Details are in our well-led findings below.	**Good**

The Old Vicarage Care Home (Long Eaton) Limited

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: The inspection was completed by one inspector.

Service and service type:
The Old Vicarage Care Home (Long Eaton) Limited is a care home. People in care homes receive accommodation and personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. 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:
We reviewed information we had received about the service since the last inspection, to support the planning of this inspection. This included details about incidents the provider must notify us about, such as abuse. We sought feedback from the local authority, clinical commissioning group (CCG) and other professionals who work with the service. On this occasion we had not asked the provider to complete Provider Information Return (PIR). However, we gave the provider and registered manager the opportunity for them to update us throughout the inspection.

We used a range of different methods to help us understand people's experiences. During the inspection we spoke with two people and three relatives to ask about their experience of the care provided. Some people were unable to tell us their experience of their life in the home, so we observed how the staff interacted with people in communal areas.

We spoke with four members of care staff, one member of the domestic team, two nurses and the registered manager. After the inspection we spoke with one health care professional.

We reviewed a range of records. This included four people's care and medicine records. We also reviewed the process used for staff recruitment, various records in relation to training and supervision, records relating to the management of the home, and a number of policies and procedures developed and implemented by the provider. The provider also sent us additional information after the inspection which we used to support our judgements.

Requires Improvement

Is the service safe?

Our findings

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

Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed. Regulations may or may not have been met.

Staffing and recruitment

- Staffing levels were sufficient to ensure people received their daily care needs. However, we raised some concerns about the accessibility of the staff for some people. For example, we activated the call bell for someone in the lounge at their request. There was no staff present and the person did not have access to the call bell as it was fastened to the wall.
- Relatives we spoke with told us the lounge was often unsupervised and they had had to request staff support for people, when staff were not around. One relative said, "I often have to get things for people or ask for support as staff are not always in here."
- The registered manager told us they had six care staff in the morning and this reduced to four care? staff in the afternoon. We reviewed the staff rota over the current four-week period. This reflected that on 22 of the afternoons during this period there were only three care staff available to provide care. One staff member we spoke with said, "Three is a challenge. I think we should have more staff as people have higher needs." Another said, "With four we can manage, three does make it difficult." The registered manager did not use a dependency tool to review the level of staffing in relation to people's support needs. After the inspection the registered manager increased the staffing levels and shared the details of this increase with us.
- We observed that staff were allocated people to support, and this was often required to be completed in twos. This was on different floors of the home in individuals' bedrooms. This meant that the lounge was not always supervised during these periods. We discussed these concerns with the registered manager and they said they would review their approach to staffing these areas.
- The registered provider had a process for ensuring that staff were recruited safely. Records showed that pre-employment checks were undertaken prior to staff commencing employment. Staff had Disclosure and Barring Service (DBS) checks in place. The DBS is a national agency that keeps records of criminal convictions.

Preventing and controlling infection

- People were not always protected from the spread of infection. For example, some chairs had ground in food on the arms. Other chairs had large areas were the plastic was ripped. This meant these could not be cleaned effectively to reduce the risk of possible infections. We reviewed the infection control audit and it had not identified these chairs as a concern. The registered manager told us they had requested funding for new chairs.

- We found other areas of the home were clean and had a pleasant odour. When a spillage occurred in the

lounge, this was cleaned up swiftly.
•□We saw staff used protective equipment like gloves and aprons when they provided personal care or when serving meals.
•□The kitchen and food preparation area was well maintained. There was a five-star rating from the food standards agency, which is the highest possible rating. The food standards agency is responsible for protecting public health in relation to the safe handling of food.

Assessing risk, safety monitoring and management
•□Risks in relation to the use of thickener, were not always followed to ensure the correct thickener and the consistency details were followed. Some people required thickener to reduce the risk of them choking. We found that the thickener in use was not always the one prescribed to the individual. This meant that the guidance may not be followed as each person required a different consistency.

•□Risk assessments were in place which covered individual needs and the home environment. For example, when people required equipment to support them to move.
•□Risks to people were managed safely. Risks associated with people's care and support were assessed and recorded within their care records. These included when people were at risk of falls or choking.
•□Some people had plans in place to support them to manage behaviour which could cause harm to themselves or others. One staff member told us, "We use the 'walk away policy this gives the person time to calm down and for a different face to try. It seems to work." All the staff we spoke with were knowledgeable about this technique and the plans which were in place.
•□There were evacuation plans in place, these were individual, and staff knew the different needs of people to be used in the event of an emergency. For example, a fire.

Using medicines safely
•□Medicines was managed safely. People had received their medicine, which was administered safely by competent and experienced staff.
•□We saw that when people required a change in their medicines this was done swiftly, in conjunction with health care professionals.
•□Some people required their blood sugar to be tested ahead of them receiving their insulin to support their diabetes. We saw this was done consistently and there was clear guidance on any actions to be taken if the levels were not in line with the persons agreed levels.

