

SVP Health Care Limited

The Old Vicarage Care Home

Inspection report

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Ratings

Overall rating for this service

Requires improvement 

Is the service safe?

Good 

Is the service effective?

Requires improvement 

Is the service caring?

Good 

Is the service responsive?

Requires improvement 

Is the service well-led?

Requires improvement 

Overall summary

We carried out an unannounced visit on 17 March 2015 and a further announced visit was made on 30 March 2015. The previous inspection was carried out on 24 January 2014 and was found to be meeting the standards of the five outcomes that were inspected.

The Old Vicarage provides accommodation and personal care for up to 36 older people, some of whom are living with dementia. The home is situated in the centre of North Shields, Tyne and Wear. There were 16 people living at the home at the time of our inspection.

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 provider had policies and procedures in place to help ensure people were protected from harm. The staff on duty confirmed they had received training related to these. There was a system to ensure medicines were stored and administered safely.

People and their relatives told us there were sufficient staff on duty to respond to people's needs and staff said they always had sufficient time to complete their daily duties.

Summary of findings

Accidents and incidents were recorded and risk assessments were in place if any concerns were apparent. Health and safety checks were carried out on the equipment within the home and the premises were well maintained.

Appropriate checks were carried out prior to staff being employed in the home to help ensure they were suitable to work with vulnerable people.

CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS). DoLS are part of the Mental Capacity Act 2005 (MCA). These safeguards aim to make sure that people are looked after in a way that does not inappropriately restrict their freedom. The registered manager had authorisations in place where it was necessary to restrict people's liberty in their best interests and to safeguard them from harm.

People said they enjoyed the food served to them and there was plenty to eat. Staff supported people who required help to eat and drink. This included prompts and encouragement.

The records showed and staff told us they had undergone appropriate training to meet people's needs. Some staff had not had an up to date formal supervision session or appraisal with their manager. However, they felt well supported and could approach the manager at any time.

People told us their privacy and dignity was respected and staff were able to give examples about how they did so.

The records showed the staff made prompt referrals to health care professionals if required. Two health care professionals told us the registered manager was

proactive and requested their input and advice when appropriate. New activities had recently been introduced to the home and the staff confirmed they were able to spend time with people on an individual basis.

People and their relatives said they knew how to make a complaint and felt their complaint would be taken seriously by the registered manager.

We looked at six care records and some sections were incomplete and had not been updated. This meant that staff were not provided with up to date information regarding people's care. However, the staff were very aware of people's individual needs and their preferences, likes and dislikes.

Annual surveys were sent to people and their relatives to seek their opinion of the service and meetings were held to discuss day to day issues in the home and to ask people if they had any suggestions to improve the service provided.

The registered manager had carried out audits and checks to help ensure standards were met and maintained. However, these were out of date which meant standards may not always be maintained. The registered manager was aware of this and had plans in place to address this. The registered provider visited the home regularly but did not provide a written report on his findings.

We found that there was a breach of regulation 10 (1)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. This corresponds to regulation 17 (2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and have told the provider to take action to remedy this. You can see what action we told the provider to take at the back of the full version of the report.

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 safe.

Policies and procedures were in place to ensure people received their medicines in a safe and timely manner.

Staff were aware of different forms of abuse and they said they would report any concerns they may have to ensure people were protected.

There were sufficient staff on duty to meet people's assessed needs and people said staff were always available when they needed assistance.

Staff were appropriately vetted. Regular checks were carried out to ensure the building was safe and fit for purpose.

Good



Is the service effective?

Not all aspects of the service were effective.

People received effective care as staff had a good understanding and knowledge of their care and support needs. However, regular supervision sessions were not held to ensure staff had the opportunity to discuss their training and support and development needs to carry out their roles.

People were supported to eat and drink to help ensure their nutritional needs were met. Referrals were made to health and social care professionals to make sure people's care and treatment needs were met.

People's rights were protected because there was evidence of best interest decision making, when people were unable to give consent to their care and treatment.

Requires improvement



Is the service caring?

The service was caring.

People and their relatives said the staff team were caring and their needs were met.

Good relationships existed and the staff were aware of people's needs and met these in a sensitive and patient way.

People said their privacy and dignity were respected and the staff team were able to explain how this was done.

Good



Is the service responsive?

Not all aspects of the service were responsive.

Requires improvement



Summary of findings

People's individual needs had been assessed before they used the service and care plans were in place to give staff information about how individual care needs should be met. However, the care plans were not regularly evaluated to meet people's changing needs and some records did not include personal histories and things that were important to individuals.

A new activities programme was in place and staff supported people to access activities of their choice. The staff said they were able to spend time with people individually if they did not wish to participate in activities.

