Vicarage Care Limited

The Old Vicarage

Inspection report

Ireleth Road
Askam In Furness
Cumbria
LA16 7JD

Tel: 01229465189

Date of inspection visit:
14 May 2018

Date of publication:
11 June 2018

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

The inspection took place on 14 May 2018 and was unannounced. At the last inspection in November 2015, the service was rated Good. At this inspection we found the service remained good. There was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

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. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The Old Vicarage accommodates up to 30 older people. The home is in a quiet residential area in the village of Ireleth and is within walking distance of local shops, the train station and the bus stop. The home is on two floors and there is a stair lift to provide access to the first floor. There is a secure garden area with seating for the people living there. At the time of the inspection there were 25 people living there.

There was a registered manager at the home. 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 told us they were satisfied with the way the home was run and the care they received. We were told by one person who lived there, "Any requests I have made, the staff have tried to fulfil." We observed that staff were kind and considerate and that people who lived in the home were at ease with care staff. Relatives were welcomed in the home and raised no concerns about care with us.

We found staff had been recruited safely and were being trained and supported to carry out their roles. Staff spoken with and records seen confirmed training had been provided to enable them to support people who lived in the home. Systems were in place to give staff the opportunity to discuss their work. Staffing levels were seen to be sufficient to meet the needs of people who lived at the home.

Risk assessments had been developed to minimise the potential risk of harm to people during the delivery of their care. These and individual care plans had been kept under review and updated when necessary to reflect people's changing needs. We found people had access to healthcare professionals and their healthcare needs were met.

Health and safety records were in place and regular checks and servicing had been undertaken. Arrangements were in place for contingency planning for foreseeable emergencies and for moving people in the event of fire. Accidents and incidents were recorded.

People who lived in the home told us they were happy with the variety and choice of meals being provided and that there was always a choice.

People had their medicines managed safely, and received their medicines in a way they chose and preferred. Staff who administered medicines had been trained and assessed as competent to do so.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Systems were in place to deal appropriately with any complaints or concerns raised about the service. The registered provider had put systems in place to monitor the quality of the service and to develop services and make on-going improvements.

Further information is in the detailed findings below.

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 remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

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 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 comprehensive inspection took place on 14 May 2018 and was unannounced. The inspection team consisted of one adult social care inspector and an expert-by-experience. An expert-by- experience is a person who has personal experience of using or caring for someone who uses this type of care service.' The expert- by-experience had a background dealing with older people who use regulated services and people in the early stages of dementia.

Before the inspection we reviewed information available to us about this service. The registered provider had completed a Provider Information Return (PIR). The PIR is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed safeguarding alerts; share your experience forms and notifications that had been sent to us. A notification is information about important events that the provider is required to send us by law.

We spoke with a people about the service. They included nine people who lived at the home, five relatives, the registered manager, two supervisors and four care staff. We looked at care records of five people who lived at the home and at the risk assessments and daily notes relating to those plans. We also looked at records relating to the management of the service. These included audit records, policies and procedures, accident and incident reports We looked at the recruitment, induction and training records of staff recently employed to work in the service.

We looked at the records of medicines and we checked on the quantity and storage of medicines in the home.

Good

Is the service safe?

Our findings

People who lived at The Old Vicarage and their relatives spoke positively about the staff and the care and support they provided. People who lived there told us, "I think there is enough staff; they come when I call" and "The staff are kind." Relatives comments included, "Help always seems to be to hand" and "[Relative] always appears content."

The service had procedures in place to reduce the risk of abuse. The service had cooperated and worked with safeguarding teams when concerns had been referred to them to investigate. Records we looked at and staff we spoke with confirmed they had received safeguarding vulnerable adults training. Staff were aware of how to recognise and report any concerns and had undertaken safeguarding training. We were told by a staff member, "I know who to go to if I thought someone was not being treated properly."

Recruitment records indicated that staff had been recruited safely and were supervised and supported by the management team. The registered manager was continuing to recruit as the staff establishment was not complete and there were still times when care staff had done extra shifts to maintain appropriate staffing. We looked at four weeks rotas, found planned absences were covered and sufficient staff on duty. The registered manager described how they also used their judgement and knowledge of the people living there as well to assess if staffing levels needed to be changed, for example, should someone need increased support. We discussed with the registered manager having a formal system to do this using a dependency tool. They were happy to implement this.

Care plans showed risk assessments were in place and the control measures to help minimise them. These included risk assessments for skin and pressure care, falls, moving and handling, mobility and nutrition. The provider had systems to audit all accidents and incidents that occurred and took action to minimise further risks to people. The provider learnt from incidents and used them to improve practice. For example, a falls audit had led to establishing a better system of review involving district nurses and using medication reviews.

