

Royal Bay Care Homes Ltd

The Old Vicarage

Inspection report

Weekly Village
Kettering
Northamptonshire
NN16 9UP

Tel: 01536484378
Website: www.royalbay.co.uk

Date of inspection visit:
13 October 2017

Date of publication:
17 November 2017

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 care home for older people who require nursing and personal care. The accommodation is spread over two floors with the main communal areas on the ground floor. The home provides care for up to 38 people, at the time of our inspection there were 30 people living in the home.

At the last inspection in July 2015, the service was rated Good. At this inspection we found that the service remained good.

There was 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.

People were supported by sufficient numbers of staff in the home that had received the training and support that they required to provide effective care to people. Staff had been subject to appropriate recruitment procedures to ensure that they were of good character. People were protected from the risk of harm because staff were confident in recognising and reporting concerns to maintain people's safety.

People received personalised care and support and had detailed plans of care in place to guide staff in providing their care. People's needs were monitored closely and their plans of care reviewed to ensure they received appropriate care and support.

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 support this practice.

People were supported to access healthcare professionals and to maintain good health and well-being. Staff were vigilant of people's health. People were supported to have sufficient amounts to eat and drink to help maintain their health and well-being.

Staff took time to get to know people and ensured that people's care was tailored to their individual needs. People had the information they needed to make a complaint and the service had processes in place to respond to any complaints.

People were supported by a team of staff that had the managerial guidance and support they needed to carry out their roles effectively. The quality of the service was monitored by the audits regularly carried out by the registered manager and by the provider.

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 13 October 2017 and was unannounced. The inspection team consisted of one Inspector.

Before our inspection, we reviewed information we held about the provider including, for example, statutory notifications that they had sent us. A statutory notification is information about important events which the provider is required to send us by law. 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. The provider returned the PIR and we took this into account when we made judgements in this report.

During the inspection we spoke with six people who used the service and two of their relatives. 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. We also spoke with five members of staff including three care staff, the deputy manager and the registered manager. We reviewed the care records of three people who used the service.

We also looked at other information related to the running of and the quality of the service. This included quality assurance audits, maintenance schedules, training information for care staff, staff duty rotas, meeting minutes and arrangements for managing complaints.

Is the service safe?

Our findings

People were protected from the risk of harm. Staff knew people well and risks to people had been assessed and plans of care developed to guide staff in reducing the known risks to people. One person told us "I feel safe living here. I had lots of falls when I lived at home, but not here. They keep a close eye on me." One person's relative told us "My mum is cared for in bed. The staff help her change position and look after her skin really well."

The provider had clear safeguarding procedures in place and staff were confident in the steps that they should take to report any concerns in relation to people's safety. One member of staff told us "I would tell the manager straight away if I thought anyone was at risk or had been harmed. We also have the contact details for the provider or the Council's Safeguarding Team if we ever needed to use them." Where investigations had been allocated to the registered manager to complete by the Local Authority's Safeguarding Adults Team, these had been completed thoroughly and in a timely manner.

There were sufficient numbers of staff that had been subject to thorough recruitment procedures to ensure they were suitable to provide people's care. One person told us "There are enough staff working. I ring my buzzer and they come right away." One person's relative told us "I visit almost every day and there are always staff around. If you need a member of staff to help they are there straight away. I have no concerns about the number of people working here."

People medicines were managed safely. One person told us "They keep on top of my medicines. You can never catch them out; they bring them on time and know whenever the doctor changes them." Staff had received training in the safe administration of people's medicines and the registered manager monitored the competency of staff to manage people's medicines safely.

Is the service effective?

Our findings

Staff received the training, support and supervision that they needed to work effectively within the home. There was an on-going programme of training and professional development for care staff. One person told us "They [The staff] seem well trained. They know what they are doing when they help me." One member of staff told us "I have had lots of training. The manager makes sure that we keep all of our training up to date. We always joke that we do too much training but it is good. I have just finished a training course on diabetes which is really useful as a number of people in the home have diabetes." Staff also received regular supervision to enable them to reflect upon their practice and to support them in working effectively within the home.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). People's capacity to consent to their care and support had been assessed and was considered on a day to day basis by staff when providing people's care. The registered manager was aware of and complied with any conditions associated with people's DoLS authorisations.

