Friends of the Elderly

The Old Vicarage Residential - Nursing and Dementia Care Home

Inspection report

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Ratings

Overall rating for this service	**Good**
Is the service safe?	**Requires improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Good**

Overall summary

We inspected The Old Vicarage Residential - Nursing and Dementia Care Home on 23 June 2015. The home provides residential and nursing care for people with a range of conditions, including people living with dementia. The service provides accommodation for up to 52 people. At the time of our visit there were 46 people living in the home.

Summary of findings

At our last inspection on 9 July 2013 we found the provider was meeting all the standards inspected at that time.

There was a registered manager 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 2008and associated Regulations about how the service is run.

People enjoyed living in the home and were complimentary about the registered manager and staff team. Staff were kind and caring and took time to get to know people. There was a cheerful atmosphere and we saw people laughing and enjoying interactions with staff.

Relatives and visitors spoke highly of the end of life care provided in the home and the effort all staff made to ensure the person, their relatives and representatives were supported and cared for. The home was accredited to the Gold Standards Framework.

Staff were well supported and were positive about the management team. There was an inclusive culture in the home where people, their relatives and staff worked in partnership to provide good care.

The registered manager involved outside agencies to help improve the care of people living with dementia. Relatives and staff were positive about improvements in care provided as a result.

People's needs were assessed and where there were risks these were assessed and managed. Some people's care plans did not always contain clear information in relation to how risks would be managed. Systems in place to monitor medicines were not always effective.

The registered manager had introduced effective ways to improve communication in the home and had systems in place to monitor and improve the quality of the service.

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?

Requires improvement

The service was not always safe. Systems to monitor and manage medicines were not always safe. The service had not always taken all appropriate steps to manage and mitigate risks associated with people's care.

Staff had a clear understanding of their responsibilities to report concerns relating to abuse.

There were sufficient staff to meet people's needs. People received support in a timely manner.

Is the service effective?

Good

The service was effective. People enjoyed the food and had sufficient food and fluids to meet their needs.

Staff were supported through regular supervision and appraisals. Staff had access to development opportunities.

People were referred to health and social care professionals when required. The registered manager had developed links with the Admiral Nurse.

Is the service caring?

Good

The service was caring. Staff took time to get to know people and treated people with dignity and respect.

People at the end of their life were supported in a kind and compassionate way.

People and their representatives were involved in developing their care plans.

Is the service responsive?

Good

The service was responsive. People were encouraged to join in activities that interested them.

People's care plans contained details about their likes and dislikes and staff used this information to engage with people in a way that valued them.

People's needs were assessed and reviewed.

People knew how to raise concerns and felt confident to do so.

Is the service well-led?

Good

The service was well led. People and their representatives found the registered manager approachable.

The registered manager had effective quality assurance systems in place.

Summary of findings

There was a positive culture in the home that encouraged people, their representatives and staff to be involved in improving the service.

The Old Vicarage Residential - Nursing and Dementia Care 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 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 23 June 2015 and was unannounced. The inspection team consisted of three inspectors.

Before the visit we looked at previous inspection reports and notifications we had received. Services tell us about important events relating to the care they provide using a notification. This enabled us to ensure we were addressing potential areas of concern. We spoke with the local authority contracts team.

We spoke with six of the 46 people who were living at The Old Vicarage. We also spoke with nine people's relatives and representatives. Not everyone we met was able to tell us their experiences, so we used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We spoke with the registered manager, the deputy manager, two nurses, seven care workers, a housekeeper and the chef.

We looked at eight people's care records, records relating to medicines and at a range of records about how the home was managed. We reviewed feedback from people who used the service and a range of audits.

Requires improvement

Is the service safe?

Our findings

People felt safe. Comments included: "I feel safe and if I'm out walking in the garden, I take my pendant so I can call for the staff if I fall", "I'm perfectly safe" and "It's not home but yes I feel very safe". Relatives we spoke with told us people were safe. One relative told us, "I believe [relative] is very safe and I come and visit any time".

Staff had a clear understanding of their responsibilities to report concerns regarding any suspected abuse. This included knowledge of where to report concerns outside of the organisation. The registered manager had reported safeguarding concerns and had carried out investigations where necessary.

People and their relatives told us there were enough staff to meet people's needs. Staff also told us there were sufficient staff to meet people's needs. One member of staff said, "Staffing levels are good and we don't use many agency staff". The registered manager told us the home was fully staffed and agency staff use had reduced. During our inspection we saw people's needs were met promptly and call bells were answered in a timely manner.

There was a nurse responsible for the dementia unit and a second nurse overseeing the nursing and residential unit. This enabled staff to seek professional guidance and advice when needed.

People's medicines were administered safely. Nurses signed the medicines administration records (MAR) after observing people taking their medicines. Some people did not want to be observed taking their medicines. Where this was the case a risk assessment had been completed with the person and the MAR record was signed to indicate medicines had been 'made available'.

