The Old Vicarage (Ely) 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?	Requires improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

The Old Vicarage is a care home that is registered to provide accommodation and personal care to up to 22 older people, some living with early stage dementia. It is registered to not provide nursing care. There were 16 people living at the home at the time of this visit. There are internal and external communal areas, including dining and lounge areas and a garden for people and their visitors to use. The home is made up of three floors.

This unannounced inspection was carried out on 19 January and 22 January 2015 and was carried out by one inspector, a specialist professional advisor and an expert by experience. The previous inspection took place on 28 January 2014, during which we found no breach of the regulations that we looked at.

There was a registered manager in place at the time of this 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 2008 and associated Regulations about how the service is run.

Summary of findings

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and report on what we find. Staff could not demonstrate their knowledge to us of the MCA 2005 and DoLS and how this may impact on people who used the service.

People who lived in the home were assisted by staff in a respectful and polite way that also supported their safety. People had individual care and support plans in place which gave guidance to staff about people's preferences, choices, needs and wishes.

Risks to people were identified by staff and plans were put into place to minimise these risks and enable people to live as safely and independently as possible.

There were arrangements in place for the safe management and administration of people's prescribed medication.

Staff assisted people in a caring way and they were also supported to maintain a nutritional diet. People's nutritional health and well-being was monitored by staff and any concerns acted on.

There were a sufficient number of staff on duty who were trained to provide care which met people's individual support needs. They understood their role and responsibilities and were supported by the manager to maintain their knowledge and skills by means of supervision, appraisals and training.

People were able to raise any suggestions or concerns that they might have with staff members or the manager.

Staff told us that there was an open culture within the home and this was confirmed by our observations during this visit.

There was a quality monitoring system in place to identify areas of improvement required within the home. However, not all actions taken as a result of these findings were formally documented.

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.

Medicines were administered safely as per the medication administration records.

Systems were in place to support people to be cared for as safely as possible and any risks identified to their safety were minimised. Staff employed at the home were trained and knowledgeable about reporting any safeguarding concerns.

People's care and support needs were met by a sufficient number of staff on duty. Staff were recruited safely and trained to meet the needs of people who lived in the home.

Good

Is the service effective?
The service was not always effective.

Staff were not able to demonstrate their understanding of MCA2005 and DoLS and how this may affect people who used the service.

People were supported to maintain a nutritional diet. People's nutritional health and well-being was monitored by staff and any concerns acted on.

People were involved in the review of their care and support needs.

Requires improvement

Is the service caring?
The service was caring.

People's privacy and dignity was respected by staff.

People told us that staff were caring and supportive in the way they assisted them.

Staff encouraged people to make their own choices about things that were important to them.

Good

Is the service responsive?
The service was responsive.

People's care needs were assessed, planned and evaluated. People's individual needs and wishes were documented clearly.

People were supported by staff to maintain their interests which took place both inside the home and out in the local community.

There was a system in place to receive and manage complaints.

Good

Summary of findings

Is the service well-led?

Good

The service was well-led.

There was a registered manager in place.

There was an open culture within the home and this was confirmed by our observations.

There was a quality monitoring system in place to identify areas of improvement required within the home. Actions taken as a result of these checks were not always documented.

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 was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 19 January and 22 January 2015 and was unannounced. This inspection was completed by one inspector, a specialist advisor in older people and dementia and an expert by experience. An expert by experience is a person who has personal experience of caring for someone who uses this type of care service.

Before this inspection we looked at information that we held about the service including information received and notifications. Notifications are information on important events that happen in the home that the provider is required to notify us about by law. We also looked at the local authority report from their visits to the service. This information was used to help plan this inspection.

We observed how the staff interacted and spoke with people who lived in the home. Observations are a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with nine people who used the service. We also spoke with the owner, registered manager, four care staff, and the cook. We received feedback about the service from a social worker and a trainer delivering dementia care training who were visiting the home on the day of this inspection.

