

The Old Vicarage (Chippenham) Limited

The Old Vicarage

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

The Old Vicarage is a service providing care for older people. It is registered to accommodate 21 people who require personal care. At the time of the inspection, 19 people were living there. The home is registered for more people than bedrooms because some rooms are large enough for two people and have been used for couples. The Old Vicarage is a large Grade 2* listed building located in a cul-de-sac in Chippenham, a few minutes' walk from the town centre.

At the last inspection, the service was rated Good. At this inspection we found the service remained Good.

Why the service is rated Good.

The home continued to ensure people were safe. There were enough suitable staff to meet people's needs. Risk assessments were carried out to enable people to retain their independence and receive care with minimum risk to themselves or others. People received their medicines safely and, where possible, were supported to administer their own medicines. People were protected from abuse because staff understood how to keep them safe, including more senior staff understanding the processes they should follow if an allegation of abuse was made. All staff informed us concerns would be followed up if they were raised.

People continued to receive effective care. People who lacked capacity had decisions made in line with current legislation. Staff received training to ensure they had the skills and knowledge required to effectively support people. People told us, and we saw, their healthcare needs were met. People were supported to eat and drink according to their likes and dislikes. 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.

The home continued to provide a caring service to people. People and their relatives told us, and we observed that staff were kind and patient. People's privacy and dignity was respected by staff and their cultural or religious needs were valued. People were involved in decisions about the care and support they received. People's choices were always respected and staff encouraged choice for those who struggled to communicate with them.

The home remained responsive to people's individual needs. Care and support was personalised to each person which ensured they were able to make choices about their day to day lives. People were supported to follow their own activity programmes. These considered people's hobbies and interests and reflected people's preferences. People knew how to complain and there were a range of opportunities for them to raise concerns with the registered manager and designated staff.

The home was very well led. People, their relatives and staff spoke very highly about the management and told us they felt the service was outstanding. Staff were highly valued and appreciated and morale was very high. Staff told us they were very well supported and the management went out of their way to help. The registered manager continually monitored the quality of the service and made improvements in accordance with people's changing needs.

The service met all relevant fundamental standards.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remains Good

Is the service effective?

Good ●

The service remains Good

Is the service caring?

Good ●

The service remains Good

Is the service responsive?

Good ●

The service remains Good

Is the service well-led?

Good ●

The service remains 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 checked 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 12 and 13 December 2017 and the first day was unannounced. The inspection was carried out by one adult social care inspector who attended both days, and one Expert by Experience who attended on the second day.

Before the inspection, we looked at information we held about the provider and home. Due to technical problems, the provider was not able to complete a Provider Information Return. This is information we require providers to send us at least once annually 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 spoke with five people staying at the home and five relatives. We spoke with the registered provider, registered manager, care manager and five staff members. We also spoke with two healthcare professionals. We looked at three people's care records and associated documents and observed interactions between staff and people in communal areas. We looked at four staff files, previous inspection reports, a local authority compliance report, rotas, audits, staff training and supervision records, health and safety paperwork, accident and incident records, statement of purpose, complaints and compliments, minutes from resident and staff meetings and a selection of the provider's policies.

Our findings

The service continued to be safe

People told us they felt safe and said, "Definitely yes, someone is around when you need them" and, "Yes I feel very safe, it's just the general feeling of the home." Relatives said, "Very safe. My relative is fine." One healthcare professional told us, "Staff always follow the instructions we give."

Staff told us, and records seen confirmed that all staff received training in how to recognise and report abuse. Staff spoken with had a clear understanding of what may constitute abuse and how to report it. All were confident that any concerns reported would be fully investigated and action would be taken to make sure people were safe. Where allegations or concerns had been brought to the registered manager's attention they had worked in partnership with relevant authorities to make sure issues were fully investigated and people were protected.

