

Vicarage Nursing Home Limited

The Vicarage Nursing Home

Inspection report

The Common
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Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Requires improvement



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Requires improvement



Overall summary

This inspection took place on 20 October 2015 and was unannounced.

The Vicarage Nursing Home is registered to provide accommodation with nursing and personal care to a maximum of 52 people living with dementia.

A registered manager was in post. 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.

The home was last inspected on 8 December 2014 where we gave it an overall rating of requires improvement. We asked the provider to take action to make improvements to how they obtained people's consent. This was to make sure people's rights were protected when they could not make their own decisions. The registered manager sent

Summary of findings

us an action plan and told us they would complete these actions by the end of June 2015. We invited the registered persons to send us an update to their action plan and we also asked them to inform us when they had completed the actions which they did not do. At this inspection we found that improvement had been made. This was because the registered manager had worked with other professionals to make sure people's rights were protected when they could not consent to their own care and treatment.

At our last inspection we made a recommendation that the provider seek guidance on dementia care environments which they have done. We also had concerns because some staff used unsafe moving and handling practices. Some staff were not trained to support people with dementia and staff did not always involve people in making choices about their day to day care. We also had concerns that people did not receive much social interaction. We found improvement had been made in most of these areas of concern.

The provider had put resources and support in place to help drive improvement following our last inspection. However, the registered manager did not fully understand their regulatory responsibilities and had not made all the improvements they had told us they would make in the action plan they sent to us. Not all staff were supported by managers and did not feel their opinions mattered.

Managers at the home did not take full responsibility for making decisions about people's capacity and relied on other healthcare professionals to make sure this was done in their best interests. Some people had lawful restrictions authorised but staff were not always aware why these were in place and what they meant for people. Decisions that had been made on behalf of people were not always recorded to show why they were in their best interest.

The registered persons are required to display their inspection ratings conspicuously at the home and on their website. Ratings we awarded the home following our last inspection had not been displayed at the home or on their website.

People were still placed at risk of harm by staff who sometimes used unsafe moving and handling practices.

Sufficient staff were working on the day of inspection however; some relatives and staff thought that sometimes there were not enough staff.

Not all staff had received dementia training or knew that this had been booked for them. Some staff had not received regular supervisions and were not clear what approach to dementia care they should use. Some staff felt overburdened with their workload because they were supporting new staff and agency staff.

Staff had been trained to recognise abuse and knew the procedure they must follow if they suspected abuse. Risks to people were identified and monitored by staff. People received their medicines safely from staff who were trained to support them.

People enjoyed their meals and were able to choose what they ate and drank. Healthcare professionals were involved and consulted when there were concerns with people's health.

People were treated with dignity by staff and their privacy was respected. Staff supported people to be involved in day to day choices about their care. Staff understood people's personalities and behaviours and were able to respond in a caring way when people became anxious.

People were able to orientate themselves within the home and engage with conversational and reminiscence prompts throughout the downstairs of the home. People were supported to take part in individual and group activities which reflected their hobbies and interests.

The provider involved relatives and staff in what was happening at the home and improvements that had been made.

You can see what action we told the provider to take at the back of the full version of the report.

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 not consistently safe.

Staff placed people at risk of harm by using unsafe moving and handling techniques. Staff and some relatives thought staffing levels were variable but people were not kept waiting for assistance. Staff were aware of the risks associated with people's care. People received their medicines safely and when they needed them.

Requires improvement



Is the service effective?

The service was not consistently effective.

Not all staff received regular supervision and some staff felt under pressure having to support new and agency staff. People's rights were protected when they could not consent to their own care and treatment. However, not all staff were aware of the lawful restrictions that were authorised for some people. People enjoyed their meals and received enough to eat and drink. Healthcare services were provided when required.

Requires improvement



Is the service caring?

The service was caring

Staff showed kindness and respect to the people they supported. People were encouraged and supported to make their own day to day choices and to keep as independent as they could.

Good



Is the service responsive?

The service was responsive.

People were supported to access activities which reflected their hobbies or interests. Staff were aware of people's preferences and relatives told us these were respected. People and relatives were encouraged to raise any complaints or comments and were given opportunities to do so.

Good



Is the service well-led?

The service was not well-led.

Ratings from our previous inspection had not been displayed. The registered manager was not fully aware of their responsibilities and had not made all of the improvements they had told us they would. Staff did not always feel managers took them seriously when they raised issues and did not feel their opinions mattered.