As part of this inspection we looked at two people's care records and we looked at the systems for monitoring staff supervisions, appraisals and training. We looked at other documentation which included quality monitoring information, medication administration records, people's emergency evacuation plans, maintenance records and compliments and complaints records.

Good

Is the service safe?

Our findings

People we spoke with said that they felt safe living at the home and one person told us that it was, "As safe as it's possible to be."

People's prescribed medicines were stored safely in a locked medicines trolley. We saw that the trolley was located within the communal dining, an area frequented by people living in the home and their visitors, and was not secured to any immovable fixture when not in use, throughout this visit. This meant that reasonable precautions had not been taken to reduce the risk of the trolley being removed from the home. The owner of the home told us that the medicines trolley was normally stored by staff securely in a locked cupboard when it was not in use.

The majority of people we spoke with confirmed to us that staff explained their medication to them before administration and this was confirmed to us by our observations. We found that records of when medicines were received into the home, when they were given to people and when they were disposed of were maintained and checked for accuracy as part of the senior care staff's quality checks. We saw that staff, when administering medication to people, gave them an explanation about the medication. Staff training and competency checks were carried out on staff who were authorised to administer medication and this assured us that people would be given their medicine by qualified and competent staff.

Staff told us that they had undertaken safeguarding training and there were systems in place for monitoring staff training. Staff demonstrated to us their knowledge on how to identify and report any suspicions of harm or actual harm. We saw that information on how to report harm was available in the home for people living at the home, their visitors, and staff to refer to when needed. Staff were clear about their responsibilities to report harm and this showed us that staff knew the processes in place to reduce the risk of harm.

Staff showed us that they understood their roles and responsibilities to people who lived in the home. They knew the lines of management to follow if they had any concerns to raise and were confident to do so. They demonstrated to us their knowledge and understanding of the whistle-blowing procedure. This showed us that they understood their roles and responsibilities to people who lived in the home.

People had individual risk assessments undertaken in relation to their identified health care and support needs. We saw that specific risk assessments were place for, but not limited to; moving and handling and poor swallowing. These risk assessments gave guidance to staff to help support people to minimise the associated risk whilst promoting people to live as independent a life as possible. Records were kept to monitor people deemed to be at risk of, but not limited to; weight loss, falls and poor skin integrity. These records were completed by staff and helped staff to recognise and respond promptly to any concerns by involving external health care professionals when needed.

People said that there was always a member of staff available to help them. Staff confirmed to us that people were supported by sufficient numbers of staff and this was also confirmed by our observations. We saw staff working at the home supporting people who lived there with their care and support needs. We saw that there was enough staff to provide care and support to people in a patient and unhurried way.

Staff said that pre-employment checks were carried out on them prior to them starting work at the home. This was confirmed by the systems we looked at to monitor safe staff recruitment. This demonstrated to us that there was a process in place to make sure that staff were only employed if they were deemed suitable and safe to work with people who lived in the home.

We saw that people had a personal emergency evacuation plan in place in case of a foreseeable emergency. This showed us that there was a plan in place to assist people to be evacuated safely in the event of an emergency.

Requires improvement

Is the service effective?

Our findings

We spoke with the registered manager about the Mental Capacity Act 2005 (MCA) and changes to guidelines under the Deprivation of Liberty Safeguards (DoLS). We found that they were aware that they needed to safeguard the rights of people who were assessed as being unable to make their own decisions. However, staff we spoke with were not able to demonstrate to us their knowledge of the MCA 2005 and DoLS and how this may affect people living in the home. Care records we looked at in line with MCA 2005 guidance, showed that people had their capacity assessed on admission to the home.

Staff told us about the training they had undertaken to make sure that they had the skills to provide the individual care and support people required. This was confirmed by the systems in place to monitor staff training. One staff member said, "We are always doing training, especially on dementia." This showed us that staff were supported by the manager to provide effective support and care by regular training.