Risks to people were identified using assessments. For example, there were risk assessments in place for people's mobility, nutrition and other health needs. The assessments we looked at were clear. They provided details of how to reduce risks for people by following guidelines or the person's care plan. Both the care plans and risk assessments we looked at had been reviewed regularly.

Everyone we spoke with confirmed people were supported by sufficient numbers of staff to meet their needs in a relaxed and unhurried manner. One health care professional said, "There is always a member of staff around when I visit." Relatives said, "There's enough staff, there's always someone we can speak with" and, "We feel [name] is very safe here, there is nothing that happens to make me feel they are unsafe. We normally visit in the afternoon and you never walk a corridor and not see anyone." The registered manager used a dependency tool which considered the needs of people. The rotas showed the required numbers of staff were provided to meet people/s needs.

Risks to people were reduced because safe recruitment practices were followed before new staff were employed to work with people. Checks were made to ensure staff were of good character and suitable for their role.

Peoples' medicines were managed and administered safely. People's medicines were administered by staff that had their competency assessed on an annual basis to make sure their practice was safe. Staff were required to complete specific medicines training as well as e-learning, which was repeated annually.

There were suitable secure storage facilities for medicines. An audit was completed every time medicines were booked in or booked out. This gave a clear audit trail and enabled the staff to know what medicines were on the premises. We checked records against stocks held and found them to be correct. There were no medicines which required additional security and recording on site; however the provider's policy gave clear guidance for staff how to manage these if necessary. One person was able to self-medicate, staff reviewed this regularly to ensure the person's safety.

Staff had clear guidelines for reporting and recording accidents and incidents. Staff were required to report any accidents or incidents within 24 hours. The registered manager and a senior manager saw all accident forms, and made any notifications required. The registered manager had systems and processes in place to be able to manage incidents and complaints. Staff were aware of the need to report accidents fully, so that lessons could be learned and improvements made where possible. One healthcare professional told us, "I've always found them open and honest."

People were protected from infection. The premises was clean and fresh. A coloured coded system was used for mops and cutting boards and staff had personal protective equipment, such as gloves, to reduce any possibility of cross contamination. Laundry equipment was suitable for the needs of people using the service. For example, washing machines had a sluicing and hot wash cycle. There was an infection control policy and the staff received appropriate training in infection control and food hygiene.

Major incident contingency plans were in place which covered disruptions to the service which included fire, loss of gas, oil, electricity, water or communications. Business continuity plans were also in place for severe weather. Everyone living in the home had a Personal Emergency Evacuation Plan (PEEP), which gave staff the information they needed to support people.

Our findings

People continued to receive an effective service.

People were supported by staff who had access to a range of training to develop the skills and knowledge they needed to meet people's needs. Relatives told us, "Staff know what they're doing." The registered manager told us, "Staff have access to internet based training which is endorsed by Skills for Care." Staff received training in a range of topics including Infection Control, H&S and Fire safety. Staff also received training to support people's individual needs and had access to information about complex needs such as dementia. Staff told us they could ask for specialist training if they wished. The registered manager explained that staff were supported to achieve qualifications which enabled them to progress to nurse training, and as a consequence had lost some staff. However, other staff who had left to further their careers had also returned to the home.

People were supported by staff who had undergone a thorough induction programme which gave them the basic skills to care for people safely. Staff were supported to complete the Care Certificate, which is a nationally recognised standard which gives staff the basic skills they need to provide support for people.

People were supported by staff who had supervisions (one to one meetings) with their line manager. Staff told us supervisions were carried out regularly and enabled them to discuss any training needs or concerns they had. The registered manager told us, "We seek staff feedback on the service during supervisions." Changes had been made as a result of feedback to the registered manager, which included a change to how the laundry was managed. Staff told us they felt supported by the registered manager, and other staff. Annual appraisals give both managers and staff the opportunity to reflect on what has gone well during the year and areas for improvement or further training required. This helped to make sure staff had the required skills and confidence to effectively support people.