Requires improvement



The Vicarage Nursing Home

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 20 October 2015 and was unannounced.

The inspection team consisted of two inspectors and one specialist advisor for dementia care.

Before our inspection we reviewed information held about the service. We looked at our own system to see if we had received any concerns or compliments about the home. We analysed information on statutory notifications we had received from the provider. A statutory notification is information about important events which the provider is

required to send us by law. We spoke with the local authority and local Healthwatch for their views about the home. We used this information to help us plan our inspection of the home.

During the inspection we spoke with two people who lived at the home and five relatives. We spoke with 10 staff which included care staff, nursing staff and activity workers. We also spoke with the provider, registered manager, deputy manager, two business support managers and one administrative staff. We viewed eight records which related to consent, assessment of risk and people's needs and five medicine records. We also viewed three records which related to staff training and recruitment and other records which related to the management of the home.

Because most people were unable to speak with us we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who are unable to talk with us. We observed people's care and support in the communal areas of the home and how staff interacted with people.

Is the service safe?

Our findings

At our last inspection we had concerns because staff used unsafe techniques to move people. The registered manager sent us an action plan which stated a review of staff training had been done and all training would be updated by March 2015. At this inspection we saw that improvements had not been made.

We saw four occasions where staff used unsafe techniques to move people. We spoke with the staff after we saw them use an under arm manoeuvre to stand one person up. Although this technique can cause injury to people staff told us this was normal practice at the home. We also saw two staff push an armchair back against a wall with a person sat in it. This person's legs were not supported and were at risk of being dragged along the floor whilst the armchair was pushed. One nursing staff told us these manoeuvres were not in line with the training staff had recently received. The registered manager was unable to offer any explanation as to why staff used unsafe techniques to move people.

This is a breach of Regulation 12 of the Health and Social Care Act (Regulated Activities) Act 2014.

On the day of our inspection we saw there were sufficient staff to meet people's needs. Staff were available in the communal areas of the home and gave assistance to people when they needed it. We saw that people were not kept waiting for assistance. The provider told us that they had recently had staffing problems and used agency staff regularly. They had recruited new staff and were working towards replacing agency staff with permanent staff.

We saw that new staff had pre-employment checks completed before they started work at the home. The registered manager reviewed staff's suitability to work at the home where issues were found on these checks. They told us this helped to ensure prospective staff were suitable to work with people who lived at the home.

One person told us they felt safe living at the home and were well cared for by staff. Relatives were happy that staff supported their family member safely and were encouraged to speak with staff if they had any concerns.

Staff we spoke with were able to tell us how they kept people safe and protected them from the risk of harm and abuse. They had received training to understand how to recognise abuse and to use appropriate policies and procedures for reporting concerns they may have. Our records showed that where allegations of abuse had been reported the provider took appropriate actions.

Staff were aware of the risks associated with people's care such as their mobility, skin integrity and who was at risk of falls. They told us how they monitored these risks and if they felt there were any changes they would inform the nursing staff who would review the person's risk assessment. Staff spoke with confidence about the support they gave to individual people to reduce these risks which included helping to look after their skin and monitoring people's continence.

Staff understood how to report accidents, incidents and knew the importance of following these policies to help minimise risks to people. The registered manager had sight of all report forms and these were analysed to look for any patterns such as an increase in falls. Where issues were identified the appropriate healthcare professional had been contacted for further advice.

One person told us that staff helped them with their medicines when they needed them and made sure they had a drink. We saw staff give people their medicine and support them to take it safely. Risks associated with medicines had been assessed by staff and the support people needed was clearly identified in their medicine records. Some people took their medicines only when they needed them. Nursing staff showed us protocols that were in place which informed staff when people may need these medicines because some people may not be able to say when they were in pain for example. People received their medicines from nursing staff whose competence was assessed yearly. One nursing staff told us how they followed the policies and procedures in place for the safe management of medicines within the home, including their safe disposal.

Is the service effective?

Our findings

At our last inspection we found that people's rights were not being protected when obtaining consent or making decisions on their behalf and whether this was in their best interests. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponded to Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found improvement had been made to ensure people's rights were protected.

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. 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, and whether any conditions on authorisations to deprive a person of their liberty were being met.