Staff said that they were supported by receiving supervisions and an annual appraisal. We also saw from records we looked at that new staff were supported with an induction when starting work at the home. One staff member told us that for part of their induction they had shadowed a member of staff for a couple of shifts before they were deemed competent and confident to provide safe and effective care and support.

Two people told us that they or their relative had agreed their plan of care and support. Records we looked at did not always document that people who lived at the home had signed or been present during discussions to agree their individual care and support plans. Staff told us during this visit that as 'key workers,' (a designated staff member) they encouraged people to take part in their care plan review. This review was carried out to ensure that people's up to date support and care needs were documented.

During this inspection we saw that people were offered additional snacks and drinks during the day by staff. People we spoke with told us that they were given a choice at mealtimes and that they had enough to eat and drink. One person explained to us that an alternative meal option would be available if they didn't like anything on the planned menu. Another person confirmed to us that, "The food is marvellous here," and one other person told us that the food was, "Very, very good."

We spoke to the cook about whether the service would be able to respond if a person had any special cultural dietary requirements. The cook said that if a person moved into the home with these requirements they would be able to react and cater for the individual's diet. This showed us that the service was able to consider and respond to people's individual cultural needs.

Records we looked at confirmed that people deemed at risk were referred by staff to external health care professionals such as, but not limited to; the speech and language therapist (SALT), district nursing team or dietetic service for their assessment and guidance. People we spoke with told us that they could see a GP or a chiropodist at the home and during this visit we saw that the 'hearing help' service was visiting. One person told us that, "If you wanted a doctor you just ask and they come." This demonstrated to us that staff sought external health care involvement for people when appropriate.

Good

Is the service caring?

Our findings

People who lived in the home had positive comments about the care and support provided by staff to help maintain their independence. They told us that the service was good and they were happy living in the home. They said how staff assisted them to be independent and offered them support when needed. This was confirmed by our observations during the day.

The majority of people told us that staff spoke to them in a caring and kind way. One person told us that staff were, "Very kind." Another person said that, "You are cared for properly, I am quite happy living here." This was evidenced during this inspection where we observed staff talking to people in a positive and supportive way.

We saw that staff respected people's right to make their own choices. One person told us that, "You can do anything you like without anyone saying, you can't do this or you can't do that." Another person said that, "Anything you want to do, they [staff] will help you."

People told us that staff respected their privacy. One person told us that staff would respect their wish for privacy by, "Shutting the door," when supporting them with personal care. People also said that staff knocked on their bedroom door before entering. One person said that, "They [staff] knock and then come in, I'm happy with that. I'm always pleased to see them." Some people we spoke with told us that staff did not always wait to be asked to enter their bedrooms. One person said that, "Sometimes they do and sometimes they don't. Some just open the door and walk in." Another person told us that staff, "Usually knock on the door and just come in."

People told us that staff would discuss anything of a confidential nature such as personal information, privately with them.

People were assisted by staff to be as independent as possible. We saw staff encourage people to do as much for themselves as they were able to and guide people when needed, in a discreet way which maintained their dignity. We saw staff members supporting people who were becoming increasingly anxious in a patient, caring and discreet way.

People said that staff at the home encouraged their friends and family to visit them and that staff made visitors feel welcome. This was observed during this inspection, when we saw families visiting people living in the home.

The manager told us that information on advocacy services was available in the home in a pick-up leaflet form for people and their relatives to refer to if they wished to do so. However, during this inspection the registered manager and owner could not locate these leaflets. Advocates are people who are independent of the service and who support people to make and communicate their wishes. At the time of this inspection none of the people living at the home were using this service.

Good

Is the service responsive?

Our findings

People told us that they were involved in a variety of activities such as flower arranging, bingo, visiting musical entertainment and word searches. One person said how they had been supported by staff to develop an interest in knitting. They told us how they visited the local shops to buy their wool. The manager had set up links with a local religious group in the community and we saw members of the group attend the home during our visit to hold a service for those people who wished to take part. During the inspection we saw that people were watching television or reading. Staff we spoke with told us that staff and the activities co-ordinator asked people on the day what they would like to do and activities were then set up in response to this. One person we spoke with told us that they got bored sometimes, "But did not know what they would like to do," another person said that they, "Never got bored."