Systems and processes to safeguard people from the risk of abuse
•□People and relatives, we spoke with felt safe with the care they received. Staff we spoke with knew how to raise a concern and felt confident they would be addressed swiftly. There was a policy which clearly described how to keep people safe from the risk of harm.

Learning lessons when things go wrong
•□There was an ongoing approach to learning following any events. When people had fallen their risk, assessment was reviewed, and measures put in place. For example, sensor mats or additional checks.

Good

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

Good:People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
•People's needs were assessed to ensure they could be met and included sufficient detail to ensure outcomes were identified and people's care and support needs were regularly reviewed.
•This included details about specific health conditions. We saw that the latest guidance was available and had been reflected in the care planning. Staff were able to share with us knowledge of people's specific needs.

Staff support: induction, training, skills and experience
•Staff had received training in a range of areas to support their roles. These included a range of established training and some additional areas. For example, some staff shared with us some recent training they had with the local funeral directors. One staff member said, "It was interesting to know what happens when people leave us."
•Another staff member talked about some recent training in relation to continence. They said, "We learnt how to ensure when people have to wear an incontinence aid they were fitted correctly so they were as comfortable as possible. I have used the technique since and it works."
•Some staff had been promoted to a more senior post. These staff had received training in this change of role and the opportunity to obtain a vocational qualification.
•When new staff start at the home they are supported with training and shadowing with experienced staff.

Supporting people to eat and drink enough to maintain a balanced diet
•People told us that they enjoyed the food and drink. There was no daily choice on offerer, however if people indicated they did not like a meal an alternative was offered.
•One relative said, "Anything I ask for they have it here, like another banana or drink."
•Some people required a range of equipment to support them to remain independent with their meals and these were provided.
•The cook was aware of people's dietary needs and ensured the meals were suitable to suit their diets.
•Relationships had been developed with health and social care professionals to ensured continued good health nd well being. .

Adapting service, design, decoration to meet people's needs
•People's bedrooms were decorated according to their choice and we saw personal memorabilia was displayed near their chosen seating area or in their rooms.
•People were able to access the outside space. We saw this was used by some people when they enjoyed their cigarette. There was a covered area to protect them from the variable weather.

Staff working with other agencies to provide consistent, effective, timely care;
Supporting people to live healthier lives, access healthcare services and support
•□People received care which was individual and focused on their health care needs. We saw that any changes were monitored and shared with staff during the handover ahead of staff commencing their shift.
•□Staff understood people's health care needs and the support they needed to manage them. For example, when people required regular turns to reduce the risk of sore skin or ensuring samples were taken when required to support any ongoing health concerns.
•□Relatives confirmed their relations health needs were met. One relative said, "I have no concerns here, staff are very responsive and get the GP if needed."
•□Some people required care for their pressure areas and there were detailed plans in place to ensure the correct care was followed. We saw positive progress in people's wounds improving due to the care being provided.
•□People's care plans showed that they were regularly accessed by medical professionals such as GP's, district nurses & community psychiatric nurses. A health care professional told us, "I have no concerns here. The care is excellent, and people are supported by a consistant group of staff."

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

•□We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
•□People's capacity had been assessed and records showed that any decisions had been made in people's best interest. These meetings included the relevant professionals as well as people of importance to the individual.
•□Staff encouraged people to make daily choices and obtained their consent before commencing any care support.

Good

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

Good: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 had established friendly and positive relationships with people. One person told us, "Staff are lovely. All the care staff are very nice and helpful." They added, "Staff pop in and see me regularly."
•One relative said "I cannot fault the staff. I have never heard anything unkind, they are very patient and respond to people."
•People and staff all commented on the consistency of the staff. Many of the staff had been working at the home for many years. This was also commented on by the health care professional, they said, "There is consistant staff, I think this is the reason the care is so good as the staff know people really well."
•Relatives were welcome to visit at any time. We noted a relative had been the previous evening to sit with their relative until late in the evening. Other relatives told us they were able to join their partner for meals. One relative said, "I come every Sunday, we have lunch together in their room, it's a special time."

Supporting people to express their views and be involved in making decisions about their care
•People were encouraged to express their wishes. We saw how people were able to choose were they spent their time. For example, some people enjoyed an afternoon rest and others enjoyed deciding where to sit.
•Some people enjoyed a cigarette and they were supported to the smoking shelter at their request.
•Staff told us how they enjoyed working at the home. One staff member said, "It has a friendly, homely atmosphere." Another staff member said, "I have worked here so long it is like my second home and I know the people so well.

Respecting and promoting people's privacy, dignity and independence
•People were treated with respect. One relative said, "People are changed straight away if they have an accident." Another relative said, "The staff never leave people in dirty clothes. [Name] had their hair cut, the chiropodist and the dentist." They also told us that staff encourage [name] to be independent, however they were unable to eat the staff would support them.
•On the feedback survey one person had commented, "Respect and dignity here is fitting of a person who is 98."
•Some people had shared rooms. One person told us, "Staff are very respectful, when either of us required care the staff use the curtain for privacy."
• People's care records were stored appropriately to maintain confidentiality.

