

Mrs B C Siddiqi

The Old Vicarage

Inspection report

Vicarage Lane
Allithwaite
Grange Over Sands
Cumbria
LA11 7QN

Tel: 01539533703

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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 ●

Summary of findings

Overall summary

We carried out this inspection on 6 May 2016. The inspection was unannounced. We last inspected this service in June 2014. At that inspection we found that the provider was meeting all of the regulations that we assessed.

The Old Vicarage provides accommodation for up to nineteen people who need assistance with their personal care. The service provides support to older people and to older people living with dementia. The home has thirteen single bedrooms and three double rooms that two people can choose to share. Communal space is provided in the form of a sitting room, dining room and conservatory.

The home provides full time, permanent accommodation and respite care for people who would benefit from a short period of residential care.

There was a registered manager employed at the home. A registered manager is a person who has registered with the 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 and associated Regulations about how the service is run.

Everyone we spoke with told us that people were well cared for in this home and said they would recommend it to other people.

The staff were caring and patient and knew people in the home well. People were included in decisions about their care and the decisions they made were respected.

The staff were well trained and knew how to keep people safe.

People were provided with a range of activities that they enjoyed. They chose whether to take part in activities and their wishes were respected.

Visitors were made welcome in the home and people could see their friends and relatives as they wanted.

People received their medicines as they needed and were supported to receive appropriate health care.

People were provided with meals and drinks that they enjoyed.

The home was well managed. The registered manager was supported by a care manager and senior care staff. People knew the registered manager and care manager and could speak to them if they had any concerns about their care.

The registered manager was knowledgeable about the Mental Capacity Act 2005 and how to protect

people's rights.

The home was clean and free from odour. The registered manager had a plan for the continued maintenance and improvement of the environment. However, the surfaces of the walls and floor in the laundry area were permeable which would make them difficult to clean thoroughly.

We have made a recommendation about maintaining hygiene standards in the home's laundry area.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People were protected against the risk of abuse and felt safe in the home.

There were enough staff to provide the support people required.

Medicines were handled safely and people were supported to take their medicines as they needed.

Is the service effective?

Good ●

The service was effective.

People received a choice of meals and drinks that they enjoyed.

The staff had completed training to give them the skills and knowledge to provide the support people needed.

People were included in decisions about their support and agreed to the care they received. The registered manager was knowledgeable about the Mental Capacity Act 2005 and people's rights were protected.

Is the service caring?

Good ●

The service was caring.

The staff knew people well and treated them in a kind, caring and patient way.

People were treated with dignity and respect.

Is the service responsive?

Good ●

The service was responsive to people's needs.

People received the support they needed and were included in

planning and agreeing to the care they received.

People enjoyed a range of activities in the home and community and could see their families and friends as they wished.

There was a procedure for receiving and responding to any concerns people raised.

Is the service well-led?

Good ●

The service was well-led.

There were appropriate arrangements in place for the management of the service. There was a registered manager employed. The registered manager was supported by a care manager.

People knew the registered manager and care manager and could speak with them if they needed.

The registered manager and care manager carried out checks on the service to ensure people received a good standard of care.

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 6 May 2016 and was carried out by one adult social care inspector.

There were 15 people living in the home at the time of our inspection. During the inspection we spoke with nine people who lived in the home, one visitor, three members of the care team, the care manager and the registered manager. We also spoke with two health care professionals who supported people who lived in the home. We observed care and support in communal areas and looked at the care records for five people. We also looked at records that related to how the home was managed.

The registered manager of the home had completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. Before our inspection we reviewed the information we held about the service, including the information in the PIR. We also contacted local social work and commissioning teams to obtain their views about the service.

Is the service safe?

Our findings

Everyone we spoke with told us that people were safe living in the home. People who lived there said the staff treated them well and said they had never had any concerns about their safety. One person told us, "I've never had a worry, I feel very safe".

Some people who lived in the home could not easily share their views with us. We saw that people who were living with dementia were comfortable and relaxed around the staff who were supporting them.

We spoke with a relative who visited the home regularly. They told us that they had never had any concerns about the safety of people in the home. They said, "All the staff are marvellous, I'm totally confident people are safe here". Health care professionals who visited the home regularly told us that they were confident people were safe. One told us, "I'm here quite a lot, people always look happy and relaxed, I have no concerns".

All the staff we spoke with told us they knew how to report issues about a person's safety or wellbeing. They understood their responsibility to protect people from the risk of abuse. One staff member told us, "None of the staff here would let our residents be abused, if anything wasn't right we'd report it".

The staff told us that they had developed trusting relationship with people who lived in the home. They said they were confident that people would speak to a member of staff if they had concerns for their wellbeing.

Everyone we spoke with told us that there were enough staff employed to provide the assistance they needed. They told us that the staff attended quickly if they needed support. This was confirmed by the visitor we spoke with and we also saw this during our inspection.

People we spoke with told us that they required support from the care staff to manage their medicines. They said the staff knew the support they required and helped them to take their medicines as they needed.