Since our last inspection the provider had worked closely with other healthcare professionals to make judgements about people's capacity to make specific decisions. We found that the provider had followed the requirements of the DoLS and had made the appropriate applications to the Supervisory Body. Where a DoL had been authorised the provider complied with the conditions. Care staff we spoke with had received training in the MCA and DoLS. We found that although staff understanding had improved since our last inspection most staff did not know who had a DoL in place and what the deprivations related to. They did not understand what these restrictions meant for people and their care and told us they had never been given this information.

At our last inspection we had concerns because some staff did not have the skills or knowledge to effectively support people with dementia. At this inspection we found that

some improvement had been made. The registered manager confirmed in their action plan that all staff had received dementia training since our last inspection. We saw that staff were more confident and people were supported more effectively since our last inspection. However, four staff we spoke with told us they had not received this training. They felt it affected their confidence when they supported people and sometimes they were not sure of how to support people in certain situations. However, they all agreed that other staff supported them if these situations arose. One staff member who had worked at the home for one year told us they had not received any dementia awareness training despite requesting this and they were not aware if they were booked on any. Another staff member told us they had not received training or guidance on how to support people with dementia and they had, "Picked it up as I've gone along". They were also not aware if training had been arranged for them. The registered manager told us that some staff had still not received training but this was booked for them.

Three staff told us they felt under pressure and felt strained because they mentored new staff and also supported agency staff on many of the shifts they worked. One staff member told us that there was often not enough staff and that continuing to induct new staff added to the pressure of the role. They went on to tell us that the more experienced staff were often overburdened in trying to support new or inexperienced staff. Five staff also told us that they did not always receive regular one to one supervision. One staff we spoke with told us they had not had supervision this year. Although we saw no impact on people at the home staff told us these issues had an impact on them feeling they were not able to carry out their role effectively.

Four relatives we spoke with thought staff provided effective care and support to their family member. One relative said, "They know [person's name] and they know what they need". New members of staff received mentoring and induction into their roles. One new staff member told us they worked closely with other care staff who had been very supportive towards them. This had helped them get to know and understand people's needs.

We heard people say to staff that they had enjoyed their meals. One relative told us the food was good and that their family member could have a drink whenever they wanted. Some people were supported by staff with their meal. We saw that some staff sat and ate their own lunch

Is the service effective?

with people. Staff chatted with people and we saw people smiling and engaging in conversation with staff. People were given a choice of what meal they wanted for their lunch. Any risks associated with eating or drinking were assessed and staff understood the support they needed to give to people. Some people required specialist diets and we saw that the dietician and speech and language therapist had put dietary plans and regimes in place which staff followed.

People were referred to healthcare services as required. Relatives told us that the doctor came to the home regularly and that if their family member needed to see them this was arranged by staff. We saw that when needed people were referred to healthcare services such as dieticians, occupational therapy and physiotherapy. Nursing staff told us that they sought advice from district nurses and tissue viability nurses who would visit the home when required.

Is the service caring?

Our findings

At our last inspection we found staff did not always involve people in making choices about their day to day care. We also found that staff interaction and communication with people was not consistently good. At this inspection we found improvements had been made.

We saw that staff interaction with people was positive. Staff communication and interaction with people had improved since our last inspection. We did see that on occasion interaction with people was sometimes brief and that some staff focused on the same people. Staff responded to people who became anxious or frustrated in a calm manner and showed that they understood people's personalities and how to support them. When staff spoke with us about the people they supported they did so in a way that was respectful and caring.

We saw staff involved people in making choices about day to day decisions such as what to eat, drink or how to spend their time. Constant choices were offered by staff such as whether people wanted the television or radio on, their door open or closed, whether they wanted to join other people or sit in a different seat. People were given choices in a way they could understand and staff told us they would adapt their communication to make sure people understood them.

Staff told us they used a whiteboard to communicate with one person who had hearing difficulties. They told us this had helped this person to clearly understand what staff said.

One person said, "I really like it here, the staff are wonderful". All relatives told us they thought staff were caring and that communication between themselves and staff was good. We saw that staff were polite and respectful towards people and their relatives. One staff member said, "No one day is the same. If I can make someone smile then that's the job satisfaction I want".

We saw that the support staff provided was focussed on encouraging people to do as much as they could for themselves. We saw one staff member help a person to get food onto their fork but encouraged them to feed themselves rather than do it for them. Staff were patient and treated people in a dignified manner when they supported them. During lunchtime staff sat at the dining tables with people to have their own lunches and chatted with them in a warm and friendly manner.

