

# Aegis Residential Care Homes Limited

# The Old Vicarage Care Home

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

The Old Vicarage Care Home is a residential care home providing personal care to 23 people aged 65 and over at the time of the inspection. The service can support up to 35 people.

The Old Vicarage Care Home has two lounges and a dining room, and a lift is available to support people with mobility needs to access the second floor. There is also a garden area and a car park at the home.

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

The service had addressed the issues from the last inspection, and we found medicines were managed safely across the home. Auditing systems identified if improvements were required and care records reflected people's needs and preferences. Documentation was completed to ensure people's rights were upheld if restrictions were in place.

Recruitment procedures were followed to ensure staff were suitable to work with people who may be vulnerable. People were supported by staff who responded to their needs quickly. Two staff commented they felt additional staff at key times would be beneficial. We have made a recommendation about the review of staffing.

People said they were happy at the home and they liked the staff. People were cared for in a clean and homely environment by staff who were caring, competent and keen to improve the service provided. Risk assessments were carried out and staff could explain the reason for the assessments and how they followed them to help keep people safe.

The registered manager and staff worked with other agencies to help ensure people were the centre of their care.

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 and update. The last rating for this service was inadequate (published 09 June 2020) and there were three breaches of regulation. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

This service has been in Special Measures since December 2019. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

We carried out an unannounced comprehensive inspection of this service on 18 and 19 November 2019. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been

made and the provider was no longer in breach of regulations.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from inadequate to requires improvement. This is based on the findings at this inspection. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for The Old Vicarage Care Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has changed from inadequate to requires improvement. This is based on the findings at this inspection.

#### Follow up

The overall rating for this service is requires improvement. We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. In addition, we will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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?

**Requires Improvement** ●

The service was not always safe.

We have rated this key question as requires improvement. Although improvements were found we need to be sure these are consistently embedded. We will check this at our next inspection.

Details are in our safe findings below.

### Is the service well-led?

**Requires Improvement** ●

The service was not always well-led.

We have rated this key question as requires improvement. Although improvements were found we need to be sure these are consistently embedded. We will check this at our next inspection.

Details are in our well-led findings below.

# The Old Vicarage Care Home

## **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 as part of our Thematic Review of infection control and prevention in care homes

### Inspection team

The inspection was carried out by an inspector and a medicines pharmacist inspector.

### Service and service type

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

The 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

We gave the service 43 hours' notice of the inspection. This was because we needed to ensure we worked closely with the provider to ensure the risk of infection was minimised and national guidance in infection prevention and control were followed during the inspection.

### What we did before the inspection

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.

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and two external professionals who work with the service. This information helps support our inspections. We used all this information to plan our inspection.

### During the inspection

We spoke with two people who used the service and three relatives about their experience of the care provided. We spoke with eight members of staff including the registered manager. We also spoke with four staff who delivered direct care, the housekeeper and the cook.

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. A variety of records relating to the management of the service, including environmental information.

### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at environmental records and also at medication records and care records. We spoke with relatives and staff by phone.



# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as inadequate. At this inspection this key question has now improved to requires improvement. This meant 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.

### Using medicines safely

At the last inspection we found the provider had did not always manage medicines safely. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- We saw evidence that person-centred information had been included on both medicine administration records (MAR) and in care records. Guides for 'when required' medicines were detailed, and staff recorded times of administration.
- Records showed time sensitive medicines and medicines with special instructions were administered as prescribed. All residents had their allergy status recorded on the MAR.
- Staff completed monthly audits, and actions were taken when issues were found. All staff administering medicines were competent to do so.
- We discussed with the manager the arrangements for administering medicines during the night, as this relied on on-call staff which may result in delays with emergency medicines and pain relief. We were assured that this would be addressed.

### Assessing risk, safety monitoring and management

At the last inspection we found care records did not always reflect people's needs. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We also found that people's capacity to make decisions had not always been assessed in line with the principles of The Mental Capacity Act 2005 (MCA) and DoLS applications made to the local supervisory body did not always reflect the restrictions in place. This was a breach of regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulations 11 and 17.

- Care records were reflective of people's needs. Care records contained detailed information to enable staff to support people with their health, wellbeing and expressed wishes. Care records also contained

information which showed people's capacity to make decisions had been assessed in line with the MCA any restrictions were carried out lawfully.