However, medicines were not always managed safely. Stock balances for medicines administered from the monitored dosage system (MDS), controlled medicines and homely remedies were correct. Balances for medicines not administered from the MDS could not be checked as balances of medicines carried forward had not been recorded. This meant there was no effective system to audit medicines and ensure they were being safely managed. We spoke to the registered manager and deputy manager who told us they would take action to put this right.

Charts for recording the administration of topical medicines were kept in people's rooms. The records included instructions of how to administer the medicine and the frequency. This included body maps to show where the medicines should be applied. Records for topical medicines were not always fully completed. We could not be sure people were having topical medicines applied as prescribed.

People's care plans included risk assessments. These included risks around the use of bed rails, use of call bells, falls, malnutrition, pressure sores, moving and handling and fire. Where risks were identified management plans were in place to manage the risk. For example, one person was identified as at risk of pressure sores.
The management plan included the use of a pressure mattress. The pressure mattress was in place and set at the correct setting for the person's weight. However, one person's care plan identified the person needed 'pureed food for hot meals' and drinks to be thickened 'sometimes'. There was no record of a referral to Speech and Language Therapy (SALT) to ensure that appropriate health professionals had been involved in managing this risk. At lunchtime the person did not like the pureed meal and was offered a sandwich. We spoke to the nurse who said the person did not always need pureed food and did not require thickened fluids. However, the person had a thickening agent available. We spoke to the registered manager who told us they would make a referral to SALT.

People who remained in their rooms had access to call bells. People who spent time in communal areas had access to portable pendant alarms. People who were assessed as unable to use a call bell were checked regularly by staff and this was clearly documented.

Records relating to recruitment of staff contained relevant checks that had been completed before staff worked unsupervised in the home to ensure they were of good character. These included employment references and disclosure and barring checks (DBS). DBS checks enable employers to make safer recruitment decisions and prevent unsuitable people from working with vulnerable people.

Good

Is the service effective?

Our findings

People were complimentary about the food. One person said, "The food is excellent". People told us there had been some concerns about the temperature of the food which had now been resolved. One person told us, "At one time my meals were sometimes cold. I complained and I'm not sure what they did, but my meals are always hot now".

People in the residential/nursing unit chose their meals on a weekly basis. One person told us, "We send one copy back to the kitchen and keep a copy to remind us what we have chosen". People were able to change their minds if they did not like what they ordered. People living on the dementia unit were offered a choice at the time the meal was served. People were shown the meals available and encouraged to make a choice.

People were able to choose where they wanted to eat their meals. People who remained in their rooms were supported in line with their care plan.

The atmosphere during mealtimes was calm and unhurried. People were supported to eat and drink at a pace to suit their individual needs. Staff sat with people and engaged with them to promote a sociable atmosphere. On the dementia unit staff sat with people who did not require assistance to support and encourage them. Staff chatted with people while they ate their meal. A nurse explained this had been introduced as a result of recommendations made by the Admiral Nurse. Admiral Nurses are specialist dementia nurses who provide practical help and support. The nurse told us people were eating more as a result of the changes.

People who were at risk of weight loss had their food and fluid intake monitored. Food and fluid charts were completed and reviewed by nurses. One person's intake had been low the day prior to our inspection. We spoke to a care worker who told us, "We were told at handover that [Person] had not had enough to drink yesterday. We are testing their urine today and will try to get them to drink more". The urine test was to identify if the person had an infection.

Staff felt supported and received regular supervisions and appraisals. New staff completed an induction programme. Staff told us they had access to regular training and development opportunities. One senior care worker told us, "I was supported to complete a foundation degree in health and social care. I am also a dignity champion and end of life co-ordinator". Staff were able to request specific training where they thought it would help them improve the quality of care. One care worker said, "They [registered manager] are very responsive to training requests". The care worker told us they had requested additional training in dementia. They said, "It was really practical and helpful".

There was a handover for staff at the beginning and end of each shift. Staff knew people well and used this knowledge to identify changes in people's conditions. For example one person's behaviour had changed and there was a discussion about whether the person had an infection. The nurse advised they would contact the person's GP.

People had access to a range of health and social care professionals when needed. Professionals involved in people's care included: Speech and Language Therapy (SALT); chiropodist; dentists and falls service. Where recommendations were made these were followed. For example, one person had been assessed by SALT. The recommendations included guidance around improving communication for the person, which included a communication board. This was in the person's room and staff were aware of how to use it with the person.

Staff had a clear understanding of the Mental Capacity Act 2005 (MCA). The MCA is a framework to ensure, where people lack the capacity to make decisions, any decisions made on the person's behalf are made in their best interest. Where people were assessed as lacking capacity staff told us how they supported and encouraged people to make small decisions. For example, showing them a choice of clothes to encourage them to chose what they wanted to wear.