We saw that safe systems were used to store, administer and manage medicines on behalf of people. Staff who handled medicines had received training to do this safely. Advice had been taken around best practice in handling medicines and we saw staff in the home following the advice given. The care manager and registered manager carried out checks on medication records to ensure these were completed to maintain an accurate record of the medicines people had received. This helped to protect people against the risk of unsafe handling of medicines.

The registered manager carried out checks on new staff to ensure they were safe to work in the home. We saw that new staff had to provide references to verify their good character and their conduct in previous employment. They were also checked against Disclosure and Barring Service records to confirm that they had no criminal convictions that made them unsuitable to work in a care service.

The staff we spoke with confirmed that all new staff completed training and worked with experienced staff

members before they worked alone with people. This helped to ensure they had the skills to keep people safe.

During our inspection we saw that the home was clean and there were no unpleasant odours. People who lived in the home, the relative and visiting health professionals we spoke with all confirmed that the home was always clean and fresh smelling.

The registered manager had a plan for the maintenance and ongoing improvement of the environment. We saw that people's bedrooms were clean and well maintained but the paintwork in some corridors was chipped and marked.

The home had commercial laundry equipment that was located away from the main house in an outbuilding. We saw that all the laundry was in baskets and there was no clean or dirty laundry stored in the outbuilding. The walls in the outbuilding were unpainted and the floor did not have an impermeable surface. This meant the laundry area would be difficult to clean thoroughly.

We recommend that the registered provider seek advice and guidance from a reputable source about maintaining hygiene standards in the laundry area.

Is the service effective?

Our findings

Everyone we spoke with told us that the staff who worked in the home were good at their jobs and knowledgeable about how to support people. People who lived in the home said, "The staff are great, very good at their jobs" and told us, "These girls [care staff] know their jobs inside out and back to front, you couldn't ask for better". People told us that the staff knew the support they required and provided this as they wanted.

People told us that they knew any new staff received training before they worked on their own. One person said, "We have a new lass [care worker] here, she's just being trained up by the older staff, but she's very good".

The health care professionals we spoke with confirmed that the staff in the home had the skills and knowledge to provide people's care. One told us, "The staff provide a good standard of care, they are all very knowledgeable".

All of the staff we spoke with told us they had completed training to ensure they knew how to support people. They told us they had completed training around meeting people's needs including in caring for people at the end of their lives and supporting people living with dementia. All of the staff confirmed that new staff completed training before working on their own with people.

Some people were living with dementia and were not able to make important decisions about their care and lives. The registered manager understood his responsibilities under the Mental Capacity Act 2005, (MCA). The 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

Throughout our inspection we saw that the staff in the home treated people with respect and assumed that they were able to make choices about their daily lives. People were asked if they wanted support with their care and if they wanted to take their medicines and the decisions they made were respected. We saw that people agreed to the support they received and could refuse any part of their planned care if they wished.

There was one person in the home who required some restrictions on their liberty in order to keep them safe. The registered manager had applied for a DoLS authorisation to ensure the individual's rights were protected.

People told us that the staff in the home supported them, as they needed, to arrange or attend health care

appointments. A chiropodist was visiting the home on the day of our inspection. We saw that the staff asked people if they wished the chiropodist to see them and explained how this may help their health or wellbeing.

People were supported by a range of health services. They saw their own GP and could have their own chiropodist visit them. The health care professionals we spoke with told us that the staff contacted them appropriately when people needed support and followed any advice they gave.

People told us that they enjoyed the meals provided in the home and chose where to eat their meals. We saw that some people chose to take their midday meal in the dining room and other people chose to have their meal in their bedroom. People confirmed to us that this was their choice.

We saw that the tables in the dining room were laid with cutlery, glasses, napkins and condiments that people may have wanted. People were provided with an attractive setting in which to eat their meal.

We saw that people were offered a choice of hot and cold drinks during the day. The staff encouraged people to drink enough to support their health and explained why it was important for them to do so.

On the day of our inspection most people were having fish in batter and chips for their midday meal. The cook told people she had tried a new recipe for the fish batter and asked them to let her know if they preferred it to the usual recipe. We saw that people were asked for their views about the meals provided.

Is the service caring?

Our findings

Everyone we spoke with told us that the staff in the home were very caring. One person told us, "The staff are excellent, all very caring and nothing is too much trouble for them". Another person said, "We are very, very well cared for here. You couldn't ask for better, more caring staff". People commented that the atmosphere in the home had a "family feel" and said the staff treated people as they would their own families. One person told us, "I only came here for a month, but I liked it so much I stayed".

People who lived in the home and the relative we spoke with all told us that this was a good home and said they would recommend it to other people.

Throughout our inspection we saw that the staff treated people with care, kindness and patience. People told us that this was how the staff always treated them.

The staff knew people well. They spoke to people in a friendly and respectful way and addressed people by their preferred names. We saw that they asked people discreetly if they needed assistance and supported people to move to the toilets or their own bedrooms when they required personal care. This helped to support people's privacy and dignity.

Everyone we spoke with said they enjoyed talking to the staff and told us that the staff took the time to sit and chat with them when they could. We saw that all the staff took time to speak with people as they carried out their duties. People were given attention and social interaction that we saw they enjoyed.