Staff told us they respected people's privacy and dignity. If people wanted to be left alone, staff told us they respected this. We saw staff knocked on people's room doors and toilet doors before asking if they could go in. Staff spoke to people in a respectful way and maintained their dignity. One relative explained that if their family member spilt a drink on themselves staff would help them change into fresh clothes. They told us they liked that there were male staff because the men could develop positive relationships as they would sit together and talk with each other. All relatives told us they could visit when they wished to and several supported their family member over lunchtime. One relative we spoke with told us they considered staff gave relatives support and were helpful towards them.

Is the service responsive?

Our findings

At our last inspection we had made a recommendation that the service considered guidance on dementia care environments. We also found people did not receive much social interaction. At this inspection we found improvements had been made.

We found the environment in the downstairs of the home had been improved to better respond to people who were living with dementia. The provider told us they intended to make similar improvements to the first floor of the home but could not give us a timescale for this. On the ground floor of the home we saw people's bedroom doors were fitted with front door facades, there was improved signage throughout and memory boxes had been placed outside each person's bedroom door to help with people's orientation within the home. We also saw conversational and reminiscence prompts throughout the downstairs communal areas of the home which staff encouraged people to engage with. One staff told us they thought the new bedroom door facades had helped some people to identify their rooms and it had helped them with their orientation within the home.

Four relatives told us that staff informed them of any changes in their family member's care and treatment. They thought staff provided care that was responsive to their family member's needs. One relative said, "The care [person's name] has received since they've been here has brought [name] on in leaps and bounds. I've seen good changes since they have been here". Staff recognised that people's needs could change on a daily basis. Any changes were reported to the nursing staff who would review people's care needs as required. Nursing staff also reviewed people's care plans monthly. Staff passed on information about changes to people's needs at shift handovers and completed daily handover notes.

Four relatives told us that staff knew their family members as individuals and knew their choices and preferences. They thought staff knew their family member well and the support they needed. One relative commented on agency staff not always knowing their family member as well as the permanent staff. Staff told us that people and their relatives were involved in identifying their preferences and in providing information on their lives. One staff member told us that by referring to this information they could give people personalised care and support. They said, "We have lots of people with different backgrounds, footballers, carpenters, people who enjoyed fishing, people who enjoy films and sport". They went on to tell us about the support they had given to one person to engage them with a past interest of fishing. Two staff were employed at the home to focus on engaging people, individually and in groups, with their hobbies and interests.

Relatives were provided with opportunities to give their opinion on the service their family member received. All the relatives we spoke with felt happy to talk with staff if they had a complaint to make. They were also invited to give their opinions at meetings which were held at the home. One relative told us they had complained recently about staff no longer wearing uniform because of the new approach on dementia care they had put in place. They told us in response to this they had been told by the provider that staff will wear new bigger name badges. We saw records of recent complaints and saw that these had been responded to appropriately by the provider. Information was displayed in the home's reception area on how to make comments and complaints and feedback cards were available for visitors to complete. Relatives also received an information file which contained details of how they and their family member could make a complaint.

Is the service well-led?

Our findings

We found that improvement had not been made in all of the areas we had identified at our last inspection. Although the way staff obtained people's consent had improved where people lacked capacity the managers understanding of the principles they must follow was not always put into practice. Some staff still used unsafe moving and handling practices which put people and themselves at risk of harm. Although we found improvements in dementia training for staff not all staff had received this training or were not aware when this had been booked for them. At our last inspection we had concerns because staff did not always complete daily records. At this inspection two staff told us that daily records were not always completed correctly by staff. We also saw minutes of a staff meeting which identified that daily paperwork in bedrooms was not maintained by staff. We also looked at one person's daily records and found these were not completed accurately.

Following the publication of our last inspection report we had asked the registered persons to inform us when they had completed the actions they had identified in their action plan. They had not done this.

We found areas where the registered manager was not clear on their responsibilities as a registered person. They had not informed the provider of an issue with one staff member's employment checks. The provider told us that they would expect the registered manager to inform them and consideration as to whether to employ this person should have been made with the provider. We also found the registered manager was not aware of their responsibilities in accordance with Regulation 20 of the Health and Social Care Act (Regulated Activities) Act 2014 Duty of Candour. No systems were in place to alert staff when the Duty of Candour regulation should be implemented following a notifiable safety incident and the registered manager was not aware what a notifiable safety incident was. We were therefore not assured the registered manager would take the correct action following a notifiable safety incident within the home.

