

## The Old Vicarage Care Home Limited

# The Old Vicarage Care Home

### Inspection report

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### 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



### Overall summary

The Old Vicarage Care Home provides accommodation for people who require personal care. It provides accommodation for up to 44 older people, some of whom are living with dementia. There were 38 people using the service at the time of our inspection.

Our last inspection of 24 July 2014 found the provider was not meeting three regulations. These were in relation to

consent to care and treatment, care and welfare of people who use services and safeguarding people from abuse. At this inspection we found that all of the actions we required had been met.

This inspection took place on 8 and 9 June 2015. The first day was unannounced.

There was a registered manager at the service at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are

# Summary of findings

‘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.

We received information in June 2015 suggesting controlled drugs were not well managed. We found records relating to controlled drugs were not adequately maintained. Stock checks were not always accurate and the amount of medicine given was not recorded consistently. We have made a recommendation about the management of controlled drugs.

People using the service were protected from the risk of abuse because the provider had provided guidance to staff to help minimise any risk of abuse. Decisions related to people's care were taken in consultation with them, their representative and other healthcare professionals, which ensured their rights were protected.

Staff followed guidance in people's risk assessments to ensure people were cared for safely.

The provider's recruitment procedures were comprehensive and ensured staff employed were suitable to work with people at the service. There were enough appropriately trained staff available at the service to meet individual needs.

People told us they enjoyed their food and we saw they were assisted to eat in a sensitive manner. People were able to take part in hobbies and interests of their choice.

Consent to care and support had been sought and staff acted in accordance with people's wishes. The principles of the Mental Capacity Act 2005 were known and understood.

People were cared for by staff with the skills and knowledge to meet their needs, including how to support people with their health needs.

People told us the care staff were caring and kind and that their privacy and dignity was maintained at all times. People were involved in the planning of their care and support.

Complaints were well managed and the provider had effective systems in place to monitor the quality of the service.

There were systems in place to enable people to give feedback on the service. People were listened to and the service had received positive feedback on the improvements it had made during the last twelve months.

# Summary of findings

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

We always ask the following five questions of services.

### Is the service safe?

The service was not consistently **safe**.

Staff did not always record controlled drugs accurately.

People were safeguarded from the risk of abuse because staff knew what action to take if they suspected abuse was occurring. Recruitment procedures ensured staff suitable to work with people using the service were employed

Requires improvement



### Is the service effective?

The service was **effective**.

People's health needs were addressed. People received the support they required in relation to eating and drinking. Staff had completed sufficient relevant training.

Consent to care and support had been sought and staff acted in accordance with people's wishes. Principles of the Mental Capacity Act 2005 were known and understood.

Good



### Is the service caring?

The service was **caring**.

People were treated with kindness and compassion. Staff were aware of people's choices, likes and dislikes and this enabled people to be involved in their care and support.

Good



### Is the service responsive?

The service was **responsive**.

Concerns and complaints were well managed. People were encouraged to express their views and had been supported to participate in activities and interests that they enjoyed.

Good



### Is the service well-led?

The service was **well-led**.

Systems in place to monitor the quality of the service were effective. The manager was registered with the Care Quality Commission, as legally required. There was an open culture at the service and staff told us they would not hesitate to raise any concerns. Staff were clear about their roles and responsibilities.

Good



# The Old Vicarage Care Home

## 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 was planned to check 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 8 and 9 June 2015. The first day was unannounced. It was undertaken by two inspectors.

The provider completed a Provider Information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed information included in notifications sent by the provider. Notifications are changes, events or incidents that providers must tell us about.

We spoke with eleven people using the service, four relatives, seven staff including care staff and catering staff plus the management team. We spoke with five external health professional and officers of the Local Authority and Clinical Commissioning Group (CCG).

We looked at five people's care records. We looked at a range of other records relating to the care people received. This included some of the provider's checks on the quality and safety of people's care. We also looked at four staff recruitment records and staff training and medicines administration records.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

# Is the service safe?

## Our findings

Our previous inspection in July 2014 found that the service did not have suitable arrangements for safeguarding people from abuse. Allegations of abuse had not been dealt with effectively. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We asked the provider to take action to remedy this. At this inspection we looked at safeguarding reporting procedures and records of incidents and accidents and talked to staff about their understanding of abuse and how to report concerns. We found that the requirements of this regulation had been met.