People had personal emergency evacuation plans in place so their individual needs were known to staff and emergency services in the event of a fire. A fire risk assessment was in place and a contingency y plan for dealing with foreseeable emergencies. We found equipment had been serviced and maintained as required. For example records confirmed hoists, the stair lift, emergency equipment and electrical equipment complied with servicing and test requirements.

We saw staff using personal protective equipment, such as disposable gloves and aprons, appropriately. There were hand sanitising gel and hand washing facilities available around the home. Staff had received infection control training and understood their responsibilities in relation to infection control and hygiene. We noted that some hoist slings in use had been used for more than one person and the registered manager began to address this to promote consistency in preventing infection. We found the home and kitchens were clean, tidy and being maintained. We did note a strong odour of urine in one room. The registered manager explained the reason for this and the action currently being taken to eliminate the odour.

We looked at a sample of medicines and administration records and found medicines had been ordered appropriately, checked on receipt into the home, given as prescribed and stored and disposed of correctly. Sampling of people's medicines, against their medicine records confirmed they were receiving their medicines as prescribed by their GP. We noted that some people who lived in the home did not have 'protocols' or guidance for staff on the 'as required' medicines. The registered manager began addressing this oversight during our inspection.

Good

Is the service effective?

Our findings

People we spoke with who lived at The Old Vicarage told us that the staff understood their needs and respected their choices and the decisions they made. We were told by one person "The home gives me what I need. The rooms are nice and the staff are kind and helpful. Comments on the support given also included, "The staff know their jobs" and "They make all my hospital appointments and I have all I need." A relative told us, "My [relative] enjoys the food." We joined people during lunch and saw that the food looked appetising and well presented.

The home had achieved a 5 Star rating from the national food hygiene standard rating scheme. This meant the hygiene standards were very good. People who lived at the home told us they had a choice of meals and that they had been asked their choice the previous day. People who needed some help with their meal were offered encouragement and assisted sensitively. We were told by people, "By and large, the food is good and we get enough and "The food here is quite good" and "I really enjoy my food, it's better than cooking yourself."

We looked at a sample of people's care plans and saw people living in the home had nutritional assessments in place and specific dietary needs were stated and catered for. We saw that people had their weight monitored for changes so action could be taken if needed. Care records we looked at contained information about the healthcare services that people who lived at the home had accessed. Staff had recorded when people were helped to attend appointments or see their GPs and district nurses, mental health team, optician, chiropodist, CHESS team [Care Home Education & Support Service] and social services. One person who used the service said, "I can tell them [staff] if something is wrong. They will get the doctor if I need him." People's relatives expressed their confidence in the staff and one relative told us, "[Relative] has improved since being here. I think good care and food is the answer."

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We saw appropriate DoLS authorisations had been made or were being applied for to lawfully deprive people of their liberty for their own safety.

We looked at staff training records and the training programmes in place for all staff. There was an ongoing programme of training, relevant to staff roles and this was being kept under review. We saw that staff had training on the MCA and sought verbal consent for all interventions during the day.

Improvements had been made to the environment and decoration within the home. There were furnishings

and signage in place to support people living with dementia. The sign provided visual information and prompts to help people to know where facilities like toilets were and to orientate themselves within the home.

Good

Is the service caring?

Our findings

We spoke with people living in the home about how they were cared for and how staff supported them to live as they wanted. One person told us they felt well supported and 'When I cry, they love me." Responses that we received were positive and included, " It's very caring home" and "The staff are lovely, we have some good laughs with them. I do trust the girls."

We spoke with some people who were visiting their friend. They told us, "This is a lovely home, we are always made to feel very welcome. The staff are warm and friendly and all the girls appear to be very respectful to the ladies and gentlemen. Our friend always seems to be very happy when we visit". People who lived in the home told us that they could have visitors when it suited them. We observed care throughout the day and saw that staff were respectful and friendly and there were plenty of kind words and hugs.

We saw that people were supported to maintain their independence, for example managing their own medication within a risk assessment framework. We spoke with a relative who told us, "The home has provided good care for [relative]. They always look smart. [Relative] always wore a tie and still does. The girls make sure of that. [Relative] is afforded a level of independence within his capabilities like using the stairs instead of the stair lift all the time."

People who lived at the home told us that their privacy and dignity were respected and that they were always asked how they wanted their care delivered and how they liked to be helped. We saw that staff knocked on the doors to bedrooms before entering and they made sure doors to bedrooms and toilets were closed when people were receiving personal care.

The registered provider had improved some bedrooms, refurbishing and adding ensuite facilities and all bedrooms at the home are now for single occupancy. We visited some people's bedrooms and saw they had been made personal spaces with people's own belongings, such as photographs and ornaments to help them feel more at home. This was encouraged so that people had familiar things around them.

