

# Viomar Care Homes Limited

# The Old Vicarage

# Residential Home

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service effective?

**Requires Improvement** ●

Is the service caring?

**Requires Improvement** ●

Is the service responsive?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

The Old Vicarage Residential Home is a residential care home providing personal care to 10 people aged 65 and over at the time of the inspection. The service can support up to 15 people in one adapted building.

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

Though improvements had been made, people's medicines were still not safely managed. Risks were managed and staff knew how to keep people safe. People were supported by enough staff to keep them safe and meet their needs. People were protected from abuse by staff who had been trained to recognise signs for concern.

Improvements were still needed to ensure that systems in place identified areas for improvement and encouraged continuous improvement.

Improvements were needed to ensure people had care plans for all areas of need, although staff were trained and knew how to support people.

People who had pureed food did not always have choice or variety in their diet though other people told us they enjoyed the food and had choices.

People's diverse needs were not always assessed and considered.

We have made a recommendation about the Accessible Information Standard, to ensure people's communication needs are consistently met.

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

Staff were kind and caring towards people and had time to spend with them. People were happy with how staff treated them.

People, relatives and staff felt the manager and provider were approachable and supportive and involved people in the running of the service and their care and support.

People had access to activities that interested them and had been asked for their preferences.

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 (supplementary report published 3 April 2019) and there were three breaches of regulation. At this inspection, though some improvement had been made, not enough improvement had not been made or sustained and the provider was still in breach of some regulations.

This service has been in Special Measures since September 2018. 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

This was a planned inspection based on the previous rating and to follow up on action we told the provider to take at the last inspection.

#### Enforcement

We have identified breaches in relation to medicines management (safe care and treatment) and governance at this inspection.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

#### Follow up

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?**

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### **Is the service effective?**

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### **Is the service caring?**

The service was not always caring.

Details are in our caring findings below.

**Requires Improvement** ●

### **Is the service responsive?**

The service was not always responsive.

Details are in our responsive findings below.

**Requires Improvement** ●

### **Is the service well-led?**

The service was not always well-led.

Details are in our well-Led findings below.

**Requires Improvement** ●

# The Old Vicarage Residential 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.

#### Inspection team

The inspection was carried out by two inspectors.

#### Service and service type

The Old Vicarage Residential Home 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 is required to have 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. At the time of the inspection there was a manager but they were not registered with the Care Quality Commission. The manager was also the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service and considered feedback we had

received from members of the public. We looked at information about important events which the provider is required to send us by law. These include safeguarding concerns, any serious injuries and deaths that occur at the service. We looked at monthly reports of action the provider is required to send to us. We used all of this information to plan our 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.

#### During the inspection

We spoke with two people who used the service and four relatives about their experience of the care provided. We spoke with six members of staff including the providers and the manager who was also the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. These included three people's care records and multiple medicines records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including audits and quality assurance documents were reviewed.

#### After the inspection

We asked to provider to send us any additional information they wanted us to consider as part of this inspection. They sent us their annual development plan for 2019-2020 which we reviewed and considered when making our judgements.

# 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 two inspections 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; learning lessons when things go wrong

At our last two inspections the provider had failed to ensure that people's medicines were safely managed so they received them as prescribed. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, though some improvement was noted, not enough improvement had been made and the provider was still in breach of regulation 12.

- One person's pain relief medicine had passed its expiry date. It had continued to be administered 12 times and medicines audits had been completed which had not identified this medicine was out of date. This meant a medicine was administered to a person when there was a risk the medicine may not be safe or effective. Auditing systems had not been effective at identifying this issue.
- Whilst improvements had been made to ensure stock quantities and 'carried forward balances' of medicines were recorded, we still found not all medicines had stock records in place. This meant there was a risk of people running out of their medicines as there was no running balances to alert staff when stocks were becoming low. There was a risk of the provider gathering excess stock of medicines. This meant the provider could not be sure people's medicines had been administered as prescribed as records were not accurately maintained.
- Improvements had been made to ensure protocols were in place for 'as required' medicines. However, we found some 'as required' creams did not have the necessary protocols in place to guide staff on how, when and where to administer these. For example, one person had a new cream prescribed during the middle of a medicines cycle. It had not been added to the body map in the persons room so it was not clear where staff needed to apply it. No 'as required' protocol had been implemented and the handwritten medicines administration record (MAR) stated, "Apply twice a day". This meant there was no clear guidance for staff about how and where to apply to the medicine. We also saw one occasion when it had only been applied once during the day, not twice as prescribed.
- We found one protocol for pain relief medicine did not tell staff how the person communicated their pain. This meant there was a risk staff may not recognise when the person was displaying pain, though staff told us the person was able to verbalise their need for pain relief.
- The manager had implemented medicines checks every three days in addition to monthly medicines audits. These three daily checks considered 'as required' and topical medicines. However, these checks had not ensured all issues were identified and acted upon swiftly.