Staff had a clear understanding of the Mental Capacity Act 2005 (the MCA) and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected. 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. Staff said, "Everything is people's choice" and, "We don't do anything without asking people first." These comments showed staff worked in accordance with the principles of the MCA to ensure people's legal

rights were respected.

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 authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. No-one staying at the home were subject to any DoLS at the time of our inspection. However, there were systems in place to record expiry dates and any conditions attached to the DoLS should there be a need for this. One relative told us, "At least you don't have to wait to be let in when it's raining as the front door is always open."

Families where possible, were involved in person centred planning and "best interest" meetings. A "best interest" meeting is where a decision about care and treatment is taken for an individual, who has been assessed as lacking capacity to make the decision for themselves. The care manager ensured where someone lacked capacity to make a specific decision, a best interest assessment was carried out.

People's nutritional needs were assessed to make sure they received a diet in line with their needs and wishes. People said, "I like the food mostly" and, "We get a choice for meals which are mostly ok." We observed lunch in the dining room. During lunch there was a jovial atmosphere with good hearted jokes and banter. The table was attractively laid with a table runner and Christmas decorations. People used linen napkins and condiments were available on the table. Staff offered appropriate support when people needed this. One person found it difficult to choose their meal, so staff printed out pictures of the various meals to help them. Relatives told us, "[Name] is very happy with the food choices", "The meals are always good and I've never heard a complaint" and, "The meals always smell and look delicious." People were able to discuss menus during residents' meetings. The cook told us, "I have no budget here, I buy whatever I want. Shopping is done on a daily basis so everything is fresh, and all meals are home cooked." Staff were aware of people's allergies and intolerances and their likes and dislikes were regularly updated.

People's care records showed relevant health and social care professionals were involved with people's care. Care plans were in place to meet people's needs in these areas and were regularly reviewed. Healthcare professionals told us communication between themselves, staff and the registered manager and other organisations was effective which helped to make sure people received the care and treatment they required to meet their individual needs.

Our findings

The service continued to be caring.

People said they were supported by kind and caring staff. People said, "I am quite content" and, "The people working here make it a home." Relatives said, "We couldn't find a better place. You can feel the warmth and care as soon as you walk in", "Staff are very friendly, it's fantastic" and, "This is the best home [name] has ever been in." Other relatives told us, "I can't praise them enough" and, "During [name's] stay they were looked after with great care, respect and careful attention to their individual needs." From our observations, we could see that people were relaxed in the presence of staff and appeared to be happy. We saw that staff were attentive and had a kind and caring approach towards people.

People told us they were encouraged to be as independent as possible. One person said, "I can do most things for myself but if I need help I press the button and they do come." The home had links to local advocacy services to support people if they required support. Advocates are people who are independent of the service and who support people to make decisions and communicate their wishes. People's care plans identified if the person required their advocate to support them.

People were supported by staff to maintain their personal relationships. This was based on staff understanding who was important to the person, their life history, their cultural background and their sexual orientation.

There were ways for people to express their views about their care. Each person had their care needs reviewed on a regular basis which enabled them to make comments on the care they received and voice their opinions. One relative said, "I'm always involved in the care plan."

Staff were aware of issues of confidentiality and did not speak about people in front of other people. When they discussed people's care needs with us they did so in a respectful and compassionate way.

People told us that staff respected their needs and wishes and they felt that their privacy and dignity were respected. Each person had an en-suite bathroom and all personal care was provided in private. People said, "The carers are all so kind treating us with respect and dignity and respecting our privacy when helping us" and, "They do respect my privacy and dignity." One member of staff said, "We make sure any personal care is given in private; we cover the person and close the curtains and doors."

Our findings

The service continued to be responsive.