We spoke with the registered manager about having access to advocacy services should people require their guidance and support. The registered manager had contacts with an advocacy service so it could be provided to people and their families if they wanted it. This helped to make sure people's interests would be independently represented outside of the service to act on their behalf if needed.

People's preferences, cultural and spiritual needs were respected. Religious services were held and people who wanted to could take part. The registered manager spoke about how they would access information to support the religious or cultural beliefs of anyone who came to live there.

We saw cards the service had received from family and friends and many referenced their appreciation of the service. Comments referred to "The wonderful, caring staff" and "All the years of looking after [relative] and me."

Good

Is the service responsive?

Our findings

We looked at a range of care plans for people with different needs. We saw that an assessment of needs had been done before a person came to live at the home and this continued on admission. These assessments covered people's physical, psychological, emotional and social needs and had been reviewed and updated regularly. This helped to make sure individual needs and personal information was still current.

We asked people who lived in the home if the service responded to their needs and preferences. One person told us, "It's like being on holiday all the time, but my health is looked after as well." Another person said, "I just couldn't manage at home so I came here. Now I can just please myself, nobody tells me what to do. The girls will help me if I want them to. I can move around quite well on my own and feel safe now and steady."

Staff we spoke with had a good understanding of people's backgrounds and lives. This helped them to be more aware of things that might cause people anxiety or upset them. The service had considered good practice guidelines when managing people's health needs. For example,
we saw people had hospital folders in place. These promote communication between health professionals and people who may need to be admitted to hospital and cannot easily give a history or outline their all needs.

We spoke with social care professionals who worked with the home and their comments were positive. These included noting the service was "very responsive" and that there were, "No issues at present with this service, they are really good at communicating."

The home had a complaints procedure that was displayed in the home and stated within the statement of purpose. People we spoke with who lived in the home raised no complaints with us. We were told, "If I wasn't happy here I would just speak up". The relatives we spoke with said they had not needed to make any complaints on behalf of their relatives. One relative told us, "I have no issues with this home" and another commented, "We don't have any serious issues with the home."

We saw that care staff supported people who lived in the home with their social interests and activities. A range of activities were advertised on a notice board. On the day of inspection, the scheduled activities were magazine reading in the morning and treasured memories in the afternoon. We did not see either taking place but we saw that some people chose to play dominoes in the afternoon. There was also a singing session during the afternoon that several people took part in with enthusiasm.

A visitor to the home told us, "I think there could be more activities" and a person who lived there commented, "I would like more to do, we could go for walks when it's nice weather." The registered manager wanted to make the activities provision more reliable, varied and individualised for people to participate in. They anticipated that the appointment of a permanent activities coordinator would facilitate this.

We saw people had been supported to remain in the home where possible as they headed towards end of life care. This allowed people to remain comfortable in their familiar, homely surroundings, supported by familiar staff. The district nursing service and the person's GP also worked with the home to provide the right care and treatments at the end of a person's life.

Good

Is the service well-led?

Our findings

There was a registered manager in post at the home. They were new to the post and were being well supported by the registered providers as they established themselves in the role. 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.

The registered manager was clear about their role and how the service needed to continue to develop. Staff we spoke with told us they felt the registered manager worked with them and supported them to provide quality care. We were told, "The home is better now and we are going to have more improvements in the home. The manager is very approachable and we can always talk to her." Another staff member told us that the registered providers and manager had made "a lot of positive changes" and "have made the home more dementia friendly." Staff confirmed they felt safe to raise any concerns and felt confident the management would act on their concerns appropriately.

The service had procedures in place to monitor the quality of the service provided. The management team had introduced a number of additional quality checks or audits, including 'spot checks' to improve overall monitoring of service provision and effectiveness. These were still being embedded into the home's systems but it was clear they were having an effective as audits were picking up areas that could be improved. For example, an audit of emergency files showed some inconsistencies in the completion of 'Do not attempt cardiopulmonary resuscitation' (DNACPR) documents.

We discussed with the registered manager how they followed up on audit findings to monitor that change took place. They agreed that a formal system of monitoring setting timescales for improvement would be more effective that their informal follow up and had already began to implement this with the registered providers. The directors of the home visited regularly and carried out their own checks and audits to help make sure changes and improvements were being maintained.

Staff meetings had been held to discuss the service provided and there were regular supervisor meetings. However, it had been some time since people who lived in the home had a recorded meeting with an agenda of topics. Whilst opinions had been sought from individuals formal meetings and surveys had lapsed during a period of changes. The opportunity for people to have their own meetings was being reinstated along with sending out a satisfaction survey for people living in the home and their relatives.

Notifications of deaths, serious injuries and allegations of abuse were sent in to us as required. The rating for the previous inspection was displayed within the home.