Care plans contained best interest assessments relating to specific decisions that had been made in people's best interests. There was not always a record of who had been included in the decision making process.

The registered manager was meeting their responsibilities relating to The Mental Capacity Act 2005 and Deprivation of Liberty Safeguards and had made appropriate referrals to the local authority supervisory body. Deprivation of Liberty Safeguards are there to make sure that people in care homes are looked after in a way that does not inappropriately restrict their freedom.

Good

Is the service caring?

Our findings

People told us staff were caring. Comments included: "They [staff] are such nice people and we have great laughs"; "[Staff] are wonderful without exception" and "I came in for respite a year ago. I decided to stay, the staff are fantastic. I don't have a bad word to say". Relatives and visitors were complimentary about the care provided. Comments included: "The care here is just brilliant"; "They [staff] show kindness and empathy and feel we [relative and staff] work as a partnership and a team to support her" and "I would unhesitatingly recommend it".

We saw many kind and caring interactions. Staff knew people well and spent time chatting with them. There was a happy atmosphere, people were relaxed and comfortable with staff. Staff reassured and engaged with people. A care worker was speaking with a person about a visit from a relative. The care worker said, "[Relative] will be here at ten o'clock. Let's check, I think it's in your diary". One person became anxious, staff responded immediately in a calm and supportive manner. The person was supported to walk with a member of staff along the corridor. The staff member chatted and used their knowledge of the person to talk with them. The person responded by smiling.

Staff explained what they were going to do before supporting people. People were involved in decisions about their care throughout the day. For example, one person, who was in their room, was calling out. A care worker went to the person and sat with them. They reassured them and asked the person if they would like support to get up. The care worker took time to explain and reassure, making sure the person understood and giving the person time to respond. The care worker then confirmed with the person they wanted to get up.

People were treated with dignity and respect throughout the day. One person asked a care worker to look at their back. The person was supported to their room and the care worker closed the curtains and door to ensure privacy. Staff knocked on people's doors before entering. People were addressed by their preferred names. Some staff were dignity champions. One dignity champion told us this involved, "Promoting good practice and listening to people". The home had held a dignity coffee morning. People told us they had enjoyed the coffee morning and that staff had baked and brought in cakes.

There were regular meetings for dignity champions. Records showed that as a result of discussions at the meetings the dignity champions were completing a dignity questionnaire with people to look at ways to improve the service.

The home was accredited for the Gold Standards Framework (GSF). The GSF improves the quality, coordination and organisation of care leading to better end of life care for people.

We spoke to relatives of two people who had recently been supported with care at the end of their lives. They were extremely complimentary about the care and support both they and their relatives had received. Comments included: "Care was absolutely beautiful, could not fault it"; "Staff were so welcoming and looked after me as well"; "Care was outstanding. All staff cared for [relative] not just care staff" and "Could not speak more highly of the home". One person supported at the end of their life had their dog brought into the home to be by their side.

There were regular meetings of the end of life coordinators to discuss how end of life care could be improved. This had resulted in staff visiting local hospices and accessing training from them.

The home had a bereavement support group. The group had developed and were sending out questionnaires for staff to identify the support staff needed in relation to supporting people at the end of their life.

Good

Is the service responsive?

Our findings

People were positive about living at the Old Vicarage. One person told us living in the home was "Like coming in to a nice party or coming home". People told us they could spend their day as they chose and had access to activities that interested them.

Relatives were also positive about the home and how people were supported to engage in activities. One relative told us "Staff do their best to involve her [relative] and get her doing the crossword". We saw one member of staff sat with the person supporting them to complete the crossword. Other people in the room were joining in. Staff as they walked through were engaging with people, discussing what the answers could be. The activity developed into many conversations about different topics which everyone enjoyed.

People living with dementia had memory boxes outside their rooms. These contained photographs and mementos. One person talked with us about their photographs. They reminisced about events taking place at the time the photographs were taken and clearly enjoyed having them on display.

The home employed an activity co-ordinator. There were photographs around the home of people enjoying activities both in the home and on outings. Although the activity co-coordinator was not on duty on the day of our inspection, people were engaged in activities that interested them. One person who had recently moved to the home was chatting with staff. The person told staff they used to like playing golf. The nurse on duty walked away and returned with a set of golf clubs. The person smiled and laughed with the nurse as they made plans to go to the garden later.

People had access to gardens and were able to go in and out independently. People living with dementia had access to a secure garden area. We saw many people go into the garden throughout the day. One person told us, "I like it here because I can walk around and go out whenever I want". The person enjoyed the garden and was actively involved in caring for the plants. The person was looking for a watering can. A member of staff quickly helped the person find it and chatted with the person about the garden and how "lovely it was looking".

People had access to activities in the community. One person told us they went to the local church. Another person had been to the local market on the morning of our visit.