People received care that was responsive to their needs and personalised to their wishes and preferences. One person told us, "We are all like one big family." Relatives told us, "The staff have always been respectful and find the time to listen to any of my queries and if not knowing the answer find someone who can. I hope in the future you [meaning the home] will get the recognition you deserve" and, "The thing that has been really excellent for [name] that most bigger homes just couldn't give is flexibility. [Name] likes to get up in the afternoon and go to bed around 3 a.m.; their requests for lunch or supper at 2 in the morning are regularly satisfied. We couldn't do that at home."

People or their relatives confirmed they were involved in developing their care, support and treatment plans. Care plans were personalised and detailed daily routines specific to each person. Staff used a well-known digital form of care plans. One healthcare professional told us, "Without a doubt the records are always there" and another said, "They keep very good records, better than average." Relatives told us, "I see the care plan, it's quite extensive" and, "I'm happy and impressed with the care plan. They do recognise [name's] specific needs." Care plans identified what was important to people and gave guidance for staff about what made a good day for people, and what made a bad day. Care plans identified what the person could do for themselves and what support staff should provide.

Complaints and concerns were taken seriously and used as an opportunity to improve the service. There had not been any complaints since our last inspection. People said, "I have no problem at all" and, "Staff are very approachable and I have no concerns." One healthcare professional said, "I certainly don't have any concerns." Relatives said, "I can't fault this place. All my friends and relatives think it's wonderful", "No concerns" and, "Every time I come in I talk to the carers, any concerns I have are followed up immediately, they're nothing but helpful."

People told us they weren't able to take part in many activities. When asked what they did, people said, "Not much" and, "Entertainers come every now and again but it's not my cup of tea." One resident said, "I join in when there is something I want to do, but mostly I sit in my room and watch TV or read." One relative said, "[Name] likes company, but I think they're a bit isolated." A list of activities for December was on display on the notice board, and showed 11 activities provided by external activity providers had been planned for the month. One member of staff told us people enjoyed 'chair-aerobics', however this was only listed as a monthly activity. People's care plans recorded the hobbies and interests people enjoyed and

staff we spoke with knew about these. During the inspection, we observed three people making Christmas cards. After the inspection, the registered manager provided further information about activities available for people, such as skittles, games and trips into town.

Staff were able to attend monthly meetings where they were encouraged to share what was working or not working. The agenda covered topics such as health and safety, the individuals staying in the home, infection control, incident reporting and any other topics as necessary. This meant staff were able to keep abreast of any changes.

People and their families had been asked about their wishes for the end of their lives. Although no-one was reaching the end of their lives, a policy was in place. The registered manager said, "We have contacts with district nurses and the local hospice and have access to any equipment .we might need, such as syringe drivers for pain relief. Families are involved and people will stay here as long as they want."

Our findings

The home continued to be well led.

There is a registered manager in post. 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 provider and registered manager demonstrated passion and commitment to providing an excellent service for people and their relatives, often going out of their way to support them outside the home. For example, staff visited people in hospital and took people out to access community functions in their own time.

We observed people responded very warmly to the registered manager and staff supporting them. Relatives told us they felt the service was outstanding. Relatives said, "The staff at The Old Vicarage have been outstanding with [name], they really do provide a home away from home but with much safer and quietly professional care than we could give" and, "I was very touched when discussing [name] with their doctor when they said, "You do realize the staff here love them too" and, "If you are looking for a kind and cosy home, you couldn't do better than the old Vicarage, the staff are superb." Other comments included, "The staff treated [name] as one of their family and nothing was ever too much trouble. We cannot commend The Old Vicarage highly enough; a wonderful home" and, "I keep recommending you and your outstanding service, though I hear you are full!"

The home had forged good links with the local community and other agencies which helped to make sure people received care that was always up to date and reflective of best practice. The provider was a board member of several care associations and they told us, "This hands-on involvement at such a level has been a major benefit to the care we provide to our residents. It has enabled us to be proactive, and up to date, with changes in regulations, best practice, and gives some insight how other care providers provide care services." For example, people were supported by a key worker and a co-key worker, which meant they always knew the staff supporting them. The providers involvement had been recognised by a local authority and they had been awarded an "Outstanding Contribution to Social Care Award." The care manager had also been nominated for a Care Award, and had been recognised as a "Leadership Support Person" for "My Home Life" programme introduced by the local authority. People had been supported to maintain links with the local community through attending various clubs and social activities. Girl Guides and a local

nursery had visited the home to sing Carols and chat with people.