A complaints procedure was in place and a record was maintained of any complaints received and the outcome of the investigation.

Is the service well-led?

Not all aspects of the service were well-led.

A registered manager was in post.

People and their relatives said the atmosphere in the home was pleasant, warm and welcoming. The staff said the manager was approachable and supportive and they felt able to discuss any problems with them.

There was a quality assurance system in place but audits were out of date and there was no evidence to show the provider monitored the quality of the service provided.

Requires improvement



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.

The inspection was carried out over one and a half days. We visited the service unannounced on 17 March 2015 with a second inspector. A further announced visit was made by one inspector on 30 March 2015 to complete the inspection.

We reviewed information we held about the home, in particular notifications about incidents, accidents, safeguarding matters and any deaths. We contacted the local Healthwatch group, the local authority contracts team

and the local authority safeguarding adults team to obtain their views of the home. We also spoke with health care professionals who visited the home on a regular basis to seek their opinion about the service.

Due to their health conditions and complex needs not all of the people were able to share their views about the service they received. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

During our visit we spoke with four people who used the service and observed their experiences. We also spoke to three visitors, the registered manager, the senior care worker, two care workers, the housekeeper, the cook and the business services manager.

We looked at six care records, five medicines administration records, accident records and other records related to the management of the home.

Is the service safe?

Our findings

Two people were able to tell us they felt safe living at the home. Everyone we spoke with said there were sufficient staff on duty to meet their needs. Comments included, “It’s safe enough here,” “I have no grumbles at all. There’s always staff around when I need them” and “They [staff] come when I need them.” Two relatives felt their relative was safe and there were sufficient staff available when they visited.

The provider had procedures in place for safeguarding people and staff had a good understanding regarding safeguarding and knew how to report any concerns. They were able to describe various types of abuse and had received training related to safeguarding vulnerable adults. One care worker said, “I would definitely report a concern if someone told me they had been harmed or were afraid.” Another care worker told us, “I would report it to the senior and take it from there.” Leaflets produced by the local authority regarding abuse and how to report it were available in the reception area.

Two people told us they were given their medicines when they needed them. We observed a medicines round and the staff member who administered the medicines was patient, offered people a drink and waited until they had swallowed their medicines. Lockable cabinets were provided in people’s bedrooms on the ground floor to store their medicines. The registered manager said cabinets had been obtained for the first floor bedrooms and she was waiting for these to be installed. Staff who were responsible for administering medicines had received training and the manager carried out assessments every year to ensure they were still competent. We looked at the system for dealing with medicines within the home and we found the medicine administration records (MARs) were completed and medicines were stored securely.

There was a system for dealing with people’s personal allowances and money or valuables they had deposited at the home for safe keeping. We saw receipts were kept for each expenditure. The registered manager said all transactions would normally be signed by the person but at present no one was able to do so. She had recently introduced a system whereby transactions were signed by herself and the business services manager to protect people from financial abuse.

The registered provider had arrangements in place for the on-going maintenance of the building and routine safety checks were carried out. Risk assessments were in place for fire, smoking, laundry, Control of Substances Hazardous to Health (COSHH) and spillages.

A contingency plan was in place and contained information about procedures to follow in an emergency, for example telephone numbers and temporary accommodation details if people needed to move out due to an emergency situation. Information was available to inform the staff how each person should be evacuated from the building in an emergency.

Accidents and incidents were recorded and monitored by the registered manager to ensure actions were taken to prevent further incidents. Risk assessments were in place that were appropriate to their needs, for example, the use of bedrails and hoists.

We spoke to one staff member who had been appointed in the past year and they told us that recruitment checks including two written references and a disclosure and barring check was completed before they started work. We looked at recruitment records and saw checks had been carried out with the Disclosure & Barring Service (DBS) before the staff member was employed. The DBS provides information to potential employers about whether an applicant is debarred from working with vulnerable people and/or whether the applicant has previous criminal convictions. In addition, at least two written references including one from the staff member’s previous employer were obtained. Documents verifying identity were also kept on staff records. The provider had obtained a record of their employment history and the reasons previous employments had ended. By employing suitable staff the provider helped ensure the safety of people living at the service.

At the time of our inspection there were 16 people living at the home. The registered manager, three care workers, the housekeeper, the cook and the business services manager were on duty. During our visit we did not observe people waiting for care to be provided and staff spent time talking to people and asking if they required any help.

Is the service effective?

Our findings

People told us they felt the staff were well trained. One person said, “They are very good and always seem to know what to do.”