At our last inspection we had concerns because records were not clear on why decisions had been made on people's behalf and whether they were in people's best interests. At this inspection we found that managers did not take responsibility for ensuring the principles of MCA were followed and they relied on other professionals to

advise them on the actions to take. The registered and deputy managers told us that staff at the home did not conduct capacity assessments on people even though they were directly concerned with the person at the time the decision needed to be made. This had an impact on staff practice as they were not always clear on how to support people who needed help with making decisions or who could not make their own decisions. Managers told us that they understood the correct process for consent when people did not have capacity to make their own decisions. However, we still found information around best interest decisions and the support people needed to help them make their own decisions was not always recorded.

Nine staff told us they found management approachable and they were able to speak with them about concerns or issues they had. They also told us regular staff meetings were held where practice was discussed and improvements identified. However, six staff told us they did not feel they were taken seriously and although managers listened to them nothing was done and they did not feel their opinions mattered. Staff we spoke with told us they had reported poor moving and handling practices they had seen and also that some staff were not completing daily records. Some staff told us that they would like the hard work they put in to be recognised sometimes by managers and to receive feedback on their roles. We found staff were confused about what approach they should be using to support people who had dementia and two were not aware that the provider was no longer using a nationally recognised approach to dementia care. One staff told us they had not been told by managers what new approach they were now to use. Some staff told us they felt overburdened with their workloads and did not receive regular supervision. This had an impact on staff morale within the home which had led to some staff telling us that morale was low.

The provider monitored the quality of care provided through regular audits. Managers took responsibility for designated audits and information was fed back to the registered manager who completed weekly reports for the provider. We did note that the weekly medicine audits had not been completed since August 2015 and no action had been taken as a result of this. We also noted that where issues had been previously identified on the medicines audits actions were identified but these had not been followed up or completed.

Is the service well-led?

This is a breach of Regulation 17 of the Health and Social Care Act (Regulated Activities) Act 2014.

We last inspected the home 8 December 2014 where we rated it as overall requires improvement. Since April 2015 it has been a requirement that providers display their ratings. On the day of our inspection no ratings were displayed at the home or on the provider's websites. The registered manager was not aware their ratings should be displayed and confirmed no ratings had been displayed at the home or on their website prior to our inspection.

This is a breach of Regulation 20A of the Health and Social Care Act (Regulated Activities) Act 2014.

Relatives told us that they attended regular meetings where they had the opportunity to give their views on the service their family member received. One relative confirmed that the provider had attended the last meeting to speak with them about the staffing issues at the home. They had also shared information from our last inspection and the concerns we had identified and updated relatives on the improvements and changes put in place at the home.

The provider spoke with us about recent issues with staffing which had resulted in an increased use of agency staff. They recognised and acknowledged that this had an impact on the continuity of care people received as agency staff did not always understand or know people's needs. They had a clear vision for the home's future and told us they wanted all staff to be permanent, not agency as they wanted staff to take full accountability for their roles. They spoke about the support and improvements they had put in place since our last inspection which included seeking advice from other professionals to help improve the environment and make it more dementia friendly. Although the redecoration of the home was not complete the provider told us that the upstairs of the home would be decorated in line with the downstairs areas. They spoke about the new business and operational managers they had employed to support the registered manager. They also told us they had recruited a new manager as the current registered manager was leaving and the plans they had for continuing restructure and improvement. This showed the provider was able to provide and put in place resources and support to help drive improvement when concerns had been identified.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met:</p> <p>The registered persons had not completed all improvements identified in action plans. Risks associated with staff practice had not been addressed. Accurate records were not maintained in relation to decisions made about people's care and treatment. Feedback from staff was not acted on. Systems in place for audits were not always followed.</p> <p>Regulation 17 (1), (2) (a)(b)(c)(e)(f)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 20A HSCA (RA) Regulations 2014 Requirement as to display of performance assessments</p> <p>How the regulation was not being met:</p> <p>The provider had not ensured that their ratings were displayed conspicuously and legibly at the location delivering a regulated service and on their website.</p> <p>Regulation 20A (1) (2)(a)(b)(c) (3) (7)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:</p> <p>The provider had not ensured that staff always provided care in a safe way.</p> <p>Regulation 12(1), (2)(b)(c).</p>