Good

Is the service responsive?

Our findings

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

Good:People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control
•Care plans were person centred and provided enough detail so that staff knew how to support people's needs and wishes. We saw these had been reviewed when their needs changed.
•Information detailed each person's care needs. For some people there was a focus on their pressure care and other people managing their behaviour. Staff we spoke with had a detailed knowledge of people's needs and this was reflected in the conversations we heard.
•Staff received a handover before they commenced their shift. This reflected each person, any ongoing needs or changes. We observed the handover on the day of the inspection which was an interactive conversation between staff reflecting people's needs. However, not all these aspects were recorded, so the registered manager told us they would reflect on how the handover was recorded. This would then provide staff who had been on leave the opportunity to review the changes over a longer period, not just the last 24 hours.
•There were signs on the doors to guide people to the areas of the home. We discussed with the registered manager about providing information in different formats. We saw they were reviewing their paperwork in the area of complaints and surveys to support the Accessible Information Standard (AIS). This was introduced to make sure that people with a disability or sensory loss are given information in a way they can understand. We will review these at the next inspection.
•There was no one with any specific equality needs at the time of the inspection. However, staff understood how they could consider this aspect of people's lives.
•There were a range of planned entertainers who provided activities for people in the home. These ranged from singers to group games. Some people had enjoyed meals out to the local public house and others a walk to the shop.
•The registered manager was looking to ensure meaningful engagement was available when planned activities were not suitable.

Improving care quality in response to complaints or concerns
•The provider had the processes in place to act on any complaints that had been received.
•Relatives we spoke with either had no complaints or had raised concerns and they had been dealt with promptly.
•We reviewed the complaints received and found they had been dealt with in line with the provider's complaints policy. When detailed responses were required to a complaint this had been provided.

End of life care and support
•End of life plans were available, and these ensured people's wishes would be met. These included any last wishes, pain relief and any specialist equipment.

•□The provider had achieved the McMillian end of life award. This was achieved by meeting a range of criteria based on best practice. The registered manager had converted one of the bedrooms to a relative's room. One relative told us, "I have been supported as much as [name]. I can come anytime, use the relative's room or there is an open invitation if I wished to stay overnight."
•□On the providers questionnaire one response said, "The staff made me feel comfortable. I was able to be with [name] when they died and holding their hand- for which I am eternally grateful."
•□The health care professional we spoke with told us, "The end of life care is very good here, they seem to be able to support people with dignity and respect."

Good

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

Good:The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The provider and registered manager had developed a staff team which reflected a clear vision and a strong set of values.
- It is a legal requirement that a provider's latest CQC inspection report is displayed at the service and online where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had displayed their most recent rating in the home and on their website.
- We checked our records which showed the registered manager had notified us of events in the home. A notification is information about important events which the provider is required to send us by law, such as serious injuries and allegations of abuse. This helps us monitor the service.
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Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Systems and processes had been completed to ensure that audits and checks were used to improve the quality of care.
- The registered manager had reviewed any falls which had occurred at the home. This was to reflect any repeated incidents or to review the risk management arrangements.
- Other audits had been completed. We reviewed the audits for medicine and found there had been no issues identified. However, the audit did not cover all aspects of the medicines practice. The registered manager agreed to review the audit in place.
- The infection control audit, although had not identified the chairs, it did reflect that new bins were required, and these had been replaced.
- A mattress audit had identified one was fraying and this had been replaced.
- Other areas of the home showed improvements to support people's care. For example, all the beds had been replaced with hospital style beds. This enabled the beds to be positioned to support people's care needs.

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

- People had been encouraged and supported to feedback their views and these had been listened to. We reviewed the latest feedback completed March 2019. There had been twenty responses from relatives and

some professionals. All these reflected a positive view about the care being provided. Some quotes from these were, 'In the six weeks [name] has been here, staff treated them as an individual and they were quick to pick up on their likes and dislikes.' And, 'The change in [name] is miraculous, they did not want to live when they arrived, but now are happy and smiling and close to their old self.'

- The registered manager was reviewing how these results and actions could be shared with people.
- Staff told us they felt supported in their role. One staff member said, "[Name] is very approachable you can go to them for advice or personal things." Another staff member said, "The support is good, you receive regular supervision and can discuss anything."

Continuous learning and improving care; Working in partnership with others

- Partnerships had been encouraged and developed. There was a positive response from health care professionals we spoke with. One health care professional said, "Staff always have the people's interests at the heart of the service."
- We saw that the registered manager worked with the health care professionals to drive improvements. For example, people's medicine had been reviewed and we saw that any changes in medicine had been recorded and shared with the team.