People we spoke with confirmed they felt safe when being assisted with personal care and that staff were kind. One person said “I feel secure here. I came because I did not feel safe at home.” Our observations confirmed that people were assisted safely, for example when being encouraged to participate in hobbies and when being assisted to move

There were clear procedures in place, which staff understood to follow in the event of them either witnessing or suspecting the abuse of any person using the service. Staff also told us they received training for this and had access to the provider’s policies and procedures for further guidance. Records confirmed training in safeguarding vulnerable adults was up to date. They were able to describe what to do in the event of any incident occurring and knew which external agencies to contact if they felt the matter was not being referred to the appropriate authority. People were protected from the risk of abuse because the provider now had effective systems in place.

We received information in June 2015 that suggested controlled drugs were not managed safely and that some had gone missing from the premises rather than being damaged as reported by staff. Controlled drugs are strong medicines that have legal requirements for their storage, administration, records and disposal. We looked at controlled drugs records and saw four medicines prescribed for one person had been recorded as unfit for use following damage. The record stated that the medicines had been dropped during a stock check. This incident was reported and witnessed as an accident. We found the amount of controlled drugs recorded corresponded accurately with those in stock.

However, we found there were aspects of recording controlled drugs that were not robust and did not follow guidance on the management of controlled drugs. For example, we saw staff were not recording consistently the amount of medicine given in the controlled drug register and they were not carrying over stock amounts when creating new pages in the register, as recommended in guidance. This made the identification of errors difficult. We also saw that some entries appeared to have been entered at a later stage as there was a visible difference in the handwriting and colour of ink used. Stock checks were not always accurate. There was a discrepancy with one medicine returned to the pharmacy that had not been entered correctly in the register and another stock record had been overwritten, making it difficult to read. We also saw the strength of one medicine had not been recorded accurately. There was therefore the potential for these medicines to be misused and for people not to receive them as prescribed.

**We recommend that the service finds out more about managing controlled drugs, based on current best practice, to ensure such medicines are recorded, stored and administered safely.**

People received their medicines when they needed them. One person told us “I get my tablets three times a day.” They knew this was correct and that the correct medicines were being given. Records were kept of medicines received into the home and when they were administered to people. We observed the administration of lunchtime medicines. This was done safely with the exception of medicine administered to one person, where infection control procedures were not followed. The person had an infection and the staff member did not use personal protective equipment, such as gloves, and needed reminding to wash their hands before moving on to the next person.

Medicines, including controlled drugs, were stored securely. We saw records of temperatures for the medicine refrigerator were recorded to ensure medicines were stored at safe temperatures.

We looked at a range of risk assessments and saw they were reviewed regularly and updated to reflect changes in the person’s care needs. Nutritional risk assessments had been undertaken, were up to date and people were weighed monthly. Risk assessments for skin damage were in place and appropriate equipment was available to ensure the risks were managed.

## Is the service safe?

Most people told us there were enough staff to meet their needs. However, three people told us there were not enough staff at meal times. One person said “I have to wait half an hour for dessert.” We saw people sitting at dining tables for up to an hour before their lunch was served. We discussed this with the management team who agreed to review the meal time arrangements. We saw people were assisted in a timely manner when they requested support outside meal times and there were sufficient staff to meet people’s need at these times.

We looked at rotas for the weeks 31 May – 13 June 2015 and saw the number of staff on duty consistently confirmed the daily numbers we saw during our inspection. There were either six or seven care staff available during the day

and three at night. Staff told us staffing numbers were adequate to meet people’s needs. The manager told us they had authority to recruit agency staff to cover any shortfalls if required.

The provider had satisfactory systems in place to ensure suitable people were employed at the service. All pre-employment checks, including references and Disclosure and Barring Service (DBS) checks were obtained before staff commenced working in the service. Staff we spoke with confirmed that they did not commence working in the service before their DBS check arrived. People were therefore cared for by staff that had been robustly recruited to ensure they were suitable for the role.

# Is the service effective?

## Our findings

Our previous inspection in July 2014 found that the service did not have suitable arrangements for obtaining people's consent to their care and support and that it was not action in accordance with people's best interests in relation to the Mental Capacity Act (MCA). The MCA is a law providing a system of assessment and decision making to protect people who do not have capacity to give consent themselves.

This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We asked the provider to take action to improve this. At this inspection we found that the requirements of this regulation had been met.

Most people told us they were asked for their consent to the care provided. One person said "My care was discussed and everything was sorted out." People were supported to make choices and asked for their consent whenever they were able. We saw staff asking for people's consent to care or support throughout our inspection. We saw that records relating to consent were signed, dated and their purpose was clear.