- The management team completed risk assessments in key areas such as falls, nutrition, choking and skin integrity. Actions to minimise risks were documented and staff were knowledgeable of these.
- The provider displayed fire signage in the home to help people evacuate in the event of an emergency. Staff could explain the action they would take to protect people in the event of fire, and this was recorded on individual care records.
- The provider ensured equipment was serviced to ensure it was safe to use.

#### Staffing and recruitment

- Most staff told us they had enough time to support people safely and they were confident the registered manager would ensure more staff were provided if this was needed. Two staff shared there were times when they felt increasing the number of staff would be beneficial.

We recommend the service reviews the deployment of staff in line with best practice.

- One person shared that if they needed assistance in the day or night, staff helped them quickly. They commented, "That buzzer is useful, if I ring it someone comes straight away."
- The provider carried out sufficient checks to ensure prospective employees were suitable to work with people who may be vulnerable. recruitment files contained evidence the checks had been carried out.

#### Systems and processes to safeguard people from the risk of abuse

- The provider had systems to protect people from the risk of abuse. Staff we spoke with told us they had received training in safeguarding, and they would act to keep people safe. They were able to give examples of abuse and said they would raise any concerns with the provider, quality manager or the local safeguarding authority to ensure people were protected. One staff member commented, "The most important thing is people are safe."
- People told us they felt safe and they trusted staff. One person said, "All the staff are very nice, they do everything to help us."

#### Preventing and controlling infection

- The provider had systems to protect people from the risk of infection. PPE and infection control gel was provided throughout the home and staff wore appropriate PPE to minimise the risk and spread of infection.
- Staff told us they received training in infection prevention, including training relating to Covid -19.
- Signage was displayed to remind people and staff of good practice.
- Extra cleaning was taking place to help minimise the risk and spread of infection.

#### Learning lessons when things go wrong

- Since the last inspection the registered manager had reviewed the processes around medicines at the home. They explained that on review of the previous system, it was found improvements could be made, so amendments had been made to help ensure the safe management of medicines.
- Staff told us checks were carried out and they received feedback on these. Staff told us they were keen to learn and improve the care delivered and they valued this feedback.



# 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.

At the last inspection this key question was rated as inadequate. At this inspection this key question has now improved to requires improvement: This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

At our last inspection audits had not identified improvements needed to maintain compliance with the fundamental standards. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The registered manager completed audits which identified where improvements were required and in some cases the action taken to improve the service was recorded on the audit.
- People told us the registered manager spoke to them and sought their experiences of living at the home. People were also given the opportunity to provide written feedback as surveys were carried out. The registered manager told us they were exploring the possibility of having a small shop at the home as this had been requested in a recent survey.
- The registered manager shared information with other organisations to support learning and safe practice. Information had been shared regarding Covid19 and this could help other organisations to identify themes and trends.
- The registered manager praised the staff for the way they had embraced change and the dedication they showed. They told us they valued the staff and there was an emphasis on improving care at the service which was achieved through leadership and teamwork. Staff told us they felt there had been improvements since the last inspection and there was good team working and a positive atmosphere.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics;

- The provider was working to improve the service. The registered manager said they felt well supported by the provider and they were able to seek further advice and guidance if this was needed.
- The registered manager sought people's verbal feedback and surveys were carried out to support people to share their views. Changes were made whenever possible.

- The registered manager and staff supported people to remain engaged with others who were important to them during the Covid-19 pandemic. Technology was used to maintain communication and support relationships.
- The registered manager listened to staff and implemented their ideas when possible. A staff member had suggested a room be altered to enable socially distanced visits to the home. This was currently being explored.
- The registered manager told us when things went wrong or could have been done differently, investigations took place to check if there were any lessons learned. The registered manager explained the culture was to learn and improve and if apologies needed to be made, this would happen.

#### Working in partnership with others

- The registered manager was working with other professionals to ensure people received medical advice if this was needed. For example, district nurses attended the home if this was required.
- The registered manager sought advice and guidance from relevant professionals. Since the last inspection the provider had been working closely with the Local Authority and Care Home Liaison Team to ensure care provided was in line with best practice.