

Baschurch Care 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 well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

The Old Vicarage is a care home providing personal care to nine people with mental health conditions, learning disabilities and/or autism at the time of the inspection. The service can support up to 10 people in one adapted building. This is 1 of 3 care homes located on one site, within the village community of Baschurch, outside of Shrewsbury.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. At the time of the inspection, 9 people were receiving personal care.

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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

### Right Support

Effective risk management plans were in place. Risk assessments were updated and clear guidelines in place to guide staff as to how to support people.

The numbers and skills of staff matched the needs of people using the service. Staff recruitment and induction training processes promoted safety. Staff knew how to consider people's individual needs, wishes and goals. People were supported by staff who followed systems and processes to prescribe, administer, record and store medicines safely.

### Right Care

People received kind and compassionate care from staff who used positive, respectful language which people understood and responded well to. Staff knew people well and interacted positively with them.

Staff helped people to have freedom of choice and control over what they did. People were supported to participate in their chosen social and leisure interests on a regular basis.

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.

### Right culture

Governance processes were effective in ensuring records management was consistent to keep people safe,

protect people's rights and provide good quality care and support. Important incidents were being reported to the Care Quality Commission.

The provider sought feedback from people and those important to them and used the feedback to develop the service.

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

The last rating for this service was good (published 29 August 2019).

#### Why we inspected

We received concerns in relation to poor conduct of staff. As a result, we undertook a focused inspection to review the key questions safe and well-led only.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has remained good, based on the findings of this inspection.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe and well led sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for The Old Vicarage on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

# The five questions we ask about services and what we found

We always ask the following five questions of services.

<p><b>Is the service safe?</b></p> <p>The service was safe. Details are in our safe findings below.</p>	<p><b>Good</b> ●</p>
<p><b>Is the service well-led?</b></p> <p>The service was well led. Details are in our well led findings below.</p>	<p><b>Good</b> ●</p>

# The Old Vicarage

## 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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was carried out by 1 inspector.

#### Service and service type

The Old Vicarage is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. The Old Vicarage is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

The first day of the inspection was unannounced. We let the provider know when we would return for the second day.

### 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 Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

### During the inspection

We spoke with 4 people using the service and 1 family member. We also spoke with 9 staff including the registered manager, home manager, regional manager, quality manager, senior and care staff.

We reviewed a range of records. We looked at 3 people's care plans and medicine administration records. We looked at 5 staff files in relation to recruitment and staff supervision. We received information from 5 healthcare professionals who have regular contact with the service. A variety of records relating to the management of the service were also reviewed, including training records, complaints, compliments, incident records, quality assurance processes and various policies and procedures.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating for this key question has changed to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were safe from abuse as the provider had robust policies, procedures and guidance in place that provided staff with information on how to keep people safe.
- People told us they felt safe at the home, one person said, "I feel safe living here, staff will always help me."
- Records showed that when required the provider consistently notified safeguarding departments of potential abuse.
- Staff had received training on how to safeguard people from the risk of abuse.
- Staff understood how to recognise the signs of abuse and how to report this. Information was displayed in the entrance including contact details of the local authorities safeguarding department.

Assessing risk, safety monitoring and management

- Risk assessments showed that people were involved in the management of their safety and where this was not possible the reasons were recorded.
- Staff that we spoke with were knowledgeable about the risks to the people they supported and how they could keep them safe from harm.
- The provider had a fire risk assessment and the people living there had personalised emergency evacuation plans written for them, identifying their needs in the event of an emergency. These plans were tested with regular fire drills.
- Regular checks were carried out on the fire alarm, emergency lighting and fire doors.
- Checks of equipment, water hygiene and of gas, electrical and fire safety systems and equipment had been carried out by registered contractors as required by law. Regular 'in-house' checks of, for example, fridge/freezer and hot water temperatures had taken place.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal

authorisations were in place to deprive a person of their liberty.'

#### Staffing and recruitment

- Staff had been recruited safely. Records were maintained to show that checks had been made on employment history, references and the Disclosure and Barring Service (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safe recruitment decisions.
- There were enough staff to meet people's needs and people were receiving their one to one time effectively. We observed enough staff around to support and spend time with people.
- Staff felt there were enough staff to support people's needs. One staff member told us, "Yes there is enough staff, management are always willing to help out as well."

#### Using medicines safely

- People received their medicines safely. They were ordered, received, stored, and administered appropriately.
- Daily stock checks along with weekly and monthly audits of medicines were in place to ensure medicines were given as prescribed and managed safely.
- Individual medicine support plans were in place to ensure a person-centred approach to administering medicines. Records contained a description, dosage, and any specific instructions for staff to follow.
- There was clear guidance available for medicine's that were to be given 'as required' such as paracetamol for pain relief. Staff were familiar with this guidance.
- Staff who administered medicines had been trained to do so and had their competency regularly checked to ensure safe medicine administration.

#### Preventing and controlling infection

- We were somewhat assured that the provider was promoting safety through the layout and hygiene practices of the premises. We found some wooden surfaces needed re-varnishing to ensure effective cleaning and disinfection could be carried out. We also found light pulls in bathrooms were not covered which again prevented effective cleaning and disinfection.
- We shared our concerns with the home manager who took immediate action and ordered covers for the light pulls and arranged for the varnishing of the woodwork to be carried by the providers maintenance staff.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

#### Visiting in care homes

- The provider was following national guidance in relation to visits to the service.

#### Learning lessons when things go wrong

- Accidents and incidents were reviewed to identify where lessons could be learnt, and actions were taken to prevent recurrence.



# 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 our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People's views contributed to the delivery of person-centred care. There was open communication between the provider, registered manager, staff and people who used the service to ensure everyone's voice was heard.
- The provider encouraged regular feedback both formally and informally through a range of surveys, meetings, phone calls and email updates. Recent surveys showed positive feedback on the service.
- People were encouraged to do activities they were interested in, and we observed various group and individual activities taking place during the day which people told us they enjoyed. One person said, "I really enjoy my work and staff are helping me to go twice a week in the future."

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 registered manager gave honest information and suitable support and applied duty of candour where appropriate.
- The registered manager submitted notifications to CQC of significant incidents as required.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Staff spoke positively about the management team and said they were well supported. They told us that the registered manager was always available to discuss any concerns they had but there were opportunities to do this through staff meetings, coffee and chat sessions and supervisions.
- Professionals working with the home were equally complimentary about the management, one commented on the registered manager, "I believe the home functions well because of their management style."
- The registered manager had developed champions in the staff team to take responsibility for things such as medicines, infection control, activities, health, and safety.
- Regular governance checks and audits were conducted by staff at the home and the provider, and these were effective at identifying where improvements could be made.

Continuous learning and improving care

- The registered manager had created a strong culture of continuous improvement where people and staff

were empowered to make suggestions about how the service could be improved. We saw that they were listened to, and actions were taken.

- We saw examples of where an adverse incident had been reflected on and used to identify improvements

Working in partnership with others

- The provider worked in partnership with a number of different health and social care professionals to support people's needs.
- Healthcare professionals spoke positively about the working relationships they had built with the management team and staff. Comments included, "They always take on board any recommendations, I definitely feel we have a good relationship."