Senior staff we spoke with understood the basic principles of the MCA. Staff had undertaken assessments of people's capacity in relation to specific decisions such as finance and medicines. We saw external professionals had been involved in assessing people who did not have capacity to ensure any decisions made were in their best interests.

Staff demonstrated an awareness of the Deprivation of Liberty Safeguards (DoLS). This is a law that requires assessment and authorisation if a person lacks mental capacity and needs to have their freedom restricted to keep them safe. Staff had recognised when people may have been deprived of their liberty and had followed the appropriate procedures to ensure this was lawful. The provider had recognised when people's care was being provided in a way that may have restricted their liberty. They had followed the process to seek authorisation to this and made applications to the local authority. The outcomes were not known at the time of our inspection.

People told us they saw a doctor or nurse when required. A health professional told us the service had improved and

confirmed that their advice was acted on. They said physical health needs such as continence and the prevention of skin damage were managed well and equipment was used appropriately. Another told us that staff worked well with them and that communication was better.

We saw there was up to date information about people's current needs and care plans were regularly reviewed, usually monthly, and detailed any support provided from external health care professionals. This included chiropodists, specialist nurses and speech and language therapists.

Staff we spoke with told us they had access to information and training to understand the needs of people using the service. One staff member described the access to training as good and said they had received training in dementia. Another said "It's in depth training." Training records we saw showed most staff were up to date with health and safety training and that they also undertook training in areas relevant to people using the service, such as nutrition. One staff member commented training delivery needed to be more varied as there was too much reliance on e-learning.

We discussed training with the provider's in house trainer. They told us staff were supported to complete e-learning and face to face courses were also provided; for example in dementia care and first aid. They also told us that all care staff were going to be supported to complete the new care certificate training course.

People were supported to maintain good nutrition. We asked people about the food and drink available at the home. One person told us, "The food is marvellous" and another person said the food was "Really good." We observed the lunchtime meal and saw people enjoyed their food. Most meals were provided ready made by an external company and were nutritionally balanced. We saw that staff offered people a choice of drinks with their meal and staff gave them the assistance and support they needed to eat. We saw there was a choice on the menu and that people were offered alternatives if they did not like the menu choices. The options available were suitable for people with special dietary needs and the cook provided additional alternatives. We looked at available food stocks and saw they were plentiful and nutritious. We saw drinks were readily available when required.

## Is the service effective?

Staff had an understanding of people's nutritional needs and specialist diets. They were able to describe the requirements of one person's specific diet and we saw specialist food items were available to meet this dietary requirement, as detailed in their nutritional assessment. Records were kept about individual food preferences and

dietary requirements and also what food each person had chosen to eat. People were weighed on a monthly basis and fluctuations in weight monitored. Training records showed us staff were up to date with nutrition training. People's nutritional needs were therefore met.



# Is the service caring?

## Our findings

People were pleased with the care and the way staff treated them. One person told us “I like living here”, another said “I’m definitely looked after alright” and a third told us “They’re all very kind.” Relatives also praised the care provided. One said “Staff are very kind” and another said “My mum can’t fault it.”

We saw staff interactions were caring. We heard and observed staff communicating with people in a compassionate and patient manner. For example, we saw people were given clear explanations in simple language and encouragement when undertaking craft work. We saw warm relationships and engagement between people using the service and staff. People were listened to and had positive responses from staff.

People using the service told us their privacy and dignity was respected. One person said, “When I have a bath or shower it’s all very private.” We observed privacy and dignity being respected when people were receiving care and support during our visit. Staff were able to give us examples of respecting dignity when supporting people with personal care, such as ensuring doors were closed.

We saw people were supported to maintain relationships with family and friends. We saw relatives visiting during our inspection and one told us they assisted with involved in social functions. Another relative described the service as welcoming.

We found people were involved in planning their care and in reviews of their care. Most people we spoke with were aware of their care plan. The plans had been discussed with and signed by the person they related to, where possible. Relatives we spoke with also confirmed that they were involved in their family member’s care and one told us “They keep me informed about my mum.”

We saw people were offered choices in their daily routines. Staff were able to describe how they offered choices to people, for example, regarding clothes to wear and what hobbies and events were on offer. We saw where people refused options, their choice was respected.

The care records we looked contained a full and detailed personal profile, including information about the person’s past history, both social and medical. It included the person’s preferences, likes and dislikes. Care plans relating to all aspects of daily living had been developed and were updated and reviewed regularly. We saw there was clear information available for staff on how to meet individual needs. This meant the service was able to provide care and support based on people’s individual needs and preferences.