People were supported to eat and drink enough and to maintain a balanced diet. One person told us "The food is very nice and we always get a choice." One person's relative told us "They are very on the ball here. The staff are always encouraging people to have food and drink." We observed the main meal within the home and found that people who required support to eat their meals received the help that they needed. A number of people within the home received their nutrition via a Percutaneous endoscopic gastrostomy (PEG) tube. This aspect of their care was overseen by a nurse who had received training to enable them to support people to maintain adequate nutrition. Feeding regimes had been written by dietitians and were located in people's care records. These regimes stated how much food and fluids needed to be given to each person and when they needed to be given.

People were supported to access healthcare services when they needed to. We saw feedback from one person's Parkinson's Nurse which stated "[Person] is really well cared for in the home." One person told us "The staff always call the doctor if I need to see them. They also visit the home every Wednesday so we can see them whenever we need to."

Is the service caring?

Our findings

People were treated with dignity and respect by staff who knew them well. One person told us "The staff are very good. They are very friendly and nothing is too much trouble." Another person told us "The staff are very nice; they stop and have a chat with you. I have a laugh with them which I enjoy." One person's relative told us "The staff know mum really well. They are all really good and very kind. One of the staff reads to mum because she is cared for in her bed and comes in to massage her hands." We observed staff knocking on people's bedroom doors prior to entering and referring to people by their preferred name.

People's feedback about their care and support was sought and acted upon by staff. One person told us "I mentioned to one of the staff that when I lived at home I liked to have a glass of wine with my lunch. They asked me what my favourite wine was and now I have that wine every day. I share a bottle with one of the other gentleman that lives here." One person's relative told us "[Person] can't leave their room now. They used to love the garden. I told the staff this and they rearranged her room so that she could see out of the window into the garden when she is in bed. You can see her looking out and it gives us something to talk about."

People were supported to follow their faith. People in the home were supported by staff to attend a local church to take part in services when they wished to.

Since our last inspection the home had adopted the Gold standards Framework for end of life care and all staff had received training in adopting this framework. The Gold Standards Framework is a toolkit that aims to ensure that people experience good quality care at the end of their life through partnership working with people's GP's, early identification of people who may be approaching the end of their life and advanced care planning to ensure that their preferences for their care at the end of their life are followed. The home had also created a memorial garden to provide a quiet area for people and relatives to remember loved ones who had passed away in the home.

Is the service responsive?

Our findings

People's needs were assessed prior to moving into the home to ensure that people's individual care and support needs could be met. People had detailed individual plans of care in place to provide guidance to staff in providing personalised care and support. Since our last inspection the provider had introduced an electronic care planning system. They had also provided staff with hand held tablets to ensure that staff were able to refer to people's plans of care in all areas of the home and could report changes in people's care and support needs in a timely manner to senior staff.

People's needs were met according to their individual plans of care. People's plans of care had been reviewed regularly and were reflective of their current care and support needs. One member of staff said "People's care plans are easy to read on the tablets. They get updated regularly. We are always told if people's needs have changed in our handovers." People's care and support needs corresponded to their detailed plans of care. For example people's pressure relieving mattresses were set to the correct pressure for each person's weight and people were helped to change their position to relieve their pressure areas regularly as detailed in their care plans. People who required support with moving and handling to transfer also received this support in a safe and consistent manner.

People knew how to make a complaint and had confidence that any complaints would be taken seriously and acted upon. One person's relative said "I have never needed to make a complaint but I would know how to. All of the staff are very receptive to feedback though so I can't imagine ever needing to complain because things get resolved before they become a problem." We reviewed the complaints that had been received by the provider and found that these had been investigated and responded to in a timely manner.

Is the service well-led?

Our findings

There was a registered manager in place. 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 a visible role model within the home. Staff felt supported and had a clear understanding of the vision and ethos of the service. Staff were extremely positive about the manager and told us they felt valued and listened to. There was a positive person centred culture and staff were committed to providing consistently high quality care and support to people. One member of staff told us "The management team watch things closely and set high standards for us to work to." Another told us "We all work hard to provide good care here. I would be happy for my mother to live here."

People could be assured that systems were in place to assure the safety and quality of their care and support. There were systems and processes in place to assess, monitor and manage the risks relating to the health, safety and welfare of people using the service. The provider had implemented a system of audits that were effective in assuring that any shortfalls in the service were identified and rectified in a timely manner. The provider had recently introduced an electronic care planning system to support staff in providing consistently personalised care and support and to maintain a greater oversight of people's care needs.

The registered manager facilitated residents meetings with people living in the home to obtain feedback from people on topics such as the menu and the activities provided within the home. Since our last inspection and in response to people's feedback an activities coordinator had been recruited to provide activities and social stimulation in the home.