Before living at the home, people's needs were assessed, planned and evaluated to agree their individual plan of care and support. Care records showed that people's health, care and support needs were documented and monitored by staff to ensure that they held up to date information about the person.

Our observations throughout this inspection showed that staff asked people about their individual preferences and were responsive to that choice. One person expressed a wish to eat their meal in one of the communal living rooms and we saw that staff enabled to person to do this.

Care records we looked at showed that staff reviewed and updated care and support plans regularly to make sure that they reflected people's current care and support needs. Staff told us that people were involved in their care and support reviews and this was confirmed by some but not all of the people spoken with. We found in the records we looked at, this involvement was not always documented.

People told us that they knew how to raise a concern or complaint but had not yet needed to do so. People told us that they felt confident that they would be listened to and any concerns they raised would be acted upon. When asked who they would raise a concern with, a person told us that, "I've got the manager downstairs." Another person told us that, "I wouldn't need to make a complaint. Everything's too good."

Staff told us that they would raise any concerns raised with them by people living at the home with the manager or senior care staff. We looked at recent compliments and complaints received by the service. We found that the complaints records documented the concern, and whether the action taken by the home resolved the concern raised to the person's satisfaction. This showed us that the manager and staff worked to resolve people's concerns to the person's satisfaction wherever possible.

Good

Is the service well-led?

Our findings

During this inspection the home had a registered manager in post that was supported by care staff and non-care staff.

We saw that people who lived in the home and staff interacted well with the manager and staff. People, we spoke with had positive comments to make about the staff and manager. One person said that they, "Talk to all of them [staff]. They are very helpful. They are friendly and very helpful." Another person told us that they could talk to the manager if they had any worries. Staff told us that the culture in the home was open and that the manager was supportive. This was confirmed by our observations during this inspection.

People and their relatives were given the opportunity to feedback on the quality of the service provided. The manager told us that this information was used to improve the quality of service where possible. A survey had been sent out to people in 2014 and was due to be sent out again. The manager showed us their new survey forms which were about to be circulated to people and their relatives over the next few weeks which asked people/ relatives to feedback on the quality of the service provided to them or their family member.

Records showed that 'residents'' meetings were held so people could express their views about what was important to them and make any suggestions they may have. This was confirmed in the recorded minutes we looked at. However, people we spoke with told us that they were not aware that these meetings happened and could not remember attending one. People said that they were able to voice their views on the quality of the service provided and one person said that they would, "Talk to the senior carer, She's very friendly." When asked if there was anybody they could raise and suggestion or concern with, another person told us, "Oh yes. The senior staff."

Staff told us that they attended staff meetings and staff meeting records showed us that staff meetings happened. They told us that these meetings were an open forum where staff could raise any topics of concern they wished to discuss or make any suggestions that they may have. They also told us that the registered manager uses these meeting to update staff on what was working well and what was not working so well.

The manager told us that they were aware that they needed to notify the CQC of incidents that occurred within the home that they were legally obliged to inform us about. This showed us that the manager had an understanding of the registered manager's role and responsibilities.

The manager showed us their on-going quality monitoring process, including accidents and incidents reporting and other monitoring of medication administration records and people's care records. The manager told us that they looked at other areas of risk within the home such as staff supervisions to see if any improvements were needed. However, they told us that they did not always formally record these checks or the actions taken as a result of their findings.

The manager told us how they kept up to date with the latest health and care home guidelines. We saw evidence of updated information received by the registered manager via an e-mail link from a company they had signed up with to receive up to date information from. However, on speaking the registered manager we found that they were not aware of the changes to the guidelines of the MCA 2005 and DoLS in line with the supreme court judgements.