The records showed staff had undergone training to help protect people’s health and safety, for example, fire safety, first aid and moving and handling. Staff gave us examples of training they had completed. One staff member said, “I did training last year in first aid, moving and handling, food hygiene, safe handling of medicines and fire. It was helpful. We had specific training from the dementia specialist and this has helped us to work safely with one person whose behaviour can be difficult.” One new member of staff told us they had been well supported by the registered manager and staff team when they started work and they had completed moving and handling training and the initial induction training.

We checked the supervision records for four care staff and these they had not received regular supervision sessions with their line manager and an annual appraisal. Supervision is important to give staff the opportunity to discuss the support, training and development they need to fulfil their caring role. One staff member said, “I don’t remember when I last had supervision, however we have handovers every day and we have a chat then.” Another member of staff told us, “If I have any problems the manager is always available and supportive.” We discussed supervision sessions with the manager and she was well aware that these were out of date and had a plan in place to recommence these sessions in April 2015.

People told us they enjoyed the food served to them. Their comments included, “I like the food and we get plenty to eat and drink. I’ve been very happy with the quality of the food” and “The food is nice. There is plenty to eat.” A visitor told us she had complained about the food served to her relative at tea time as she did not think it was suitable for their taste and this had been acted upon. We saw staff supported people with eating and drinking where necessary. This included healthy eating advice, prompts

and encouragement. The cook showed us copies of the menus which showed there was a good variety of nutritious food available. She described how people were able to request alternatives at mealtimes if they did not want the food on the menu. She gave examples of specific foods some people did not like and was well informed about their preferences. The cook also told us they had information about people’s dietary needs and was aware of people who needed soft diets and people who were at risk of weight loss. Where it had been identified there was a problem with loss of weight, weekly weights had been recorded and there was evidence specialist advice had been sought.

The records showed people had access to support from health care professionals, such as GPs, district nurses, physiotherapists, the speech and language team, specialist dementia team and the behaviour team. Staff said they supported people to attend appointments if required and said she contacted family members to inform them of any changes in their relatives’ needs, such as if they were ill.

Staff told us they always asked people for their permission before delivering any care to them. One staff member said, “I always tell people what I am going to do and then ask them if that is alright. If someone refused care I give them some time and then go back and ask again.”

The CQC monitors the application of the Mental Capacity Act 2005 (MCA) and the operation of Deprivation of Liberty Safeguards (DoLS) which apply to care homes. DoLS is a legal process used to ensure that no one has their freedom restricted without good cause or proper assessment. There was a policy in place which related to people’s mental capacity and DoLS. The registered manager had submitted DoLS applications to the local authority and these had been approved where it was felt authorisations were required to restrict people’s liberty in their best interests and to safeguard them from harm.

The home had recently been refurbished and the premises were clean and well maintained. Each person had their own en-suite toilet and aids and adaptations were provided to meet people’s needs.

Is the service caring?

Our findings

Some people were able to tell us they were well looked after and their privacy and dignity were respected by the staff. Comments included, "I am well looked after and I have a nice room," "The staff are all very nice and I can have bath when I want one" and "We're happy and we can talk to each other." A relative spoke positively about the way the care staff went about their work and told us, "The staff were brilliant when my relative was admitted because he was anxious and had not been in a home before. He has settled in very well considering how it all happened very quickly when his carer was admitted to hospital. We are all really happy with the care he gets."

We spoke with two health care professionals and they said they had no concerns about the home. Comments included, "The manager is very proactive and keen to ask for advice" and "The staff are open to suggestions and implement any guidelines provided."

We saw comments made by relatives which included, "Staff are excellent" and "Home is excellent. Staff very caring."

We spent time in the communal areas and observed staff had good relationships with people and they went about their work showing care and concern for people. For

example, care workers took time to reassure and assist one person who was not sure where they wanted to sit and was wondering around the lounge. Staff spent time talking to people and quietly asking them if they needed assistance.

Staff acted in a professional and friendly manner and treated people with dignity and respect. Staff gave us examples of how they delivered care to achieve this aim, for example, making sure people were asked about what they wanted to wear, making sure doors and curtains were closed when helping with personal care, keeping people covered up when assisting them to the bathroom and respecting their rights and choices. We saw staff knocked on people's bedroom doors and waited for permission before they entered. Staff told us they promoted people's independence by allowing them to do things for themselves if they were able, for example one person liked to help with the dishes.

Staff were able to explain people's individual needs and how they met these and were aware of people preferences, likes and dislikes, such as choice of clothing and preferred times for getting up and going to bed.

The registered manager told us no one required advocacy services at present as they all had relatives involved. However, she said if these services were required in the future she would contact the gateway team in the local authority to access advocates. Advocates can represent the views for people who are not able to express their wishes.

Is the service responsive?