The registered manager, provider and care manager were very committed to providing a service that was person centred and treated everyone as equals. One relative told us, "I can't praise them enough it's not just for my relative it's for everyone, they treat everyone the same." Everyone we spoke with told us the registered manager and staff were always supportive and approachable. There was a clear management structure with regular involvement from the directors.

Staff were highly valued and morale was very high. Managers develop their leadership skills and those of others. Staff were supported to achieve a level four qualification which meant they were able to progress to nursing degrees. Some staff returned to the home after completing their training, which meant people were supported by staff who were able to use the skills they learned whilst nursing. The registered manager told us, "Nine out of ten staff come from existing staff or returning staff." This consistency of staffing meant people benefited because staff knew them very well. This is important because staff knew the support people required and were able to identify if people's needs changed.

Staff told us about the support scheme in place which offered exceptional support to new staff. One member of staff said, "I started on an employment scheme in the home which meant I got extra support for some time until I felt able to carry out tasks unsupervised." The member of staff explained that once a target had been reached a new one would be set. As their targets were achieved, so their confidence and experience were continually being built up and increased. They told us, "I really appreciate the extra help I was given which made it possible for me to find a job I could do. I am much more confident now and want to go on and do more." Other staff told us, "It's a lovely place to work", "It's a good staff team, we all help each other" and, "The managers have never asked me to do anything I've not seen them doing."

The provider, registered manager and care manager provided clear leadership and used systems effectively to monitor the culture of the service. This included the consistent presence of the registered manager in the service, working alongside staff as an effective and caring role model. Staff told us they felt the service was well-led and said, "I feel very supported in my role", "They not only make time to listen and talk with staff regarding work matters, but also support them with their own health and personal matters" and, "I have known them [the registered manager and provider] to go out of their way to help staff with personal difficulties, whether this is relationships, finances or health problems." Other comments included, "Staff are aware that should they have problems and need to re-arrange their shifts, or take extended time off, they can do so without worrying about repercussions" and, "I am able to approach them and request anything I feel would be of benefit to either staff or residents, whether it is resources for activities, outings or changes to the environment." Staff also had regular team meetings which kept them up to date with any changes in the home.

People were involved in decisions and changes regarding the running of the home. The provider had effective systems in place to monitor the quality of care and support that people received. The registered manager told us, "We've done surveys previously, but surveys weren't always returned. We therefore gather feedback on the service during care reviews." The time of Sunday lunch had been changed as a result of feedback from people. People were also able to give feedback during resident's meetings. For example, minutes of these meetings showed people had been involved in discussions about activities and meal times.

There were very effective quality assurance systems in place to monitor health and safety and plan on-going improvements. The registered manager employed a company to manage health and safety checks. A variety of monthly, quarterly, six-monthly and annual checks took place including medicines and safeguarding audits. We saw that where shortfalls in the service had been identified action had been taken

to improve practice and standards of care for people.

Staff were reminded of the vision and values of the organisation, which the registered manager told us was about making people feel at home. Staff told us the vision and values of the organisation were about a person centred environment and one member of staff said, "People are all individuals and nothing is too much trouble." This vision was put into practice, as people were supported to be as independent as they could be.

Relatives we spoke with confirmed they were able to contribute to improving the service and were asked their views regularly. Relatives told us, "We're able to give feedback", "They're just lovely, the friendliness, warmth and good atmosphere is just lovely, I've no worries" and, "The home is well-run."

The registered manager reviewed accidents and incidents; this meant any emerging trends could be spotted and actions taken to ensure people received safe support.