We found no evidence that people had been harmed however, systems were not consistently operated effectively to ensure the proper and safe management of medicines. This placed people at risk of harm. This was a continued breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The manager told us they would make the required improvements during the inspection. However, their own systems for checking medicines management had not ensured issues were promptly recognised and acted upon.

#### Assessing risk, safety monitoring and management

At our last two inspections the provider had failed to robustly assess and manage risks relating to the health, safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 12 in relation to risks.

- A specific risk assessment tool was used to assess people's risk of skin damage but there was not always a corresponding plan to address the identified risk. However, we saw people had the necessary equipment, creams and/or repositioning schedules to address any risks of pressure sores and no one had any pressure damage at the time of the inspection.
- Staff understood where people required support to reduce the risk of avoidable harm. Risk assessments and management plans contained the information staff needed to manage risks and we saw these being followed by staff.
- Where people had specific health conditions including diabetes, there was a clear, specific risk assessment and plan in place for staff to follow. Professional guidance had been sought and incorporated into people's plans where appropriate to ensure risks associated with health conditions were managed.
- We saw a variety of safe moving and handling techniques were used by staff to manage individual assessed risks in relation to mobility and promote and maximise people's involvement.

#### Staffing and recruitment

At our last inspection the provider had failed to robustly assess safe staffing levels and ensure enough staff were available to safely meet people's needs. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 18.

- People, relatives and staff confirmed our observations that improvements had been made to staffing levels and people's needs were responded to promptly.
- Relatives said, "Yes there definitely is [enough staff] now. From way back, I can see the difference now. I didn't see there was a problem before but it's better now" and "It has changed, there's always a staff member sitting and talking to someone now which there wasn't before. There is more staff now."
- The manager used a dependency tool to help work out how many staff were needed to meet the needs of people using the service. This was regularly updated when people's needs changed and the manager and provider were providing the staffing numbers recommended by the tool.
- Safe recruitment practices were followed to ensure new staff were safe to work with people who used the

service. A reference from the most recent employer was obtained to assure the manager and provider of the staff members suitability for the role.

Systems and processes to safeguard people from the risk of abuse

- Relatives felt confident their family members were safe at the service. Relatives comments included, "[My relative] is safe, yes. [The home] has some new equipment for them now", "Totally safe, [my relative] hasn't fallen, they do seem to have more equipment for moving people" and "Definitely my relative is safe. I have peace of mind. They [staff] are all lovely with [my relative]. They are all so kind and patient. I can go to bed knowing [my relative] is safe and well cared for."
- Staff had been trained to understand and recognise any potential signs of abuse and how to report their concerns.
- Appropriate referrals to the local safeguarding authority had been made when required to ensure people were protected from the risk of abuse. The manager understood their responsibilities.

Preventing and controlling infection

- The service remained clean and tidy and staff continued to follow safe infection control procedures to ensure people were protected from the spread of infection.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's physical, mental and social needs were assessed. However, improvements were needed to ensure a holistic assessment was completed.
- Some areas of need did not have a specific plan of care in place. For example, one person had a catheter but there was no specific plan for this. Staff we spoke with were knowledgeable about their role in the person's catheter care, however the lack of care plan meant there was a risk of inconsistent care. The manager implemented a catheter care plan following our feedback, however it was generic and did not contain personalised detail specific to the individual.

Staff support: induction, training, skills and experience

- Staff told us they felt well-trained and well supported. A staff member said, "Definitely I feel confident having done my training and I know I can go to [managers name] if I don't feel confident with anything."
- The manager was trained to provide moving and handling training to staff. At the last inspection they told us they had not delivered the training to new staff because there was no space available to complete it. This meant the manager was having to oversee staff practice and complete additional competency checks to ensure staff were suitably skilled because they did not have the facilities to provide the practical training. At this inspection we found some staff had not had moving and handling competency checks, though we did observe safe moving and handling practices.
- The manager used a matrix to keep track of staff training, competency checks and supervisions and when these were due. However, not all staff members were included on this so we could not be sure it was an accurate reflection of staff's support.