The home was supported by a local volunteer support group. The support group arranged a weekly mobile shop. On the day of our visit two volunteers were taking the shop around the home. The volunteers knew people well and stopped to chat with people as they went round. The volunteers told us how much they enjoyed visiting the home and told us, "The care here is brilliant". The group also organised social events including a cheese and wine party and summer fete.

People were assessed before moving into the home. People and their relatives were involved in assessments and developing care plans. Care plans were personalised and included detailed information to enable staff to provide support to meet people's needs. A 'This is me' document contained information about people's history, their interests and emotional support needs. For example, one person's care plan stated the person was ' a private person and could be anxious'. The care plan showed the person liked to spend time in their room and enjoyed 'watching the birds'. Staff visited the person regularly and spent time talking with them. The person was sat by the bedroom window looking out to the garden and could see the birds. Care plans were reviewed monthly. People were involved in regular reviews and where people were not able to be involved relatives or friends were consulted. One person told us, "I have had care reviews".

Relatives told us staff were responsive if people's needs changed. Comments included, "If [relative] starts to withdraw they gently encourage her"; "They quickly recognise if [relative] needs to drink more" and "They [staff] are very good at keeping me informed. When [relative] has had a fall they've contacted me".

People were encouraged to remain as independent as possible. A visiting health professional told us staff were responsive to suggestions. One person was being supported to become mobile after a period of being unwell. The health professional told us staff were doing all they could to support the person.

People knew how to make a complaint and felt able to do so. The complaints policy was on display in the home. One person told us, "If I had a need I would feel comfortable to

Good

Is the service responsive?

make a complaint". One person who had raised a concern told us the issue had been resolved immediately. The complaints records we looked at showed the registered manager dealt with complaints in a timely manner and in line with organisational policy. However, there was not always a written record of complaints. The provider carried out annual satisfaction surveys. The results of the 2014 survey were positive for the home. The survey for 2015 had just been sent out.

There was a resident's committee that met monthly. The registered manager involved the committee in decisions about the home and used feedback to improve the quality of the service. For example, the provider had been planning a refurbishment of a dining area in the home. The residents committee had not supported the plans and felt that a new wet room to replace an existing bathroom was a higher priority. The provider was now arranging for the new wet room to be completed and were consulting regarding the dining area.

Good

Is the service well-led?

Our findings

People were complimentary about the staff team. People told us the registered manager and deputy manager were approachable. Relatives spoke highly of the registered manager and deputy. One relative told us, "They are very welcoming. The manager and deputy are very approachable and [deputy] is always available". People were positive about the staff and the culture in the home. One person told us staff "Seemed happy together".

Staff were enthusiastic about the home and the management team. Comments included: "It is a lovely place to work" and "I do love it here. It's friendly, homely and everyone works together". Staff spoke of a mutual respect throughout the staff team. Staff felt valued and able to participate in improving the quality of care. Staff were positive about systems introduced by the management team to support improvement. These included a bereavement support group and meetings to support the development of dementia care, dignity and end of life care.

Where issues were identified the registered manager developed positive ways of resolving them. For example, there had been some communication difficulties between two staff teams. The registered manager had organised monthly 'buddy meetings', which involved two members of staff from each team. The registered manager told us this had enabled staff to discuss issues and find ways to resolve them. The registered manager told us communication between the two teams was improving as a result.

The registered manager had arranged monthly 'buns' activities. These were activities which involved ancillary staff and residents. The registered manager told us the activities were to enable people to get to know ancillary staff well and for people to know who the ancillary staff were. People and staff were positive about these meetings. One housekeeper told us, "I don't feel part of a separate team, we all work together as one team". The next 'buns' activity planned was a Wimbledon cream tea.

The home worked closely with the Admiral Nurse to improve the quality of care for people living with dementia. Admiral Nurses are specialist dementia nurses who provide practical help and support. The registered manager had arranged for the Admiral Nurse to speak with relatives of people living with dementia. One relative told us how valuable the discussion had been; "The session with the Admiral Nurse was very valuable. She gave us many positive suggestions, including the value of reminiscence".

There were effective quality assurance systems in place. The provider carried out monthly visits to audit the quality of care provided. An action plan was developed as result of the visits. for example one audit had identified the dining experience for people living in the dementia unit could be improved. The action plan identified the registered manager would contact the Admiral Nurse for advice. The registered manager had implemented the recommendations and the dining experience had improved.

A system of quality assurance audits were in place to monitor the service. These included activities, infection control, health and safety and accidents and incidents. These were reviewed using an electronic data system that identified trends and themes. All accidents and incidents were reviewed by the registered manager to ensure all appropriate action had been taken. For example one person had experienced an accident during the use of a hoist. The person's care plan and risk assessment had been reviewed to ensure equipment being used was appropriate.