# Is the service responsive?

## Our findings

Our previous inspection in July 2014 found that the provider was not taking suitable steps to meet people's individual needs. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We asked the provider to take action to improve this. At this inspection we found that the requirements of this regulation had been met.

People told us they liked the staff and thought they did a good job. One person told us "The staff are absolutely marvellous" and another said "It's all very good." Families also told us they were satisfied with the care provided to their relative. One told us "Overall I'm very pleased with the care" and another said "I'm very happy with the way [family member] is treated."

People were supported to participate in hobbies and interests they enjoyed, for example we saw people reading, engaged in conversation and participating in craft work. One person told us "I've been to the local church" and another said "We sometimes go out in the afternoon." Our observation showed us people were offered a variety of activities to suit their interests and abilities.

People received personalised care that was responsive to their needs. We saw that changes made to care plans focussed upon people's individual needs and contained

detailed and important information to assist staff in providing support to people in the way they preferred. We saw that positive changes had been made through these discussions with people, for example the provision of equipment to assist in preventing falls. Individual care plans contained specific directions for staff on how to support the person. For example, there were instructions on how to support people to mobilise safely. Staff told us they understood people's individual needs and that care plans gave them sufficient information to do so.

People confirmed they knew how to make a complaint. One person told us "I would tell the manager." Another person said "We haven't any complaints really." Relatives we spoke with also told us they knew how to complain and were confident they would receive a courteous response from the manager. One relative said "I have been pleased with how the manager has responded."

We saw the complaints procedure was on display and said complaints would be responded to within 28 days. We reviewed complaints that the service had received and investigated from people supported by the service. We found all complaints had been investigated openly and the complaints records were comprehensive and gave a full response to the complainant within the timescale specified.

The manager told us they listened to people and care staff. We also found the service gathered feedback from staff and people and used this to identify improvements.

# Is the service well-led?

## Our findings

People we spoke with told us they liked the staff and manager and were able to talk to them. One person said “I would talk to one of the staff” if they wanted to make a suggestion. We saw that people received appropriate and friendly responses if they raised queries with staff and the manager.

The manager told us they had links with other community groups in the area such as places of worship and local organisations. They also maintained professional contacts with relevant agencies such as the local authority, specialist health services and local medical centres. They told us they operated an open door policy for people and welcomed people’s views and opinions. They told us they wanted to provide the best possible care for people and to improve the support for people living with dementia. To facilitate this they were undertaking specialist training using a nationally recognised scheme to ensure better understanding of living with dementia and people’s individual needs. To ensure staff understood diverse needs, equality and diversity training had taken place in 2015.

The manager was registered with the Care Quality Commission and the provider notified the Care Quality Commission of important events and incidents affecting the service, as legally required.

There was a senior management team in place to support the manager, including senior care staff and a deputy manager. The manager described the support they received from the provider as good and told us “They’re very supportive.”

We saw the staff team were well organised and everyone was going about their duties efficiently and were clear about what was expected of them. Staff told us communication between the staff and managers worked well. One staff member said “The manager is here to help.”

Records showed that staff supervision took place and gave staff the opportunity to review their understanding of their role and responsibilities to ensure they were adequately supporting people who used the service. Staff told us this was useful and they were positive about their job role. One staff member told us “The manager helps a lot.”

The provider had systems in place to monitor and improve the service provided. We saw there were regular audits of key areas such as medication, care records and staff records. These identified key issues and we saw any actions required had been undertaken. For example, any missing staff recruitment information was followed up and acted on. The provider also undertook visits to monitor quality and had completed a visit in May 2015. The record of this visit showed staff interactions with visitors and mealtimes were observed and reported on. An action plan was drawn up following the visit and any necessary actions were followed up. The information sent to us before the inspection also showed us how the service intended to improve staff supervision, training and recruitment through better mentoring and strengthening the role of dignity and dementia champions. This demonstrated the provider’s commitment to improving people’s experience of using the service.

We saw people using the service were asked their opinions at meetings for them and their relatives, although two people told us they never attended. The most recent surveys in February 2015 were for relatives and external professionals. Both had comments indicating the service had improved recently. One comment recorded from a relative said “I’m impressed with the new managers, helpful and friendly” and an external professional had commented “Has improved greatly compared to a year ago.” The provider had therefore listened and taken action to improve the service following comments from relatives and relevant professionals involved with the service.