Supporting people to eat and drink enough to maintain a balanced diet

- When people required pureed food, we saw it was not always presented in an appetising manner. One person was served a meal where all the food had been mixed together in a bowl, rather than separately so they could choose and taste each element individually. We shared our concern with the manager and on the second day of the inspection the food was served in a more appetising manner and pureed separately.
- People on pureed diets were not consistently offered choices and alternatives. Food records showed one person had received the same lunch and evening meal on a number of occasions. There was also an example where they refused to eat their meal and were not offered an alternative but ate all of their desert. The manager told us they had referred to a dietician to assist the service in providing variety for people on pureed foods.
- People who had a normal diet were offered choices. One person said, "The food suits me, there is always a

choice." However, no visual prompts were offered which may have helped those living with dementia to make an informed choice about what to eat.

#### Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- People's mental capacity had been assessed when required and decisions had been made in people's best interests when required.
- When the service was restricting people's liberty, this had been identified and authorisation had been applied for, in line with the MCA. However, staff were not aware of which people had authorisations in place so they could not ensure they were working in line with these authorisations. It was not clear in one person's care plan that they had an authorised DoLS, as the authorisation was kept separately.

#### Adapting service, design, decoration to meet people's needs

- The provider had made several improvements to the environment to enhance people's comfort and safety. Improvements included new radiator covers, an accessible block paved driveway, new carpets and redecoration of the ground floor in dementia friendly colours.
- Dementia friendly signage was displayed for example, on bathroom doors to help people navigate the service and promote their independence.
- A secure garden was available for people to freely access and raised planters had been introduced to allow people to be involved in gardening if they chose.
- Further improvements to the environment were planned to enhance the service. Changes to the environment were managed to avoid causing distress to people. For example, redecoration happened at night time when people were in bed.

#### Staff working with other agencies to provide consistent, effective, timely care

- Staff worked together well to provide effective care. Since the last inspection a new handover system had been introduced with a written record of discussions and we saw the records kept were comprehensive. This helped staff to work together to provide consistent care.
- Staff told us they were kept up to date with any changes in people's needs. They continued to use a 'memo book' and a communication book to further ensure staff were made aware of any changes in people's needs or requirements.
- A care plan update file had also been introduced. This showed updates made to people's care plans when required and the file ensured changes were communicated to staff to ensure they were made aware.

#### Supporting people to live healthier lives, access healthcare services and support

- Relatives told us staff knew about people's health conditions, how to manage them and took action when

required. A relative said, "Staff know my [relative] now, they're straight on to the doctor or nurse practitioner whenever they need to and they let you know, they're spot on."

- Appropriate referrals had been made to professionals when required. We saw Speech and Language Therapist (SALT) guidelines had been incorporated into a person's care plan and they were understood and followed by staff. When changes were made to the SALT recommendations this was clearly communicated to staff.

- A visiting health professional told us staff made appropriate referrals to them and followed their guidance and advice. They said, "I have no concerns. It's a nice home to be fair. [Staff] stay in the room with you when you are treating a person. We tell them our advice and they do listen and follow it."

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Ensuring people are well treated and supported; respecting equality and diversity

- At the last inspection we found people's diverse needs were not always fully assessed and considered. People's religion was asked and people were supported to follow their faith if they chose to. However, other diverse needs and protected characteristics under the Equality Act 2010, such as sexuality were not considered. At this inspection no improvements had been made in this area and people's diverse needs had still not be assessed and considered. A relative told us one person was religious though this was not reflected in their care plan.
- People told us they were happy with the care they received. Relatives comments included, "The best thing is the friendliness of the staff. It's a home from home", "It's nice that it's small and personal. Carers are familiar with me and the people who live here. They seem to care" and "It's the best thing, knowing [my relative] is cared for. The care is great, couldn't get better care. They are patient. I think they are marvellous. I wouldn't wish her anywhere else."
- Our observations confirmed people were treated with kindness and respect and staff spent time with people when they needed reassurance.

Supporting people to express their views and be involved in making decisions about their care

- People and relatives told us people had choices and were involved in decisions about their care. However, we saw people on pureed diets did not consistently have choices and variety in their food options.
- No visual prompts or aids were available to support people in their decision making.

Respecting and promoting people's privacy, dignity and independence

- People told us their independence was respected and promoted.
- Our observations showed people's privacy and dignity were respected and promoted.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant people's needs were not always met.

### Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The manager was unaware of the AIS, however they described how people's communication needs were assessed and met.

We recommend the provider accesses current guidance about the Accessible Information Standard to ensure they are fully meeting the standard.

### Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Staff knew people well and how to meet their needs and manage their risks. However, one person required daily hand care and records showed this had not been carried out as required in the person's care plan.
- People were more involved in writing and reviewing their own care plans, so their preferences, likes and dislikes were captured. Care plans were personalised, containing more of the information staff needed to provide person-centred care.

### End of life care and support

- At the time of the inspection no one was receiving end of life care.
- Some people's end of life and funeral wishes had been considered and documented. However, not everyone's wishes and choices had been considered and preferences relating to protected characteristics of the Equalities Act 2010, culture and spiritual needs has not always been documented.

### Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People told us and we saw they had access to activities that were relevant to them. There was a programme of activities that included games, singing and pampering alongside planned events such as movie night and external visiting entertainers. Staff told us activities took place and they now had the time to facilitate them.
- One person who was living with dementia, was supported to complete tasks around the home in exchange for a weekly 'wage packet'. This gave the person a purpose and reduced their anxieties about wanting to work and earn money. A relative said, "[My relative] has always been a hard worker, they worked in a canteen. They needed a purpose so now they have jobs such as unloading the dishwasher and wiping the

tablemats and then gets a wage packet every Friday. It's great for [my relative]."

- People were supported to maintain relationships. Friends and relatives were encouraged to visit without restriction and the provider arranged events to encourage family participation such as a 'family roast day' on a Sunday when families were encouraged to enjoy a meal with their relatives.

Improving care quality in response to complaints or concerns

- People and relatives told us they knew how to complain and would feel able to raise a concern if needed. One person said, "I would feel able to complaint if I needed to, definitely yes."
- There was a copy of the provider's complaints procedure in each person's bedroom.
- When a complaint had been received, it had been investigated and responded to in line with the provider's policy.

# 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

At our last two inspections the provider had failed to establish or effectively operate systems and processes to ensure that people received a good quality and safe service. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, whilst improvement was made, not enough improvement had been made and the provider was still in breach of regulation 17.

- New checks and audits had been introduced and there was improved oversight of people's needs and risks. However, these systems needed to be further strengthened, fully embedded and sustained to encourage continual improvement.
- Despite the checks in place, it had not been identified that one person was not receiving their daily hand care that was required in their care plan.
- The manager told us they had not yet had time to introduce a care plan audit, though regular care plan reviews were taking place. However, these care plan reviews were not always effective as they had not identified that a person did not have a care plan in place for their catheter care.
- Checks of medicines were being carried out every three days. However, these additional checks had not identified the issues that we found during the inspection. For example, one person was prescribed a cream during the middle of a medicines cycle and it had not been added the person's body map or a suitable protocol implemented so staff knew when, where and why to administer it.
- Staff training and competency checks had improved. However, the matrix used to ensure compliance was still not fully up to date and inclusive of all new staff. This meant there was a risk training and competency checks could be missed.

We found no evidence that people had been harmed however, systems were still not robust enough to ensure consistently good governance. This placed people at risk of harm. This was a continued breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following breaches of regulations in previous inspections, we imposed conditions of the provider's

registration. One of these conditions stated that the provider must ensure that any person prescribed PRN (as required) medicines had a clear plan of care in place. We found two PRN medicines that did not have clear plans in place.

This meant the provider had not complied with the imposed condition. This was an offence of failing to comply with the conditions of registration under Section 33 of the Health and Social Care Act 2008.

- The manager ensured that the required PRN protocols/plans of care were in place by the end of the inspection.
- The provider is required to have a manager registered with the Care Quality Commission (CQC) to manage The Old Vicarage Residential Home. This is a condition of the provider's registration. There had been no registered manager since 6 November 2018. At the time of the inspection there was no application for a manager that had been approved.

There was no registered manager. This was an offence of failing to comply with the conditions of registration under Section 33 of the Health and Social Care Act 2008.

- The manager had not applied to register with the CQC and was intending to reduce their hours to one day per week. The provider told us there was a plan in place for a new registered manager and they were in the process of applying for registration. They had also created a new role of deputy manager and filled this post to try and strengthen the leadership in place and to embed and sustain improvement.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People, relatives and staff all knew the manager and providers by name and told us they were approachable, supportive and responsive. One person said, "I was talking to him this morning, [manager's name], he is very good. It's great. He talks to everybody." A relative, said, "I could speak to [manager's name] or [providers names], they're always accessible. They make us feel at home."
- Staff felt supported and that staff morale was good. Staff described a positive culture. A staff member said, "It's nice to look forward to coming to work. I haven't worked in a place where I've felt so settled before. Everyone supported me and we all support each other."

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

- The manager understood their responsibilities and described the actions they would take to meet them.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People, relatives and staff felt engaged and involved in the service. Regular meetings were held and surveys were sent out to gather people's feedback. We saw most feedback was positive and when issues were raised, prompt action was taken to address the concerns.

Continuous learning and improving care

- The manager told us a number of staff were currently working towards a qualification in dementia care to enhance the experience of people using the service.
- There were plans in place to extend and improve the training opportunities offered to staff.

Working in partnership with others

- The service was working in partnership with a number of professionals to make and sustain improvements at the home.