Some people enjoyed spending time in the communal areas and other people preferred to remain in their rooms. People who had chosen to spend time in their rooms told us that this was their choice and said the care staff respected their decision. They said the staff "popped in" to check on them regularly so that they didn't feel isolated. One person told us, "I like my own company, I do go down for the activities and things, but otherwise I'm happy in here, just doing what I want".

People were supported to maintain their independence as far as they were able. Some people required small items of equipment to assist them to move independently around the home. We saw that the staff knew the items people needed and ensured these were available and within their reach.

Most people we spoke with told us that they had relatives or friends who would support them if they needed assistance to make a decision or to express their wishes. One person told us, "My daughter looks after me, she's here most days and she'd help if I needed anything". The registered manager had links with local advocacy services that people could contact if they needed independent support. Advocates are people who are not connected with the home who can support people to make decisions or to express their views.

Is the service responsive?

Our findings

People told us they received the support they needed and were included in agreeing to the care they received. They said they had been asked about the areas of their care where they wanted support and about their preferences about their lives. They told us the service was "very responsive" to their needs and wishes and said the staff and registered manager, "can't do enough for us".

People told us that, if the support they required changed, this was always identified and action taken promptly. They said their care was discussed with them and reviewed regularly.

We looked at the care plans for five people. We saw that these were detailed and gave staff information about the person and what was important to them. There was information about each individual's interests, their families and their lives before they moved to the home. We saw that the care plans were written in a respectful and positive way.

From speaking with people and observing individuals in the communal area of the home we saw that the care plans gave an accurate reflection of the support people required. We also saw that staff provided people's care in a way that took account of the preferences they had expressed in their care plans.

People told us they made choices about their lives in the home. They told us they chose what support they wanted, when to get up, the activities they followed and where to have their meals.

People who lived in the home told us that their families and friends could visit them as they wished. One person said they regularly went out for a drive or a meal with their relatives and friends. They told us they enjoyed this and that there were no restrictions on this activity.

A visitor we spoke with said they were "always" made to feel welcome when they visited the home. They told us, "The staff always offer me a drink and make me feel very welcome". People could see their friends and families as they wished.

People told us that they were provided with a range of activities that they enjoyed. One person told us, "I like it when we make things". Another person told us about outings they had enjoyed in the local area. Activities were planned to take account of people's preferences and needs. A health care professional we spoke with told us, "Whenever I come, there is always something going on, there seems to be a very good range of activities for people."

The registered manager had a procedure for receiving and managing complaints. A copy of the complaints procedure was included in the information given to people who lived in the home. We saw that the complaints procedure was also displayed in the home. This meant it was available to people if they wished to make a complaint.

People told us they had never needed to make a formal complaint about the service provided. They told us

that, if they had any concerns, they would speak to the registered manager and were confident he would take action in response to their concerns. People who lived in the home told us the registered manager and care staff listened to their views and took action in response to any requests they made. One person told us, "Nothing is too much trouble, if you just mention something it's done if it's possible".

The registered manager monitored any requests or concerns that people raised. We saw records of the action that had been taken in response to issues people had raised. These showed that the registered manager used people's feedback to improve the service.

Is the service well-led?

Our findings

There was a registered manager employed in the home. The registered manager was supported by a care manager. People told us that they knew the registered manager and care manager and said they would be confident speaking to either of them if they needed.

The registered manager and care manager were aware of their responsibilities and we saw they were available to people living in the home and to their visitors.

The home also employed a deputy care manager and senior care workers to take responsibility for the service when the care manager and registered manager were not on duty. This ensured there was an identified person responsible for overseeing the home.

The staff we spoke with told us that they felt well supported. One staff member told us, "If I need any advice or guidance there's always someone I can ask". All of the staff told us they would be confident speaking to the registered manager or care manager if they had any concerns about the actions or behaviour of other staff members. One told us, "We're a good team, we look after people well, if I had any concerns that another member of staff wasn't treating people properly I'd report it immediately".

People who lived in the home told us that they were asked for their views about the service. One person said, "[The registered manager] always asks if there is anything I want". Another person told us, "We were asked about what outings we want".

All the staff we spoke with told us the registered manager and care manager were committed to providing people with safe and high quality care. They said they were proud of the home and the care provided there.

Health care professionals told us that the home was well managed and said they knew who to speak to if they had any concerns about a person they were visiting. One told us, "The staff are very good, there's always someone 'in charge' who I can speak to about anyone I visit".

The registered manager and care manager carried out checks on the service to ensure people received a good standard of care. We saw that checks were carried out on the environment, medication records and of concerns people raised. This helped the registered manager to maintain oversight of the quality of the service.

The staff and health professionals told us that teamwork was "good" in the home. They said the staff team worked well together to provide people with a good quality service.

The registered manager had links with the providers of other residential care services in the area. They attended meetings with other service providers to share good practice that could be used to develop the service further.

Providers of health and social care services have to notify the CQC of important events that happen in their services. The registered manager had informed us of significant events as required, this meant that we could check that action had been taken.