Our findings

People we spoke with said staff always responded to their needs. Comments included, “All I have to do is ask,” “The staff are always asking if I need any help” and “There is always someone around if you need anything.” One person said they did not bother with the activities because they preferred to chat. A survey returned by a relative stated, “I would suggest more activities and walks in the fresh air.”

We looked at six people’s care records and saw the quality of recording varied. For example, three people’s records did not contain information about their life histories and things that were important to them. The care plans were not signed to demonstrate each person had been involved in planning their care. We found the care plans were not all evaluated in a timely manner, for example a member of the behaviour team had visited but their advice was not recorded as the record showed, “We were already doing what she asked.” We found that while actual care delivery was responsive and ensured individual needs were met, the written records to support this were in need of improvement. For example, one care plan had not been updated to reflect the changes in the person’s risk assessment which showed a loss of weight and appetite. We saw a GP had visited and his advice was recorded that staff should encourage fluids. Staff were able to describe the care they provided to this person but agreed the records had not been updated to show the person was being weighed weekly or the encouragement given to take food and drinks.

We discussed this with the registered manager who said she had been supporting another home owned by the registered provider so the audits were behind. She told us that a meeting had been arranged with senior care staff to discuss this to ensure the records were updated as quickly as possible.

The staff we spoke with were well informed and respectful of people’s individual needs, abilities and preferred daily lifestyles. For example, one staff member described how one person was supported with their personal care and it was evident their likes and dislikes were well known to them. We saw that care was provided in a flexible way to meet people’s preferences. For instance, we saw one person had their meals served in their bedroom because this was where they wanted to spend their time.

Care records contained assessments which were carried out before people came to live at the home to ensure their needs could be met. The registered manager told us she visited people in their own homes or in hospital to carry out these assessments.

A new activities programme had recently been introduced and staff told us that activities were now happening regularly. A newsletter was produced which informed people of events taking place each month, for example Red Nose Day and St Patrick’s Day. There was a dedicated activities room and the registered manager told us new activities were taking place, such as Tai Chi, men’s club, gardening club and arts and crafts. An event had been booked for Good Friday which entailed a company visiting the home with a camper van named ‘Kermit the van’ and provided a Hi De Hi themed day visiting. The registered manager had also booked another company to provide internal and external activities, such as a pantomime and tea dance.

People and their relatives told us they knew how to make a complaint. One person said “I don’t need to complain because I have no grumbles.” A relative told us they had made a minor complaint and this had been addressed. A copy of the complaints procedure was displayed in the reception area of the home and leaflets explaining the procedure were available for people to take. Two complaints had been received since the last inspection and appropriate action had been taken.

Is the service well-led?

Our findings

The home had a registered manager who had been in post since August 2013.

People told us the atmosphere in the home was warm and friendly and relatives said they were always made welcome and they could visit at any time. Comments included, “We are very happy here, everyone is friendly” and “It’s always pleasant. We have no worries.” We saw a comment recorded by a visitor which stated, “This home has a caring, calm atmosphere.”

Staff told us the registered manager was supportive and they would not hesitate to approach her if they had any problems or issues.

Meetings were held for people and their relatives every two months and minutes were recorded. We saw the last meeting had discussed new activities, food, staff uniforms and name badges. People had decided they would like staff to wear name badges and these had been ordered.

Staff meetings were held every two months and the last meeting was held in January 2015. The minutes stated that discussions took place on training, break times and the staff handbook.

Various audits had been carried out to check the quality of the service provided which included the system for dealing with medications, the care records, maintenance of the premises and the laundry. Some were out of date and the registered manager said this had happened because of the time she had spent recently supporting another home owned by the registered provider. She told us that a business manager had been appointed in November 2014 to help with updating systems and the registered provider

was advertising for a deputy manager to help with the management of the home. The registered manager told us the registered provider visited the home regularly but did not provide a written report on his findings. We found that there was a breach of regulation 10 (1)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. This corresponds to regulation 17 (2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and have told the provider to take action to remedy this.

The registered manager had reported events that affected people’s welfare and health and safety to CQC as required by the regulations.

Surveys had been issued to people and their relatives asking for their comments about the service received. Seven surveys had been returned and one person had made a suggestion for improvement which had been implemented. One survey stated, “It would be difficult to suggest any improvement as my [relative] gets excellent service.”

The registered manager told us a reward scheme had been in place where people could nominate staff whom they felt provided good care to people to receive a small gift for their performance which helped motivate staff but this had not been successful. The registered manager said this was to be discussed again and staff would be asked for any suggestions.

The registered manager said she used various websites, such as Progress for Providers, to keep up to date with best practice. She had also arranged a meeting and invited health and care professionals and representatives from Age UK and Care Connect to discuss the services the home offered and to discuss ideas to develop.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

Systems were not in place to assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity