

# Macdonald 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 effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

### Overall summary

The Old Vicarage is a large detached house that is situated in a residential area of Bolton. The home is close to local amenities and public transport is easily accessible. The home is set in extensive mature gardens where four small bungalows are available for private lease for older people. There is car parking available within the grounds and on the main access road.

This was an unannounced inspection that took place on 27 March 2015. There were 20 people living at the home on the day of our inspection. We last inspected the home on 09 October 2013. At that inspection we found the service was meeting all the regulations we reviewed.

The provider of the service was also the registered manager. The registered manager was present at the time of the inspection. 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 and associated Regulations about how the service is run.

The service had suitable arrangements in place to help safeguard people from abuse. Staff spoken with knew what to do if an allegation of abuse was made to them or

# Summary of findings

if they suspected that abuse had occurred. Staff were able to demonstrate their understanding of the whistle blowing procedures. Staff also had an understanding of the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS); these provide legal safeguards for people who may be unable to make their own decisions.

On the day of our visit we found that people were being cared for by sufficient numbers of suitably skilled and experienced staff who were safely recruited. We saw that staff had received training and support that was relevant to their roles to enable them to do their job effectively and care for people safely.

From observations we saw that people were well cared for and there was equipment to ensure people's safety and comfort. We saw people's care records contained detailed information to guide staff on how people wished to be care for and supported. Several visitors were spoken with throughout the day and they all had positive comments about the care, commitment and compassion that their relatives received from the registered manager and staff.

We saw that the home offered a wide range of activities, including trips out and holidays.

We spoke with the chef who had a good understanding of people's likes and dislikes and dietary needs. We spent time in the dining room and saw that the food provided look appetising, was nicely presented and portions were of a good size.

All areas of the home were clean and well maintained and accessible for people with limited mobility; making it a safe environment.

We found the medication system was safe and we saw that staff worked with other healthcare professionals to ensure people received appropriate care and treatment.

There were a number of processes in place to monitor the quality of the service provided to help ensure people received safe and effective care. Regular checks were undertaken in all aspects of the running of the service and there were opportunities for people to make comment of the quality of the care provided. Regular staff, residents and relatives' meetings took place that enabled people to discuss the service. The complaints procedure was clearly displayed and people spoken with told us they would have no problem raising any issues of concern if they needed to.

# 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.

People lived in a secure, safe and well maintained environment.

Sufficient numbers of suitably trained and experienced staff who had been safety recruited were available at all times.

The medication system was safe and people received their medicines in a timely manner. Risk assessments were in place to help reduce or eliminate risk.

Suitable procedures were in place to help safeguard people from abuse.

Good



### Is the service effective?

The service was effective.

Staff were able to demonstrate their understanding of the principles of the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS).

Staff received training to allow them to do their job effectively. Systems were in place to help ensure that staff received regular supervision meetings and support.

People were provided with a choice of nutritious food and drink to help ensure their health care needs were met.

Good



### Is the service caring?

The service was caring.

People living at the home and their relatives spoke positively about the care and kindness of the staff. We observed that people were treated with dignity and respect.

Staff had a good understanding of the people they were caring for.

Staff encouraged people to maintain their independence and offered support when people needed it.

Good



### Is the service responsive?

The service was responsive.

We saw that the care records contained detailed information to guide staff on the care to be provided. Care records were reviewed regularly to ensure information was current.

People looked well cared for and there were aids and adaptations to meet their individual needs.

People were provided with information about the service prior to moving into the home. Clear information was displayed to explain the procedure for receiving and handling any concerns or complaints.

Individual and group activities were provided that reflected people's preferences and interests.

Good



# Summary of findings

## Is the service well-led?

The service was well led.

We saw that systems were in place to assess and monitor the quality of the service and arrangements were in place to seek feedback from people living at the home, their relatives and the staff team.

Incidents and risks were monitored to help ensure people were cared for safely.

Several of the staff had worked together for a number of years, they told us they were supported and felt valued by the manager. Relatives spoken with said they felt included and consulted with about the care of their relatives.

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 inspection took place on 25 March 2015 and was unannounced. The inspection was conducted by an inspector from the Care Quality Commission (CQC).

Prior to our inspection we reviewed information we held about the service, including notifications the provider had sent to us. The provider completed a Provider Information

Return (PIR). This is a form that asks the provider to give us some key information about the service for example, what the service does well at and any improvements they plan to make. We also contacted the local authority commissioning team who confirmed they had no concerns about this service.

During the inspection we spoke with four people who used the service, four relatives, a complementary therapist who carried out aromatherapy and keep fit sessions, ancillary staff, the chef, care staff and the registered manager.

We looked around the home, we observed lunch being served and looked at how staff provided care and support for people. We also looked at: three people's care records; medicine records; staff recruitment and training; and records about the management of the home.

# Is the service safe?

## Our findings

People we spoke with told us they felt safe living at The Old Vicarage. Comments we received included, “I am very happy and safe here. The care is marvellous, all the staff care for me exceptionally well”. Another person said, “I have nothing to worry about”. One relative told us.

“Everything is great, the staff are polite and kind, I can go away knowing that my [relative] is safe and well cared for, it’s peace of mind”.

We saw that suitable arrangements were in place to help safeguard people from abuse. These included policies and procedures and telephone contact details for the local safeguarding team. We were shown the training matrix that showed us all staff had undertaken training in the protection of vulnerable adults. We spoke with staff who were able to tell us what action they would take if they suspected any abuse or harm to people living at the home. Staff had access to the whistle-blowing procedure (the reporting of unsafe or poor practice).

On the day of the inspection we saw that sufficient numbers of suitably trained and competent staff were on duty to meet people’s needs. Staff spoken with told us that most of them had worked at the home for a number of years. The registered manager told us that staff turnover was low and that due to staff commitment the home did not use agency staff to cover any shifts at the home.

We asked about staff recruitment procedures. The registered manager told us that the staff personnel files were currently held at the sister home as the office at The Old Vicarage was being refurbished. The registered manager was able to get faxed over during the inspection two staff files, which showed us that written application forms, two references and a checks with Disclosure and Barring Service (DBS). The DBS check informs the provider of any criminal convictions that would prevent from working with vulnerable people. We saw a full staff list of DBS checks for all staff employed at the home.

On arrival at the home the front door was locked. This helped to keep people safe from unauthorised people entering the home. We looked around the home, bedrooms, bathrooms, the dining room and lounges were clean and no unpleasant odours were detected. We saw that the all areas of the home were free from clutter to allow people to move safely around the home with the use of wheelchairs or walking aids.

We saw infection prevention and control procedures were in place and staff had undertaken training in this area. We saw staff had access to protective aprons and gloves for caring out personal care tasks. We saw that bathrooms and toilets were equipped with paper towels and liquid soap to help minimise the risks of infection.

We looked to see how the medications were managed. We found that systems were in place for the receipt, storage, administration and disposal of medicine were safe. We looked at the Medication Administration Record sheets (MARs). These showed that people had been given their medicines as prescribed ensuring their health and well-being was protected. We saw that the home had a small amount of controlled drugs. These were securely stored and a separate controlled register was maintained. Staff who administered medications had undertaken training in the safe use and administration of medicines. People were able to self-administer their own medications if they wished to do so. We saw that risk assessments had been completed to ensure this was safely managed.

Records showed that regular checks had been carried out to check the fire alarms, emergency lighting and fire extinguishers were in good working order.

We saw risk assessments were in place for the general environment. The records showed that the equipment was serviced and maintained. This helped to ensure the safety of people living and working at the home.

# Is the service effective?

## Our findings

We looked at three care records and saw documentation that showed us people's needs were assessed prior to moving into the home. One relative spoken with told us about the thorough assessment process that was carried by senior staff to ensure that The Old Vicarage was the right place for their [relative]. They told us, "All aspects of care and support was discussed. We were able to ask any questions or concerns we had. We were all put at ease". We saw that the assessment covered individual choices and preferences, likes and dislikes, medical history and a social background. We saw that people's care were reviewed on a regular basis and care records were updated as required to reflect any changing needs.

Another relative spoken with told us about the care and support their [relative] received they said, "The care is excellent; the staff go the extra mile. I have no concerns, it's like a five star hotel".

We saw the lunch time meal being served. We saw that meals were of ample portions, were attractively presented and choices were available. We saw that all people came into the dining room and dined together, however people had the choice of where they wished to dine. We saw that all the people could eat their meal independently, however staff were available to assist if required. The mealtime was a social occasion, there was good interaction between staff and people who used the service. People were offered a choice of hot or cold drinks with their meal. We spoke with the chef who told us, "The home is always well stocked with fresh and dried produce. Fresh fish, meat, bread and fruit are delivered weekly. We offer a good nutritious menu and we go out of our way to ensure people have choice and variety".

We asked staff about training and we were told that opportunities for training and development were encouraged and supported by the registered manager. We were told this was discussed in staff supervision sessions with the registered manager.

We asked staff to describe the training and development they had undertaken. All staff had completed an induction of commencing work at the home. This included training in safeguarding, infection control, MCA, moving and handling, dementia care and first aid.

Where training required annual updates this had been completed or was booked on the training matrix for staff to attend. The staff we spoke with told us they received regular supervision and appraisals to enable them to identify any training and development needs they may wish to undertake.

Staff spoken with had a good understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). We saw the registered manager had all the necessary paperwork to complete as and when required. The service was working within the requirements of the MCA. The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) Deprivation of Liberty Safeguards (DoLS) and to report on what we find. A DoLS is used when a person needs to be deprived of their liberty in their own best interest. At the time of our inspection we were informed by the registered manager there was no one at the home subject to a DoLS authorisation. We spoke with the home's dementia champion who told us that they attended courses about caring for people who were living with dementia. Information and knowledge gained from the training was cascaded to all staff working at the home to help offer the correct care and support to people with dementia.

# Is the service caring?

## Our findings

The people we spoke with who lived at The Old Vicarage were very complimentary about the manager and the staff. Comments included, “The care is marvellous, all the staff care for me exceptionally well”. Another person said, “I have nothing to worry about”. We spoke with four relatives; all comments received were positive about the good standard of care their relatives received. One relative told us “I was worried about how my [relative] would settle. The manager and staff have done everything possible to help the move go smoothly, I can’t thank them enough”.

People told us their privacy and dignity were respected when staff supported them, and particularly with personal care. For example personal care was always undertaken in the privacy of the person’s bedroom or in the bathrooms with the door closed. We observed that staff knocked on people’s bedroom doors and waited for a response before entering.

We observed that staff addressed people by their preferred name and we heard staff asking and explaining to people if it was permissible before they carried out any intervention. This meant that people living at The Old Vicarage were treated with dignity and their privacy maintained by the staff team that supported them.

Throughout the day we observed that staff treated people living at the home with respect. Interactions between people and staff were warm and friendly. Staff were patient and kind when assisting people who required attention. We saw that staff spent time with people chatting and discussing general news and daily topics.

The registered manager and the staff showed concern for people’s wellbeing. The staff spoken with had a good understanding of the people they were caring for, including their likes and dislikes and personal preferences.

We saw that information in the care files was person centred, this meant that care was planned around individual preferences for example times of rising and retiring, choice of clothes, makeup, jewellery number of baths or showers and what time people preferred to bathe. One person wanted their hair done by their own hairdresser; this was arranged for this person.

Staff spoken with had a good understanding of person centred care. This helped to ensure that information was effectively communicated and that care was planned to meet people’s needs and preferences. One member of staff said, “Person centred care is seeing people as individuals, providing care and support that meets their needs”.

We were told by relatives that they were involved in the care and support their relative received (where appropriate) and we saw documentation in the care records we looked at to support this. One relative told us, “They [the staff] keep up informed, they communicate really well with us which is important. They let us know if [my relative] is unwell and if they have called the doctor”.

We saw that all the people living at the home were well cared for. People’s clothes were clean and nicely laundered. Attention had been given to hand care and oral care. People had access to hairdressing services if required.

We asked people who use the service and their relatives if they had been provided with relevant information about the home prior to making a decision to move into The Old Vicarage. One person said they had been recommended by a friend come and look round.

We saw that the home had information in the form of a service users’ guide which described the services and the facilities people could expect to receive on moving into the home. We saw that if required information was also available about advocacy services. These services were independent and provided people with support to make informed choices.



# Is the service responsive?

## Our findings

We asked the registered manager what information was available to prospective users of the service and their families to assist them in making a decision about moving into a care setting. The home had a statement of purpose and a service user guide. These booklets gave people information about the staffing structure, staff training, the facilities available, mealtimes and activities.

The registered manager or senior staff would go and assess people either at their own home or hospital to ensure that the home and staff could meet their individual needs.

People were encouraged to visit The Old Vicarage and spend time with their relatives to meet staff and other people living at the home and answer any questions they may have.

We looked at the care records for three people who were living at The Old Vicarage. The care plans were well written and provided staff with guidance on the care and support people needed. We saw that the care plans were regularly reviewed and any changes were documented.

We saw that the service worked well with other healthcare professionals as required for example GPs and district nurses.

We asked people living at the home how they spent their day. One person told us, "I like be in my room. I have everything I need. I enjoy my books and my music. I enjoy going to the dining room for my meals then I am happy to go back to my room". One person was going out with their family for the morning.

On the afternoon of our inspection we saw people were having hand massages from the complementary therapist who was a regular visitor to the home. The therapist told us they also did gentle armchair exercise with people. The therapist engaged well with people and we heard conversations between them and the people in the lounge area.

Later in the afternoon we saw a group of people were playing dominoes. We saw photographs of some of the other recent activities these included arts and crafts, visit from a person with birds of prey, trips to the cinema and a holiday in Southport. Special days were celebrated as were people's birthdays. One person spoke with told us, "There lots to do, I am never bored".

We were told by the registered manager that on the evening prior to our visit that two people fancied a curry, this was arranged for them and they sat in the dining room with their curry, rice and dips.

People who used the service and their relatives told us they found the registered manager, the staff, including the domestic and catering team were very helpful and approachable.

We saw on the day of our inspection people living at the home and their relatives were comfortable in approaching staff. Interactions were friendly but remained professional.

People were provided with clear information about the procedure in place for receiving and responding to complaints. We spoke with people living at the home asking them if they knew how to raise any concerns or complaints. One person said, "I would speak to the manager but there is nothing to complain about here". One relative spoken with told us they would speak with the manager and they felt sure any complaints would be listened to and investigated.

We looked at the complaints file and no complaints had been received. We saw a number of compliment cards that the service had received. Comments included: 'Thank you for the wonderful care. The girls are wonderful, amazing support' and 'With grateful thanks to all for the care and kindness given. It's been a pleasure to visit you made us feel so welcome'.

# Is the service well-led?

## Our findings

There were management systems in place to ensure the home was well-led. The provider was also the registered manager and was registered by the Care Quality Commission. The registered manager was present on the day of the inspection. The registered manager was supported by senior staff and care staff and ancillary staff. All the staff spoken with were complimentary about the registered manager and how the home was run. They told us they felt valued and supported by the registered manager. One member of staff said, “We all work well together, most of us have been here for years”. Another said, “I love my job, it’s a pleasure to come to work”. Staff told us that the manager was, ‘hands on’ so they knew everyone [people who use the service] really well.

We asked relatives for their opinion about the management. Comments included, “Can’t fault it” and “Always approachable”.

The registered manager told us they operated ‘an open door’ policy where people could approach them at any time.

People commented on the relaxed atmosphere within the home. One relative told us, “Staff get on with the job in a pleasant and efficient manner”.

Prior to our visit we contacted the local safeguarding team and the local authority contracts team. Both confirmed they had no concerns about The Old Vicarage. This showed that no concerns had been raised with these agencies.

The registered manager notified the CQC of any significant events since the last inspection. These are incidents that a service has to report for examples deaths and incidents and accidents. We saw that the notifications had been sent to us in a timely manner.

We spoke with the staff about their roles and responsibilities. They explained these well and were confident they knew their responsibilities.

We saw systems were in place to monitor and assess the quality of the service. We saw that incidents/ accidents were recorded and what actions had been taken to minimise reoccurrence. This meant there were systems in place to seek improvement in the care delivered.

There was evidence to show that medicines were regularly audited and were told that there was a designated senior carer that dealt with the ordering, receiving and disposal of medicines this helped to reduce any medication errors.

We saw that people’s weight was monitored to identify if referrals were needed to other healthcare professionals. This showed us there were systems in place to identify if referrals were required and direction was provided to staff to ensure these were carried out.

Other audits were seen including care records, domestic checks, the laundry service, mattress and pillow checks, the environment, safeguarding and equipment checks.

We saw that the home held regular staff meetings to update staff on current events happening within the home and discuss if any improvements and future planning.

Residents and relatives’ meetings were held at the home. This provided the opportunity for people to get together and voice their opinions on the running of the home, meals and activities.